LEGACY
Your future is our business.

Ameritas
fulfilling life.

Legacy / Ameritas Agent Appointment Request Form

Agent Name _____ Legacy Agent # _____

Agent NPN _____ Agent CRD # _____

- IMOs and writing agents must be contracted with Legacy Marketing Group®. Additionally, all writing agents must be appointed with Ameritas. In the event the agent is not contracted with Legacy as required, please complete and submit the necessary contracting packet along with this form.
- All writing agents must complete the appropriate Ameritas product specific training (PST) prior to solicitation. If business is solicited prior to completion of the PST, the agent will be required to re-solicit the business after PST has been completed.
- Ameritas does not allow solicitation prior to appointment in **Pennsylvania**. If appointment is not confirmed prior to solicitation, the writing agent will be required to re-solicit the business after appointment is confirmed. **In all other states, writing agent appointments will not be processed by Ameritas until business has been received.** *This information is current as of this form revision dates. Please refer to www.legacynet.com for the most current states.*
- Writing agents must be approved by Ameritas and have all applicable state required CE, on file prior to any business being processed. In order to avoid any delays in processing; or the possible need to resolicit business due to missing items, please submit a signed Legacy/Ameritas Agent Request form, along with the following required items, **before** the writing agent solicits Legacy exclusive business:

  - o Signed *Compliance with Marketing Conduct Guidelines* (rev 2020-05).
  - o Current E&O Certificate of at least $1 million per occurrence in liability limits. *Certificate must show that coverage extends to include Fixed Indexed Annuities.*
  - o Proof of state-specific annuity suitability CE and, if required by state of solicitation, NAIC Best Interest CE.
  - o Proof of Anti-Money Laundering (AML) training completed within the last two (2) years from an approved CE provider.

Agent Statement – *I hereby certify that I am not in violation of the 1994 Crime Act if I act as an insurance agent; that I have no outstanding debt as a result of a commission chargeback or taxing authority; have not been convicted of, or pled no contest to, a felony or misdemeanor; have not had my an insurance or securities license denied, suspended, revoked, or been the subject of an administrative or regulatory action by any state or federal regulatory agency.*

*Agent/Principal Signature X*_____ *Dated*_____

Immediate Upline Statement – *I have reviewed this form and any additional agent documentation, and to the best of my knowledge, the information provided by the agent is accurate. The above referenced agent will be placed in my Downline Hierarchy for the Legacy Exclusive Ameritas products and therefore subject to the terms and obligations of Legacy Marketing Group's Producer/Wholesaler (IMO) Agreement.*

Print Upline Name _____ Immediate Upline # _____

*Agent/Principal Signature X*_____ *Dated*_____