

Kathy Curtis
Marketing Director

Tel: (888) 661-1999 Ext 226

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4585 140th Avenue North | Suite 1006 | Clearwater, FL 33762

Contracting Information

Name: _____

Home Phone #: _____ Work Phone #: _____

Fax #: _____ Additional #'s: _____

Email Address: _____

Ss#: _____ DOB: _____

Driver's License Number: _____

Tax I.D.# - if applicable: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Beneficiary's Name: _____

Beneficiary's Ss#: _____ Beneficiary's DOB: _____

Date you have completed AML: _____

What Sponsored Course Was Completed: _____

Legal Disclosures (Please Explain) _____

****If Yes – Please Include a Letter of Explanation****

Signature Page

Name: _____

General Agent: The Life and Annuity Shop, LLC

I, _____, hereby authorize The Life and Annuity Shop, LLC to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents for which I have authorized The Life and Annuity Shop, LLC to submit on my behalf, for the purposes of being Contracted to sell products of Carriers through The Life and Annuity Shop, LLC.

I affirm that the information I have submitted through the interview process to The Life and Annuity Shop, LLC is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature.

Please Read, Sign and Fax back to 1-800-671-3046

Please sign in the center of the box below.

Example: