

Atlantic Financial

Life • Annuity • Long Term Care

IMPORTANT

*ALL LICENSING AND CONTRACTING APPOINTMENT
PAPERWORK IS TO BE FAXED TO 860-331-8551 ATTENTION:
CONTRACTING*

Include:

1. Contract
2. Proof of Errors & Omissions coverage
3. Attach copies of all active insurance licenses
4. Voided Check

For faster processing please use this form as your cover page

Or MAIL to:
Atlantic Financial
171 Market Square
Suite 106
Newington, CT 06111

Sincerely,

The Atlantic Financial Team

Print using dark ink

A. APPLICANT - DETAILS

Corporate name: _____ Tax ID: _____

Last name: _____ Sex: Male Female SSN: _____

First name: _____ Middle initials: _____ Date of birth: _____

MONTH DAY YEAR

Business address: _____

City: _____ State: _____ ZIP code: _____

Telephone: (____) _____ Fax: (____) _____ Pager: (____) _____

Cell phone: (____) _____ E-mail: _____

If your Business Address is a Post Office box, provide your physical street address on a separate page and include with this application.

Residence address: _____

City: _____ State: _____ ZIP code: _____

If you have changed your residence address in the past ten (10) years, provide each address on a separate page and include with this application.

B. APPLICANT - PROFILE

If you answer YES to any of the following questions, provide full details.

	Yes	No
1. Have you ever pleaded guilty or been found guilty of an offense under any law of any Federal or State statute or law of any other Country, for which you have not been pardoned, or are currently the subject of any charges?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been reported to a financial services regulator or resigned, been terminated or canceled from a company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been refused registration or a license under any legislation which required registration or licensing to deal with the public in any capacity or is there any reason to believe that in the future you will be, under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance producer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been subject to Federal or State tax liens; not repaid a debt for which demand for payment has been made; been subject to collections; been under any legal order to make monetary payments to another person or business entity; been declared bankrupt or made a voluntary assignment in bankruptcy, or are you currently an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently indebted to any insurer, MGA or other financial services company?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a surety company paid a claim for you or has a bonding company denied, paid out or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>

C. APPLICANT - AUTHORIZATION and ACCEPTANCE

I agree that:

- I have personally completed this Application and it is complete and accurate in every respect;
- I will only solicit business in the States where I am licensed and appointed by Industrial Alliance Pacific Insurance and Financial Services Inc. (hereinafter called the "Company");
- I will abide by all written rules and regulations of the Company, which may be subject to change at any time;
- no contract exists between me and the Company until all contracting documents required are received and approved by the Home Office;
- compensation will be released to me only when a contract is in effect.

I hereby continually authorize the Company or its duly authorized representative to contact any organization or individual who has knowledge of my past or present employment, character or financial status and I authorize the organization or individual to provide any and all information they have about me to the Company and for the Company to share the information with the Master General Agent. A photocopy of this authorization shall be valid as the original.

Signature of the Applicant: _____ Date signed: _____

MONTH DAY YEAR

D. MANAGEMENT - GUARANTEE and CERTIFICATION

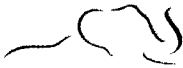
The undersigned, both jointly and severally, hereby unconditionally guarantee the full and faithful performance of every obligation of the Applicant under this Application and the Contract documents required by the Company. The undersigned waive notice of acceptance, presentation and protest and any other notice with respect to obligations guaranteed hereby.

The undersigned certify that they have investigated or have knowledge of the character, business reputation, qualification and experience of the Applicant and are satisfied that the Applicant is trustworthy and qualified to act as an Agent for the Company.

Signature of the General Agent the applicant reports to: _____ Date signed: _____

Signature of the Master General Agent: _____ Date signed: _____

MONTH DAY YEAR



ANNUITY CONTRACTS

<u>Annuity Products</u> ³	<u>First year %</u>	<u>Renewal years %</u>		<u>Single Premium %*</u>
		<u>2 – 5</u>	<u>6 – 10</u>	
The Charter Annuity Advantage (POL-1200)				
* Ages 0-60	15.00	1.50	1.50	8.00
* Ages 61-70	8.50	0.75	0.75	8.00
Fixed Indexed Annuity (POL-1900)⁴				
• GoldenPlus	12.00	2.25	2.25	6.88
• GoldeFlex X				
○ Ages 0-60	11.63	5.75	4.75	8.00
○ Ages 61-70	8.00	3.75	3.75	8.00
Five Star Plus (POL-1550)				
* Ages 0-80	6.50	3.50	3.50	
Five Star Single (POL-1500)				
* Ages 0-80				3.50
Single Premium Immediate (POL-1600)				
* First \$100,000 of proceeds	2.55			
* Proceeds in excess of \$100,000	1.70			
Select Plus 5 (CA, PA, UT, NJ, WA)				
* Ages 0-58	7.00			
* Ages 59-74	5.00			
* Ages 75-80	3.50			
Select Plus 5 (all other states)				
* Ages 0-64	7.00			
* Ages 65-74	5.00			
* Ages 75-80	3.50			

**Single premium commission rates are payable in the first policy year only. Any single premium deposits made in renewal years will earn the renewal commission rates shown.*

³Current product state approvals can be viewed online via Hyperlink Agent Marketplace at www.iaplif.com.

⁴Fixed Indexed Annuities have a commission chargeback upon death in the first policy year. The chargeback is 100% of commissions where death occurs in the first 6 months and 50% of commissions where death occurs in the last 6 months of the first policy year.