

Annuity Quick Quote.com

A Division of Lead Brokerage, LLC

Please complete the following contracting packages and then fax to
Lead Brokerage at (315) 682-0349.

If any questions, concerns or changes to existing contracts may arise, please feel free to
contact Bryan Place or Tom Long at 888-693-8393.

Lead Brokerage
104 Smith Street
PO Box 59
Manlius, New York 13104

Phone: (888) 693-8393

Fax: (315) 682-0349

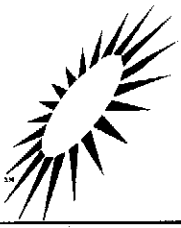
www.AnnuityQuickQuote.com

Licensed Agents

Dear Fellow Agent- Get appointed and licensed with our General Agency:

The fastest and easiest way to get appointed and/or licensed is to click the insurance company names below and simply download the proper appointment forms that are needed. Upon completion of the paperwork, please fax to (315) 682-0349. If you may have any questions, feel free to call us at (888) 693-8393 to speak with either Bryan Place or Tom Long.

- American National
- First Colony
- Genworth
- Genworth New York
- Great American
- ING/ ReliaStar
- Integrity
- MetLife
- National Integrity
- Presidential Life
- Prudential
- SBLI
- United of Omaha



Agent Information Form

RETURN COMPLETED FORMS TO:

Integrity Licensing, 303 Broadway, Suite 1100, Cincinnati, OH 45202-4203 **Fax:** 888.220.2677

FOR ASSISTANCE:

Call: 866.369.5414 **Email:** licensingintegrity@integritycompanies.com

<input type="checkbox"/> NEW APPOINTMENT REQUEST					<input type="checkbox"/> AGENT INFORMATION UPDATE				
Agent Name						Other Names Known By (i.e., maiden)			
Home Address				City		County		State	Zip
Date of Birth		City, State of Birth			Social Security Number / Tax Identification Number				
NAIC/National Producer Number (if known)									

All agent correspondence, as well as customer confirms and statements, will be sent to the business address provided below.

Business Address			City		State		Zip	
Business Phone			Fax		Email			

Special mailing instructions:

Name of firm, agency or general agent that you sell fixed annuities through:

If firm, agency or general agent is not a corporation, provide Tax ID Number:

Are you NASD registered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of current broker-dealer:	
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Do you wish to be set up to sell variable annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you changed broker-dealers in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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STATE REQUESTS

Check boxes for states where you wish to be appointed:

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/>	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	

Please attach a copy of your state insurance license for all states checked. In NY, ME, VT and NH, you will be appointed with the National Integrity Life Insurance Company. In all other states you will be appointed with the Integrity Life Insurance Company.

I hereby certify that the above information is true and correct to the best of my knowledge and that the number on this form is my correct taxpayer identification number. I am hereby notified that inquiries may be made on behalf of Integrity through outside entities regarding my character, general reputation, business experience, credit history and personal characteristics. I authorize such information to be released to Integrity Life Insurance Company or its legal representative. I hereby agree to hold harmless and indemnify Integrity, its affiliates, assigns or agents against any loss or damages (including reasonable attorney fees) direct or consequential, resulting from the gathering, verification or use of the information contained herein. I also certify that I have never been convicted of a felony involving dishonesty or breach of trust. I am willing that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original. I agree that this questionnaire does not constitute a contract of employment or a guarantee of appointment by Integrity.

Signature	
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DIRECT DEPOSIT COMMISSIONS**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT****Financial Institution (Bank) Information** Checking Account Savings Account

Attach a voided check or copy of a voided check OR complete the bank information below.

Bank Name	City	State	Zip
Bank Address	Bank Phone		
Account Number	ABA Routing Number		

I authorize Integrity Life Insurance Company or National Integrity Life Insurance Company to credit my account for any future payments at the above named financial institution. This agreement will remain active until written notification is received and in such a time as to afford the Company reasonable opportunity to act on my request. I authorize the bank to debit my account and to refund any overpayments by the Company. I am willing that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original.

If your bank changes, notify the Licensing Department as soon as possible at the addresses or fax number above. Check here if you do not want to receive email confirmation of your direct deposit.

Signature	Date
Printed Name	Title

Complete and return with Agent Information Form.



Annuity Licensing/Appointment Questionnaire

FAX TO (888) 220-2677 AND GET APPOINTED WITH INTEGRITY LIFE INSURANCE TODAY!

Or mail to : Integrity Life Insurance, P.O. Box 5720, Cincinnati, OH 45201 - 5720

Please note that a completed application includes one questionnaire per individual and copies of all applicable licenses.

Submit separate forms for each individual.

1. Affiliation Independent Name/Address _____
 Bank Broker-Dealer Goshen Mktg. _____

2. Appointment Individual Agency
Full Name _____ Social Security # _____
Agency Name _____ Tax ID # _____ Principal Name _____
Residence Address _____ (Include a copy of license)
Business Address _____
Telephone: Res () _____ Bus () _____ Fax () _____
Date of Birth _____ Email Address _____

3. Licenses Held
 Life — Includes annuity Variable Annuity (Attach copy of License) License Number: _____
NASD License Yes No Broker/Dealer _____ CRD # _____

List the states in which you wish to be appointed: _____

4. Financial Institution (Bank) Information for Direct Deposit Commissions Checking Account Savings Account
Owner's Bank Account Number: _____

Please attach a voided check or a copy of a voided check OR complete the bank information below.

Bank Name _____ Bank Address _____
Bank Phone Number _____ Bank ABA Routing Number _____
(Your Bank will provide you this information)

I (We) authorize Integrity Life Insurance Company to credit my (our) account for any future annuity benefits at the above named financial institution. This agreement will remain active until written notification is received and in such a time as to afford the company reasonable opportunity to act upon my (our) request. I (We) authorize the bank to debit my (our) account and to refund any overpayments by the company.

5. Compliance Information/Signature

1. Has a complaint ever been filed with any Department of Insurance against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had your license suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been known personally by any other name or have you ever conducted business under any other name than shown above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been convicted of any felony, or a misdemeanor involving theft, embezzlement, conversion, or any similar violation of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you indebted to any insurance company, insured, agency or person for premiums collected, or is there any dispute regarding your insurance accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had a federal tax lien, state tax lien, or filed bankruptcy within the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above questions please explain on a separate sheet of paper and attach it to this application. (NOTICE) I am hereby notified that inquiries may be made by Integrity Life Insurance Company and/or outside entities regarding my character, general reputation, business experience, credit history and personal characteristics. I authorize such knowledge/information to be released to Integrity Life Insurance Company or its legal representative (upon written request, additional information as to the nature and scope of the report will be provided). I hereby agree to hold harmless and indemnify Integrity Life Insurance Company, its affiliates, assigns or agents against any loss or damages (including reasonable attorney fees), direct or consequential, resulting from the gathering, verification or use of the information contained herein. A photocopy or facsimile of this signed authorization shall be as valid as the original. Under penalties of perjury, I certify that the information provided by me is correct and the number shown on this form is my correct taxpayer identification number. **I agree that this questionnaire does not constitute a contract of employment or a guarantee of appointment by Integrity.**

Please indicate any special mailing instructions for statements, contracts or commissions. _____

Date: _____ Signature _____
Name (please print) _____

