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## AGENCY – APPLICATION FOR AGENCY CONTRACT TO SELL LIFE INSURANCE

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This is your Agency Application Package to become a National MGA, MGA, AGA or Producer Group with Equitable®. Please ensure that all sections of the Application are fully and accurately completed. Incomplete Applications will be returned, which will cause delays in contracting and payment of commissions.

If you will be under another Agency, please forward the completed application to your Agency, with a copy of your license and a copy of your Errors and Omissions insurance certificate (in provinces where E&O insurance is required).

If you are a stand alone Agency, please forward the completed application to Equitable's Head Office, with a copy of your license and a copy of your Errors and Omissions insurance certificate (in provinces where E&O insurance is required).

**If you have any questions or concerns when completing this Application, please contact Field Contracting at 1 800 668 4095**



## AGENCY – APPLICATION FOR AGENCY CONTRACT TO SELL LIFE INSURANCE

### Instructions for Completing Application for Agency Contract

This Application consists of:

- PART A** Personal Information – You must complete for BOTH the Agency and the Principal(s) of the Agency
- PART B** License and Error and Omissions Insurance – You must complete for BOTH the Agency and the Principal(s) of the Agency
- PART C** Agency Pay Instructions – If you are under an agency, your agency will complete. If you are a stand alone Agency, do not complete.
- PART D** Direct Deposit – You must complete and attach a void cheque or Pre-Authorized Payment form from your Financial Institution
- PART E** Consent and Authorization – You must complete AND sign
- PART F** Signing Page – If you are under an agency, your agency will complete and sign

### Instructions for YOU (Applicant):

1. Accurately complete your Parts of the Application.
2. **Retain a copy of the Application for your file. We will NOT provide a copy of the signed documents unless you request.** Notify us of any changes to this Application within 10 business days of the change.
3. If you are under an agency, send the completed Application to your agency. If you are a stand alone agency, send the completed application to us. **Make sure you:** a) **sign Part E; and**, b) include a copy of the agency and principal(s) license and a copy of the E&O Insurance Certificate (if required in your province) with your Application.

### Instructions for your AGENCY (NATIONAL MGA, MGA or AGA):

1. Complete your Parts of the Application.
2. **Retain a copy of the Application for your file. We will NOT provide a copy of the signed documents unless you request.** Notify us of any changes to this Application within 10 business days of the change.
3. Send the completed Application to us. **Make sure you:** a) **complete and sign Part F; and**, b) include the signed Parts E and F, copy of the licenses and E&O Insurance Certificate (if required in the agents province) with the Application. Use courier, mail, or fax the Application and documentation to:

Equitable  
Field Contracting, Licensing and Compensation  
1 Westmount Rd N  
PO Box 1603 Stn Waterloo  
Waterloo, Ontario N2J 4C7  
Facsimile: 519 883 7405



## AGENCY – APPLICATION FOR AGENCY CONTRACT TO SELL LIFE INSURANCE

### PART A – Personal Information

#### Complete for the Agency and its Principal(s) where Incorporated

##### 1. General Information

a) Date: \_\_\_\_\_

b) Name of applicant: \_\_\_\_\_ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.

c) List other business or personal names used in the financial services sector in the last 5 years: \_\_\_\_\_

d1) Are you a(n): ☐ individual agent ☐ corporation: \_\_\_\_\_ ☐ partnership

If a corporation or partnership, list principals/partners, shareholders

d2) Quebec licensees: Are you a(n): ☐ Independent Representative ☐ Representative Attached to a Firm  
☐ Independent Partnership ☐ Firm

e) Social Insurance Number: \_\_\_\_\_

f) Are you legally entitled to work in Canada? ☐ Yes ☐ No

g) Driver's License Number: \_\_\_\_\_

##### 2. Business address(es) over last 5 years

###### Most recent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

###### Previous

Address: \_\_\_\_\_

##### 3. Home address(es) over last 5 years

###### Most recent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

###### Previous

Address: \_\_\_\_\_

##### 4. Other business affiliations

a) Do you conduct, or are you associated with, any other business other than those specified in #1 above?

☐ Yes ☐ No If "yes", give details, including name, location and nature of business in section 10 at the end of this form.

b) Are you a partner, officer or director or in a non-arms length relationship with any other business?

☐ Yes ☐ No If "yes", give details, including name, location and nature of business in section 10 at the end of this form.



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### PART A – Personal Information

#### 5. Insurance Companies

List, in order of total volume, the five insurance companies with which you have placed the most policies in the last 5 years. Indicate the lines of business for each company with an "X" under the corresponding product.

Co. Name	Are you still associated with company?		# of Yrs	Lines of Business			Presidency For Life Products (if known) (%)
	Yes	No		Life	Ann	*Other	

\*Example: disability, Health

#### 6. References

Please provide three business references. Preferably, references should be from other companies last transferred/worked. Only one may be from the current/prospective MGA.

1. Name & Title: \_\_\_\_\_  
Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name & Title: \_\_\_\_\_  
Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name & Title: \_\_\_\_\_  
Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### 7. Formal Education and Designations

a) Highest education level attained:

☐ elementary school

☐ CEGEP

☐ post graduate:  
degree/diploma \_\_\_\_\_  
Institution \_\_\_\_\_

☐ secondary school

☐ university or college:

degree/diploma \_\_\_\_\_  
Institution \_\_\_\_\_

b) Have you taken the LLQP course ☐ Yes ☐ No

☐ Full Course

☐ Part A

If Part A, have you enrolled in Part B? ☐ Yes ☐ No

c) Do you have any of these or other designations? Indicate year attained.

☐ FLMI yr.

☐ RFP yr.

☐ CLU yr.

☐ CFP yr.

☐ CH.F.C. yr.

Any other Professional Designation(s) yr. \_\_\_\_\_

If you are presently working on any of the above mentioned, please list:



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### PART A – Personal Information

#### 8. Personal Profile

If you answer “yes” to any of the following questions, provide a full explanation in section 10.

- a) Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support if registered? ☐ Yes ☐ No
- b) Have you ever had your wage garnished? ☐ Yes ☐ No
- c) Are you currently indebted to any insurer or MGA or other financial services companies? ☐ Yes ☐ No  
(If yes, specify name of creditor, anticipated duration of debit, existing amount, when debt commenced, repayment schedule, conditions for repayment.)
- d) Have you ever been declared bankrupt or made a voluntary assignment into bankruptcy, or made a consumer proposal under any legislation relating to bankruptcy or insolvency, or are you currently an undischarged bankrupt or conditionally discharged bankrupt? ☐ Yes ☐ No  
(If yes, include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy or proposal.)
- e) Have you ever been a controlling shareholder, or officer of a corporation that was declared bankrupt, or placed in receivership, or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged or conditionally discharged? ☐ Yes ☐ No  
(If yes, include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy, receivership or proposal.)
- f) Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offence under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject? ☐ Yes ☐ No
- g) Have you ever pleaded guilty or been found guilty of an offence under any law of any federal statute or law of any other country or state, for which you have not been pardoned, or are you currently the subject of any charges? ☐ Yes ☐ No  
Some examples of these offences are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.
- h) 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 (eg. insurance agent, RIBO broker, mutual funds salesperson, securities dealer, motor vehicle dealer) in any province, territory, state, or country; or have you held such a license and been the subject of a disciplinary proceeding? ☐ Yes ☐ No  
(If yes, please give details including penalties imposed)
- i) Have you ever been disciplined by a financial services regulator? ☐ Yes ☐ No  
(If yes, give details including penalties imposed)
- j) Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct? ☐ Yes ☐ No
- k) Are you currently, 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 agent or broker? ☐ Yes ☐ No



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### PART A – Personal Information

#### 9. Sponsor Information (if applicable)

- a) Current sponsoring Insurance Company name: \_\_\_\_\_
- b) List the names of your sponsoring companies over the last 5 years:
- |             |              |
|-------------|--------------|
| Name: _____ | Dates: _____ |
| Name: _____ | Dates: _____ |
| Name: _____ | Dates: _____ |
- c) Have you changed sponsors in the last 5 years? ☐ Yes ☐ No (If yes, indicate reasons in section 10.)
- d) Have you ever been declined sponsorship? ☐ Yes ☐ No (If yes, indicate the reasons for the decline in section 10.)
- e) Are you applying to change your sponsor? ☐ Yes ☐ No (If yes, indicate the reasons for the change of sponsorship in section 10.)

#### 10. Additional information from previous sections (please indicate the question number you are responding to)



## AGENCY – APPLICATION FOR AGENCY CONTRACT TO SELL LIFE INSURANCE

### PART B – License and Error and Omissions Insurance

#### Complete for the Agency and its Principal(s) where Incorporated

##### 11. Insurance Company

Have you ever submitted business to our company? ☐ Yes ☐ No

If yes, indicate the name through which this business was submitted

##### 12. Licenses/Registrations currently held

Please attach a copy of your life and/or accident and sickness license.

*Type of License	No of years held	Any interruptions in licensing, if yes, give details in section 10		License Number	Level (if applicable)	Prov. or Terr.	Expiry/Renewal Date	Sponsor or Dealer
		Yes	No					

\* Life Insurance; A&S Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; Full LLQP or restricted LLQP; Other

##### 13. Errors and Omissions Coverage

a) Do you have Errors and Omissions Coverage? ☐ Yes ☐ No (If no, please explain below)

Please attach a copy of your E&O certificate.

b) Has any policy or application for errors and omissions insurance on your behalf ever been declined, cancelled or renewal refused? ☐ Yes ☐ No (If yes, please explain below)

Do you have Cyber Insurance that protects you and/or your organization from Information technology risks relating to infrastructure, information privacy, information governance liability, and activities related thereto? ☐ Yes ☐ No

If yes, please provide carrier name and amount per occurrence.

If no, please provide reason.

##### 14. What type of agency contract are you applying for?

☐ NATIONAL MGA

☐ MGA

☐ AGA

☐ Producer Group



## AGENCY – APPLICATION FOR AGENCY CONTRACT TO SELL LIFE INSURANCE

### PART C – Agency Pay Instructions

**Step 1:** Insert name of Agency to receive commissions and/or Overrides:

Please indicate the name and code of the Agency directly above the Agency:

☐ National MGA Name: \_\_\_\_\_ National MGA # \_\_\_\_\_

☐ MGA Name: \_\_\_\_\_ MGA # \_\_\_\_\_

☐ AGA Name: \_\_\_\_\_ AGA # \_\_\_\_\_

**Step 2:** Choose **ONLY ONE** payment option

☐ Pay **Agency** commissions and overrides as allocated below

Or

☐ Pay **Agency** commissions **ONLY** as allocated below, overrides to ☐ NMGA ☐ MGA ☐ AGA ☐ Producer Group

Or

☐ Pay all commissions and overrides to ☐ NMGA ☐ MGA ☐ AGA ☐ Producer Group

### Commission and Override Allocation

**Step 3:** Pay Agency Commission On: (see note 1)

	Yes	No
First Year Life, including CI	<input type="checkbox"/>	<input type="checkbox"/>
Payout Annuity	<input type="checkbox"/>	<input type="checkbox"/>
Pivotal No Load & Pivotal DSC	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed Interest Account	<input type="checkbox"/>	<input type="checkbox"/>
Life & CI Renewal	<input type="checkbox"/>	<input type="checkbox"/>

**Step 4:** Pay Agency Override On: (see notes 1 & 2)

First Year Life, including CI	_____ %
Payout Annuity	_____ %
Pivotal No Load & Pivotal DSC	_____ %
Guaranteed Interest Account	_____ %
Life & Health Service Fees	_____ %

Note 1: The override rate credited to the NMGA or MGA Account, as applicable, will be the difference between the total override rate for the NMGA or MGA and the override rate you instruct us to credit the Agency and Producer.

Note 2: % indicated here is actual % of override amount credited to the Agency.





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PART D – Agency Compensation Direct Deposit Information

Agency Name: \_\_\_\_\_

I direct Equitable to deposit all my compensation to the following account at:

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Bank Account Holder Name: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please attach a Pre-Authorized Payment form from your financial institution or a void cheque or we will be unable to process your request.



## AGENCY – APPLICATION FOR AGENCY CONTRACT TO SELL LIFE INSURANCE

### PART E – Consent and Authorization

To whom it may concern, I am: \_\_\_\_\_

- a) applying to Equitable, 1 Westmount Rd. North, Waterloo, Ontario N2J 4C7 (the "Company") for a contract as an agency;  
or,  
b) currently contracted with the Company; to sell life insurance and/or accident and sickness insurance. Part of the application process or ongoing review of my performance, or my agency's performance, is an investigation of my personal background. These investigations are conducted by the Company and/or its authorized agent.

I have sold financial services including insurance as principal through the following business styles, trade names, corporations or partnerships ("Listed Entities") (leave blank if none):

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

I make this consent and authorization on my behalf and as authorized representative of the Listed Entities and authorize: (a) and direct you to release to the Company information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the Listed Entities and/or any other information relevant to a contract to sell life insurance and/or accident and sickness insurance as an agent with the Company; (b) the Company to obtain a criminal activity clearance report from any police agency or government; (c) information concerning certificates, licenses and registrations; any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations; (d) the Company to exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, including all personal information which could be collected through verification of my application for employment or contract and ongoing performance; (e) the Company to establish a file concerning my application or a contract and subsequent performance and that the personal information contained in this file will be consulted by the Company's employees and its authorized agents in relation to my contract to sell life insurance and/or accident and sickness insurance as an agent. The file will be kept at the Company's offices. I may consult the personal information contained in this file and, if applicable, have it rectified; and, (f) the Company to use my social insurance number in its files pertaining to me.

Upon request to any professional registry or database established by the industry and holding information about me, I shall be informed of the existence, use and disclosure of personal information and I shall be given access to that information for purposes of accuracy and completeness.

This Consent and Authorization shall continue in effect until the earlier of: a) the date I revoke it in writing; or, b) 12 months after I ceases to receive any commission earnings from or through the Company.

A photocopy of this Consent and Authorization has the same value as the original.

\_\_\_\_\_  
Applicant/Agency Name

\_\_\_\_\_  
Applicant/Agency Signature

\_\_\_\_\_  
Date

I represent, warrant and agree that: a) the information I have provided in all Parts of this Application is complete and accurate in every respect; b) I shall provide updated information to the Company within 10 business days of any change; and c) any false statement or omission including a failure to provide updated information may disqualify me from receiving a contract or result in the termination of my contract, and may cause the Company to report me to an insurance regulator.

**My signature in this PART E shall be deemed to be affixed to the Direct Deposit in Part D on the above date, and shall indicate my agreement to the Direct Deposit.**



## AGENCY – APPLICATION FOR AGENCY CONTRACT TO SELL LIFE INSURANCE

### PART F – Signing, Authorizations and Directions

The agencies signing below have conducted a due diligence review of the Applicant/Agency, and request and recommend that the Company enter into an Agency Agreement with the Applicant/Agency. The agencies signing below:

- a) direct the Company to pay compensation to the Agency as set out in PART C – Agency Pay Instructions;
- b) consent to direct deposit of the Agency's compensation as set out in PART D – Direct Deposit;
- c) agree that any changes to the Pay Instructions or Direct Deposit must be submitted to the Company's Head Office in writing 15 days prior to change.

Facsimile signatures are acceptable and binding. This document may be signed separately but deemed to be one document signed by all.

The agency signatures in this PART F shall be deemed to be affixed to the Agency Pay Instructions in PART C, and the Direct Deposit in Part D on the dates below, and shall indicate the agency's agreement to the Agency Pay Instructions and Direct Deposit.

insert NMGA name \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Per: \_\_\_\_\_

Name: \_\_\_\_\_

insert MGA name \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Per: \_\_\_\_\_

Name: \_\_\_\_\_

insert AGA name \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Per: \_\_\_\_\_

Name: \_\_\_\_\_

insert Producer Group name \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Per: \_\_\_\_\_

Name: \_\_\_\_\_

Affix corporate seal where signing

**Please note:** Equitable® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1 800 668 4095.