



P.O. Box 50145
PHOENIX, ARIZONA 85076

LICENSING FORMS AND CHECKLIST:

Agent Name _____ E-Mail Address _____

H.O. Use
Only

- 1) Signed Licensing / Appointment Form
- 2) Signed Independent Agreement
- 3) Signed Code of Ethics Form
- 4) \$39.50 Check Made Payable to Colorado Bankers Services.
 - a) E&O is Provided Per Calender Year at a Cost Of \$39.50.
- 5) Signed Statement of Understanding

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**DO NOT FORGET TO INCLUDE A COPY OF
YOUR RESIDENT LICENSE.**

COLORADO BANKERS SERVICES
PHONE: 1-888-455-7462
FAX: 480-706-4507



P.O. Box 50145
Phoenix, AZ 85076

LICENSING / APPOINTMENT FORM

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER or TAX I.D. NUMBER			
BUSINESS ADDRESS		CITY	STATE	ZIP	
SHIPPING ADDRESS (UPS will not ship to a P.O. Box)		CITY	STATE	ZIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	
BUSINESS PHONE	HOME PHONE	FAX	BIRTHDATE	BIRTHPLACE	SEX Male <input type="checkbox"/> Female <input type="checkbox"/>
Contract Name (if other than individual) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> DBA or Trade Name		List non-resident state(s) in which licensed and desire appointment:			

If applying for corporate or partnership license, list individuals authorized to act under the license with the state. For additional names, attach list.

NAME AND TITLE	SOCIAL SECURITY NUMBER

IMPORTANT- Please submit the following

- Licensing/Appointment Form
- Commission Schedule (submit only if company is paying commission).
- Copy of License (if applying for a non-resident appointment, a copy of the non-resident license should be enclosed).
- Non-resident State Appointment Fee (Make check payable to Preferred Financial corp. or Colorado Bankers Life).
- If required by your state, an executed State Licensing Form.

Agent's Declaration and Authorization

I hereby certify that my answers to the above questions are true. I agree that as your representative, I shall be fully responsible for all monies collected by me, either in part or full payment of premiums, evidenced by my signature on receipts issued by me to applicants. My failure to do so will immediately terminate my association with you and upon the company's demand, I shall return all unused applications, receipts and any and all material held by me.

I authorize the individual(s) or companies shown in my application to give any information regarding my employment together with any information they have whether or not in their records, and release said individuals or companies from all liabilities for any damage whatsoever for issuing this information.

This application and the information in it is, to the best of my knowledge, an accurate statement of fact. I hereby authorize the Company to conduct an investigation concerning my character, general reputation and personal traits and release any person and companies so contacted from any liability with respect to the content of verbal or written information given to the Company. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of the Company.

I hereby authorize the Company to conduct all such inquiries and obtain these investigative reports. I authorize all persons, firms, and entities having information about me to give the Company all information that it requests. I release from liability all persons, firms or entities supplying such information to the Company, and I agree to hold the Company harmless from and indemnify it from any liability which it may incur as a result of conducting any of the inquiries contemplated herein. The Company may provide to its affiliate companies all information it receives during its investigation. The Company may provide to its affiliate companies or third parties, including agencies that assume my debit balance, any financial, business, legal or tax information regarding me that is not part of the investigative report that it receives from third parties or its affiliate companies. I authorize the Company to provide information concerning any past-due debts owed the Company to the credit reporting services to which it subscribes.

I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of any contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract.

Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer identification number.

Signature of Applicant _____ Date _____

**REQUEST FOR AGENT'S LICENSE
and
ACKNOWLEDGEMENT OF CONDITIONS**

To: The Preferred Financial Corporation (herein called Company)

You are hereby respectfully requested to make applications for the issuance of life and/or disability insurance agent's license authorizing me to solicit application on behalf of Colorado Bankers Life (a subsidiary of Preferred Financial Corporation) or insurance carriers to be specified by the company (herein called Carriers).

I hereby agree that your consent to the issuance of such license (or licenses in any other states) is subject to, and I hereby agree to be bound by, each and all of the following conditions.

- (1) That I shall be assigned to the jurisdiction of CBS: and
- (2) That Company on behalf of the Carriers will honor any absolute and irrevocable assignment by the entity named in paragraph 1 of the commissions payable to me by that entity according to the terms of my contract with the entity. I agree
 - (a) That such assignment constitutes the Company and Carrier's sole obligation to me with regard to commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Carriers; and
 - (b) That I have no contractual relationship with the Company or the Carriers and that I am not, and I shall refrain from holding myself out as an employee, partner, joint venture or associate of the Company or the Carriers: and
- (3) That I shall comply with the rules, regulations of the Company and the laws and regulations of all applicable Insurance Regulatory Authorities relating to my activities in the solicitation of insurance; and
- (4) That I shall not alter, modify, waive or change any of the terms, rates or conditions in any advertisements, receipts, policies or contracts of the carriers and/or Company in any respect; and
- (5) That I shall promptly remit to my General Agent or the Company any and all monies or securities received by me on behalf of the Company as full or partial payment of first or renewal premiums, or any other item whatsoever; and
- (6) That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
- (7) That the Company may, without liability to me whatsoever, upon its own initiative, cancel my license at any time.

IN WITNESS WHEREOF, I have affixed my signature this _____ day of _____ 19 _____

(Applicant for agent's license)

To Be Completed By Referring Manager:

INDICATES ITEMS ATTACHED:

- | | |
|--|--|
| <input type="checkbox"/> Copy of License | <input type="checkbox"/> Licensing/appt Form |
| <input type="checkbox"/> Commission Schedule | <input type="checkbox"/> E &) Fee |
| <input type="checkbox"/> Code of Ethics | <input type="checkbox"/> Hierarchy Form |
| <input type="checkbox"/> State Forms | |

The foregoing applicant is hereby recommended for appointment.

Recommended and Referred By: _____

Signature: _____

CODE OF ETHICS

Please review the following statements and indicate your response in the appropriate box.

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | I will fully comply with all laws and regulations regarding the solicitation and sale of any Colorado Bankers Life product. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I will make every effort to ascertain and understand the needs and financial circumstances of my clients, and I will make every effort to render the same quality of service to my clients which in the same circumstances, I would expect myself. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | I will not negotiate or deposit any funds payable to the Company or any payee other than myself or my immediate family. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | I will not place the Company under any legal obligation that is not within the scope of my authority. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | I will not accept risks of any kind, make, modify or discharge contracts, extend the time for paying the premium, waive forfeitures or any of the Company's rights or requirements, bind the company by any statement, promise or representation; agree with any applicant to any extra premium for extra risks, or collect any monies other than as provided in the General Agent's Agreement. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | I will continue to use only sales material approved by the Company in writing and will include all appropriate disclaimers. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | I will ensure that all signatures on applications or other documents submitted by me are authentic. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | I will either be responsible for the personal delivery of all policies and contracts to the respective owner in an expedient manner or I will instruct in writing upon submission of new business that Colorado Bankers Life mail these items directly to the owner. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | I will not be the assignee, owner or beneficiary of any policy issued by the Company, other than a policy on me or on a member of my family. An exception may be authorized, in writing by a Senior Officer of the Company, only where I have a sufficient investment in a business enterprise to justify key person insurance in an amount reasonably related to the investment. Unless and until the exception is granted, no such coverage may be placed in force and no cash may be collected with respect to such an application for a new policy and no change may be effected for an in-force policy. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | I will not pay commissions to or contract with any sub agents or entities for the solicitation of insurance that are not duly licensed and appointed with the Company. |

- | YES | NO | |
|------------------------------|--------------------------|--|
| 11. <input type="checkbox"/> | <input type="checkbox"/> | I will not be involved in any way in the speculation for profit concerning the early death or disability of the insured's of the Company. |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | I will not represent the Company in any manner whatsoever before any State Insurance Department or official thereof, or any Governmental Agency without the prior knowledge and approval of the Company. |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | I will not affix unapproved stamps or labels on policies, policy envelopes or literature of the Company in such a way as to obscure, obliterate or modify in any way the printed matter thereon. |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | I will not charge for enrollment or consulting services that are undertaken or rendered to any applicant, policy owner, or beneficiary or assignee such as explaining the terms of a policy, collecting the policy proceeds, making or submitting proofs or settlement of any claim, or any other similar service. |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | I will abide by the company privacy rules, regarding client, nonpublic information. |

Explanation of "NO" answers

I have carefully read the above statements and represent that my responses are correct and true to the best of my knowledge and belief. In addition, I have reviewed the Prohibited Acts (Form #PA-202) attached hereto and state that I am in full compliance.

DATE	(print name)	Agent Signature
DATE	(print name)	General Agent Signature

PROHIBITED ACTS

No Colorado Bankers Life Insurance Company/Preferred Financial Corporation agent is authorized, directly or indirectly:

- * To endorse, deposit, cash or otherwise negotiate any check drawn to the Companys' order, or to open any bank account in the Companys' name, or to sign the Companys' name in any circumstance, or to have any checks or promissory notes printed with "Colorado Bankers Life Insurance Company or Preferred Financial Corporation" thereon.
- * To endorse, deposit, cash or otherwise negotiate any check drawn by the Companys to the order of a payee other than the agent or a member of the agent's family.
- * To place the Companys under legal obligation which is not within the authority granted by the Companys in the agent's contract elsewhere in writing.
- * To accept risks of any kind, to make, modify or discharge contracts, to extend the time for paying the premium, to waive forfeitures or any of the Companys' rights or requirements, to bind the Companys by any statement, promise or representation; to agree with any applicant to any extra premium for extra risks, or to collect any monies other than as provided in the agent's contract.
- * To advertise or publicize the Companys' name by using it in any advertising or public medium, including the newspapers, magazines, television or radio broadcasts, or other means unless the content of such advertising or publicity has first been submitted to, and approved and authorized by the Companys in writing.
- * To sign as a witness to any person's signature on any application or other paper relating to the Companys' business (such as health certificate, amendments, questionnaires, etc.) unless that signature is written in the agent's presence.
- * To sign the name of another person, such as an applicant, insured, policy owner, beneficiary, assignee or otherwise, whether or not such person consents thereto.
- * To retain a policy, other than a policy on the agent or a member of the agent's family, for a period longer than is necessary for purposes of delivery, analysis, record organization and review for servicing.
- * To be the assignee, owner or beneficiary of any policy issued by the Companys, other than a policy on the agent or on a member of the agent's family. An exception may be authorized, in writing by a Senior Officer of the Companys, only where an agent has a sufficient investment in a business enterprise to justify key person insurance in an amount reasonably related to the investment. Unless and until the exception is granted, no such coverage may be placed in force and no cash may be collected with respect to such an application for a new policy and no change may be effected for an in-force policy.

Colorado Bankers Life Insurance Company

STATEMENT OF UNDERSTANDING

By signing below I certify the following to be true:

1. I have read and understand the LifeStyle Protector sales and product material. I have a thorough understanding of the content of the brochures/materials and will represent Colorado Bankers in accordance with the guidelines contained therein.
2. I understand the LifeStyle Protector is a Ten-Year Renewable and Convertible Term Life Insurance policy with a Critical Condition Accelerated Benefit Rider. I understand this product is not guaranteed issue and is subject to underwriting.
3. I understand the Term Life Insurance Coverage (Death Benefits only) will begin as of the date the Application is signed by the Proposed Insured if Colorado Bankers Life Insurance company approves the application and the Proposed Insured paid the premium or authorized payroll deduction.
4. I understand other eligible covered conditions must be first diagnosed at least 30 days (60 days for cancer) after the policy effective date shown on the policy specification page.
5. I have read and understand that LifeStyle Protector benefits may differ or not be available in some states. I have read and understand the content of the LifeStyle Protector field underwriting guidelines and I will field underwrite all applications in accordance with these guidelines.

Print your name as it appears on your insurance license.

Your Signature

Date



PREFERRED FINANCIAL CORPORATION

Agent Authorization Agreement for Automatic Deposits (EFT Credits)

Producer Name : _____

**Producer FEIN/SSN: _____

*Producer E-mail Address: _____

*(For notification of funds availability)

** Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: _____ Date: _____

I (we) hereby authorize Preferred Financial Corporation, through Bank One, Denver, N.A., to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) _____ Checking or _____ Savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the same to such account.

Name(s) on Account: _____
(Please print)

Signing Authority: _____
(Please Print)

Bank/Credit Union Information: **(Please attach a voided check or savings account slip)**

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Please allow 15 days for processing of any change to banking account information. All requests for changes must be submitted in writing and signed by the licensed agent.

Authorized Account Signature: _____

Home Office Use Only

Account #: _____ *Agency:* _____