

First Legacy Corporation

20955 Pathfinder Road, Suite 100-4
Diamond Bar, CA 91765
Phone: (909) 843-6460 E-fax: (888) 789-0960

OFFICE USE ONLY

Assigned Agent ID:
U L _____

ADMIN.**FEE**

___Y ___N
Check #____

**Life
License**

___Y ___N

Contract Level

_____ %

MEMBERSHIP APPLICATION*United Legacy Insurance Services - INSURANCE DIVISION***APPLICANT INFORMATION (please print)**

Name

Name of Spouse:

Date of Birth:

SSN:

Cell Phone:

Current Address:

Home Phone:

City:

State:

Zip Code:

Own Rent (Please circle)

E-mail:

EMPLOYMENT INFORMATION

Current Employer:

Employer Address:

How long?

City:

State:

Zip Code:

Phone:

E-mail:

Fax:

Position/Title:

Hourly Salary (Please circle)

EMERGENCY CONTACT

Name of a Relative not residing with you:

Relationship:

Address:

Phone:

City:

State:

Zip Code:

DIRECT SPONSOR

Name:

Agent ID or SSN:

Cell Phone:

E-mail:

REFERENCES

Name:

Phone:

Name:

Phone:

SIGNATURE

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and consent and agree to authorize First Legacy Corporation to run my employment background check at anytime deems necessary whether such investigation is conducted by First Legacy Corporation or an external third party service. I authorize the references listed above to provide First Legacy Corporation with any and all information concerning my previous employment and any pertinent information they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to First Legacy Corporation as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am engaged as an independent contractor, in the termination of the independent contractorship with First Legacy Corporation.

Signature of applicant:**Date:**

Application must include: __\$75 Processing Fee (payable to: United Legacy Insurance Services) & all documents on the insurance check list. (to be placed on top of this application.) If you have any questions, e-mail: info@firstlegacycorp.com **Rev5/26/08**