

THE
MILNER GROUP
Insurance for Generations
Contracting Instructions

Dear Valued Agent,

We appreciate your consideration in allowing The Milner Group to address your contracting needs and we are excited to have the privilege of offering you our services.

In order to complete your licensing request, please complete the following licensing questionnaire. The questionnaire information will be submitted through our online licensing system, SureLC which is a program that allows us to save your information in our system. Please be aware that some carriers require the agent to verify the completed paperwork that is generated through our SureLC system. In the event that you receive an email notification from SureLC, please review the paperwork and acknowledge the completed paperwork. In the future, should you desire to be appointed with any additional carriers, The Milner Group will already have your information saved on file, allowing us to submit and complete your appointment in a timely manner.

Please allow 24 hours for licensing contracting request received in good order to be submitted to the carrier. Licensing request submitted in good order are in most cases approved by the carrier within 7 business days.

Please submit the following documents to our office:

- The Milner Group Licensing Questionnaire
- Signed Signature Page
- Signed Disclosure Release Page
- Signed EFT Authorization Page (be sure to include voided check)
- A copy of your individual and/or corporation insurance license(s)
- A copy of your E&O coverage
- Proof of AML ***IF COMPLETED THROUGH LIMRA WE CAN OBTAIN FOR YOU IF YOU PROVIDE YOUR PASSWORD****
- State annuity suitability training, if required

Please remember to complete your NAIC state specific annuity suitability training and any required carrier product specific training before taking an application. The instructions for completing the training can be found on our website, www.milnergroup.com.

If the above requirements are not received within 30 days of the request, your appointment will be closed until paperwork is received in good order.

These documents can be submitted to:

The Milner Group
Licensing & Contracting
FAX: 770-558-8913
EMAIL: licensing@milnergroup.com

For questions regarding the completion of this packet, please contact Licensing team at 770-558-8912.

THE
MILNER GROUP
Insurance for Generations

Social Security #: _____ Email: _____

Last Name: _____ First Name: _____ MI: _____

Resident Insurance License #: _____ State: _____

Phone: _____ Fax: _____ Cell: _____ Gender: _____

Driver's Lic. # / State: _____ Title: _____ Marital Status: _____

City of Birth: _____

Date of Birth: ____/____/____ Maiden Name: _____

Residential Address (No PO Boxes) Move In Date: ____/____/____

Line 1: _____ City/State: _____ Zipcode: _____

Mailing Address Start Date: ____/____/____

Line 1: _____ City/State: _____ Zipcode: _____

AML Provider: LIMRA NONE OTHER Date Completed: ____/____/____

Provide LIMRA password or print out of completion LIMRA password or a
print out of completion _____

Are you a Registered Rep with FINRA? Yes No

If Yes, Broker/Dealer Name: _____ CRD #: _____

Please list any Honors you currently hold: _____

Doing Business As: Individual Business Entity Solicitor/LOA

If DBA Solicitor/LOA, list who your commissions will pay to: _____

Complete the following only if DBA a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Corporate Address (No PO Boxes) Start Date: ____/____/____

City/State Not Needed

Line 1: _____ Line 2: _____ Zipcode: _____

History

****NOTE* Attach additional info if needed***

Employment -- Please provide past 5 years of employment history:

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

Address History -- Please provide past 5 years of address history:

****NOTE* Attach additional info if needed***

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***

Line 1: _____ Line 2: _____ Zipcode: _____

How long have you been an insurance agent? _____

Would you like to have your commissions setup on direct deposit? (Please note, some carriers require direct deposit or pay commissions less frequently if on paper-check)
____ Yes ____ No If yes, please include a copy of a voided check

Should our office contact you directly or do you have an assistant? (If you have an assistant, please provide their contact information) _____

Would you like The Milner Group to order all paramedical exams for any applications submitted through us? ____ Yes ____ No

If yes, do you have a preferred vendor in your area? _____

Where or from whom did you hear about The Milner Group? _____

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: _____

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation?	Yes	No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	Yes	No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute?	Yes	No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
1F	Have you ever been charged with a Felony?	Yes	No
1G	Have you ever been charged with a Misdemeanor?	Yes	No
1H	Have you ever been on probation?	Yes	No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	Yes	No
2A	Are you currently under investigation by any legal or regulatory authority?	Yes	No
2B	Have you been under investigation by any insurance company?	Yes	No
2C	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court).	Yes	No
2D	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	Yes	No
3	Have you ever been alleged to have engaged in any fraud?	Yes	No
4	Have you ever been found to have engaged in any fraud?	Yes	No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	Yes	No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	Yes	No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	Yes	No

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	Yes	No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	Yes	No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	Yes	No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	Yes	No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes	No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	Yes	No
13	Have you had any interruptions in licensing?	Yes	No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	Yes	No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes	No
14C	Have you ever been the subject of a consumer initiated complaint?	Yes	No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	Yes	No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes	No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	Yes	No
15C	Is the bankruptcy pending?	Yes	No
16	Are there any unsatisfied judgments, garnishments or liens against you?	Yes	No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes	No
18	Have you ever used any other names or aliases?	Yes	No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	No

If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature: _____

Date: _____

LETTER OF EXPLANATION

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize SuranceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below. Please use BLACK ink.

A large empty rectangular box with a black border, intended for the producer's signature.

PRODUCERIDXXX

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required):

Transit/ABA #:

Account #:

Financial Institution Name:

Branch Address:

City:

State:

Zip:

Account Type: ☒ Checking ☐ Saving Phone:

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature:

Date:

Attach copy of the check here for checking account or
deposit slip for saving account:

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured.
Please refer to the following examples.

CORRECT:

My Insurance Agency Inc.

Joe Agent

123 Main Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O
Carrier listing agents covered under agency policy.

The Milner Agency

This **Agent Indebtedness Agreement** (this "Agreement"), effective as of the date subscribed below is entered into by and between The Milner Agency, Inc., an Georgia corporation with its offices located at 833 Hurricane Shoals Rd, Lawrenceville, GA 30043 and _____, an individual or business (the "Agent"), including the down line hierarchy of such agent, if any. The Agent conducts business at the address set forth under such Agent's name on the signature page of this Agreement. The Milner Agency, Inc. and the Agent, in consideration of the premises and mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by The Milner Agency, Inc., agree as follows:

1. **Definitions**

- a. "The Milner Agency, Inc." means any insurance company with which The Milner Agency, Inc. has contractually committed, either prior to or after the date of this Agreement, to recruit agents to market and sell insurance products on behalf of such insurance company and with which the Agent is not affiliated with through The Milner Agency, Inc. prior to the execution of this Agreement.
- b. The Milner Agency, Inc. is, and will be, a party to certain contracts with The Milner Agency, Inc. Carriers under which The Milner Agency, Inc. recruits, and will recruit, agents for such The Milner Agency, Inc. Carriers;
- c. The result of such recruiting may be a Carrier Selling Agreement; and from time to time, The Milner Agency, Inc. Carriers, pursuant to a Carrier Selling Agreement, may advance commissions to the Agent, charge back commissions previously paid to the agent, lend money to the Agent or agree to other terms under which the Agent will become indebted to The Milner Agency, Inc. Carrier(the "Agent Indebtedness");
- d. The Milner Agency, Inc. may, from time to time, be asked by the The Milner Agency, Inc. Carrier to guarantee the Agent Indebtedness or to repay, on behalf of the Agent, the Agent Indebtedness; and The Milner Agency, Inc. and the Agent, in consideration of the premises and mutual covenants and agreements herein contained, and other good and valuable consideration, receipt and sufficiency of which are hereby acknowledged by The Milner Agency, Inc. and the Agent, agree as follows:

2. **Repayment of Agent Indebtedness**

The Milner Agency, Inc. and the Agent agree that the Agent is responsible for the Agent Indebtedness (including any Agent Indebtedness arising from such Agent's down line hierarchy), that the Agent shall repay such Agent Indebtedness pursuant to the terms of the Carrier Selling Agreement or pursuant to any other agreement or arrangement between the Agent and The Milner Agency, Inc. Carrier, and that in the event The Milner Agency, Inc. pays to the The Milner Agency, Inc. Carrier any amount of the Agent Indebtedness, the Agent shall reimburse The Milner Agency, Inc. for such amount within 30 days after receipt of notice from The Milner Agency, Inc. **The Agent agrees to pay all costs of collection, including attorney fees, collection agency fees of 25% incurred by Company or its successors or assigns in collecting any Agent Indebtedness.**

3. **Independent Contractor**

The Agent agrees that the Agent will perform all services under this Agreement and the Carrier Selling Agreement as an independent contractor. Nothing in the Agreement or in any Carrier Selling Agreement will be deemed to create an employer-employee, partnership, or joint venture relationship between The Milner Agency, Inc. and the Agent.

4. **In the event you acquire a debit with The Milner Agency, Inc., signing the agreement allows us to vector your account after 60 days delinquency.**

IN WITNESS WHEREOF, each of and the Agent have executed the Agreement to be effective as of the date set forth below.

5. **Photo Release:** I additionally grant The Milner Agency, Inc. the right to take, use, adapt, modify, reproduce, transmit, display, broadcast, publish, print, and disseminate, in any manner or medium, now

known or later devised, my name, image, likeness and voice (hereinafter, my "Publicity Rights"), for the purpose, including but not limited to, promoting and advertising The Milner Agency, Inc. and its services. If you do not wish to be included in any photo, please let us know in advance and we will exclude you.

The Milner Agency, Inc.

By: Seixas G. Milner III

Agent:_____ **Date:**_____

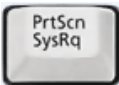
Agency Name, if you are an agency principal:_____

X Signature:_____ **Print Name:**_____

Address: _____

(The agreement only impacts agents who may now, or eventually, owe us money, typically for the chargebacks or unpaid advances. We require all licensed agents to sign the agreement; however, in most cases it will not pertain to you but still needs to be completed to work with North American Senior Benefits.)

How do I take a screenshot?


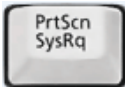
press  = Windows captures the entire **screen** and copies it to the (invisible) **clipboard**.

Where can I find that key?

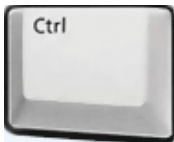



Look for this group of keys at the **upper right** of your keyboard. Note: **Print Screen** (PrtScn) might have been abbreviated differently on your keyboard.

How do I take a screenshot of a single window?

hold down  and press  = Windows captures only the currently active **window** and copies it to the **clipboard**.

I guess it's in the clipboard now. How can I paste it into a document or something?

hold down  and press  = Windows pastes the screenshot (that is in the **clipboard**) into a document or image you are currently editing.

Where should I paste it? I just need a (graphics) file.

1. Start "Paint"
2. Paste & Save