

BGA Appointment Application

Very Important - Return to WFG Licensing: wfglicenseapps@transamerica.com

WFG AGENT CODE: _____

Type of Appointment

Agency Principal/Owner Producer/Writing Agent/Licensed Only Agent Registered Representative

I have pending business Yes No

Referring Agency/Broker Dealer _____ / 03-41-7739 NY

Referring BGA/GA/IMO _____ 25-39-9395 NY

A Applicant Demographic Information

Licensed name First Last M.I.

SSN (xxx-xx-xxxx) Date of birth (mm/dd/yyyy) Gender
 M F

Resident street address

City State Zip

Business mailing address (**Must be a WFGIA Office Address**)

City State Zip

Business location address (if different than mailing)

City State Zip

Email address

Phone numbers (Business) (Cell) (Fax)

B Licenses and Registration

Resident license state License number NPN

Non-resident Appointments (list states needed)

**Symetra will pay resident appointment/renewal appointments only.*

CRD number Check applicable series
 6 63 7

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C Assignment of Commissions

I understand that as a producer/writing agent/registered representative, Symetra is not responsible for payment to me of any commissions or other compensation for policies issued from applications solicited by me. I understand that such amounts will be paid by Symetra to my Agency/Broker Dealer and I will look solely to them for my compensation.

 Agree
D Background Information

If you answer “yes” to any questions, you must attach an explanation with all relevant information, including dates and supporting documents.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has an errors and omissions claim been filed against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has any life insurance company cancelled your contract/appointment or forced you to resign for any reason other than production? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Other than minor traffic violations, have you ever been arrested or convicted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your insurance license or securities registration ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has a formal investigative complaint been filed against you with any insurance department of any state, the SEC, or FINRA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Within the past 10 years have you: | | |
| a. filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. exercised control over an organization that filed for bankruptcy based on events that occurred while under your control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you owe any money to a government regulatory body (e.g., tax lien, IRS)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you now or have you ever been involved in any investment-related litigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are there any outstanding or unsatisfied judgments or liens against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you have any outstanding debt(s) with any insurance marketing organization, insurance company, or broker/dealer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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E Fair Credit Reporting Act Disclosure and Authorization to Obtain Consumer Reports

By this page, as part of the appointment process, Symetra Life Insurance Company and its affiliates or partners (collectively, “the Company”) discloses that one or more consumer reports, including investigative consumer reports, may be obtained with respect to establishing my eligibility for appointment. The reports may contain information regarding my character, general reputation, personal characteristics and mode of living. The nature and scope of the reports may include: credit, criminal, employment address, licensing and disciplinary history.

The authorization to obtain consumer reports and/or investigative consumer reports and updates for appointment purposes will remain on file and serve as ongoing authorization during the length of my active appointment with the Company. This authorization will be valid in original, faxed or photocopied form.

I have the right to make a written request within a reasonable period of time to Symetra Life Insurance Company and its affiliates or partners for complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Employers and other insurance companies I am or have been appointed with are authorized to release all information they may have about me, personal or otherwise, to the Company.

By signing below, I acknowledge that I have read, understand and accept the preceding statement.

Applicant signature

Date

Oklahoma and Minnesota agents only

Check here if you would like a copy of your background investigation report.