

First Legacy Corporation

20955 Pathfinder Road Suite 100-4

Diamond Bar, CA 91765

Office: (909) 843-6460 E-fax: (888) 789-0960

E-mail: info@firstlegacycorp.com

FOR OFFICE USE ONLY
ASSIGNED AGENT ID:

U L _____

CONTRACT LEVEL _____ %

Agent's Initials _____

DM/RM/VP Initials _____

Print Name of DM/RM/VP: _____

APPLICATION CHECK LIST

United Legacy Insurance Services

INSURANCE DIVISION

LICENSED AGENT APPLICATION

PRINT NAME OF APPLICANT: _____ PHONE: _____

- ☐ MEMBERSHIP APPLICATION
- ☐ AT-WILL EMPLOYMENT AGREEMENT
- ☐ W-9 FORM
- ☐ I-9 FORM/EMPLOYMENT ELIGIBILITY VERIFICATION
- ☐ FORM 4506-T
- ☐ Anti-Money Laundering Completion
<http://nailba.limra.com>
- ☐ LIFE LICENSE (copy)
- ☐ E & O Insurance (copy)
- ☐ Annuities Certification (8-hours)
- ☐ DRIVER'S LICENSE (copy)
- ☐ PASSPORT (copy) or Social Security Card (Copy)
- ☐ BACKGROUND SCREENING FORM
- ☐ DRIVING RECORD AUTHORIZATION ☐ PROOF OF INS. POLICY (copy)
- ☐ ATTACH CHECK OF \$75

(processing fee payable to: United Legacy Insurance Services)

*Important: Applicant's Leader is responsible for checking application for missing information/documents.

Incomplete applications will be returned. Once complete, leader will sign below with contact information.

SIGNATURE - SENIOR MGR/DM/RM/VP

DATE

PRINT NAME - SENIOR MGR/DM/RM/VP

E-MAIL ADDRESS

CELL PHONE #: _____

AGENT CODE: _____

Note: All personal information will be kept confidential. Please submit completed application and documents to the address above. You may mail or leave documents with the front office receptionist in a sealed envelope ATTN: First Legacy Corporation. You will receive an e-mail notification confirming receipt of your application.