

Welcome to LSW!

Getting Appointed with LSW has never been easier
using our online partner **nomoreforms!**

Your Package Code is:

This code is confidential and is to be used exclusively for your agent application. It should not be shared with other agents.

Please review the instructions below to utilize our online agent application for appointment with LSW. Note: **nomoreforms** requires that you have Adobe Acrobat Reader installed on your computer. If you don't already have Adobe Acrobat Reader, you can download a free copy at the **nomoreforms** site. Additionally, if you use AOL, Juno, Compuserver, or Walmart.com as your browser, you will need to minimize that browser and open Internet Explorer (version 5.01 or higher) as your browser for this application. The security on these proprietary browsers doesn't allow **nomoreforms** to work properly. There may be additional browsers that also require you to go through Internet Explorer.

Step 1.

Go to the LSW website at www.lifeofsouthwest.com and click "Get Appointed with LSW" on the left side of the screen.

Step 2.

Under the Appointment section titled "Already Have Appointment Information From Your Recruiter?", click on the link [On-line Appointment Forms](#). This will take you directly to the **nomoreforms** website.

Step 3.

Login using your name exactly how it appears on your state license. (If you have used **nomoreforms** previously, you will need to log on as a Returning User). You will enter your personal name and social security information, not a company name or TIN.

- Enter your social security number (without dashes or spaces).
- Create a password (3-12 characters), then confirm your password.
- Enter Client Package Code (listed at the top of this page) in CAPITAL LETTERS.
- Click on "Logon To **nomoreforms**" button.

Step 4.

Complete all "Incomplete" forms listed. Each form will say "Completed" when you have finished entering all the required information.

Residents of CA, MN and OK need to complete the LSW CA, MN, OK Disclosure Form.

If you are a Corporation, please attach your Articles of Incorporation and complete the Guarantor Section of the Agent Agreement.

If you are requesting to be appointed to sell Life Insurance, please attach a copy of your E&O (\$1,000,000.00 in coverage).

Step 5:

The application form requests the name of the Recruited By/Assigned to Person. Please complete that field with the following name:

Step 6:

Once all the forms are completed, click on the "Submit Forms" button. You must click on submit to process your application and you will receive a confirmation number. If you do not receive this number, your application has not been saved or submitted.

Additional Notes:

- Please keep your confirmation number for future reference and easy access to your file.
- LSW will receive your information within 24 hours of submission.
- Once all requirements are received by LSW, please allow 5 business days for processing.
- You will be notified via email of your new agent number. At that time you can login to **nomoreforms.com** and retrieve a copy of your executed Agent Agreement.

If you have any questions please contact the LSW Marketing and Sales Desk at 1-800-906-3310.

For technical assistance, please call **nomoreforms** direct at 1-800-686-8279.

For Example of Contracting Questions Please See Pages 2-4.



Agent Application

Life Insurance Company of the Southwest (LSW)

1300 West Mockingbird Lane • Dallas, Texas 75247-4921 • Sales Desk Hotline 800-906-3310

Are you currently or have you ever been contracted/affiliated/appointed with National Life of Vermont (NLV), Life Insurance Company of the Southwest (LSW), or Equity Services, Inc (ESI)? Yes No Please specify: _____

How did you hear about LSW? Advertising Conference Agent (name _____) Internet Other: _____

Application /Appoint as: Individual Business Entity

Personal Information

Legal Name: _____
Last Name First Name Other Names Known By

Send Mail To: Business Residence

Home Address 1: _____
Street (max 25 characters)

City State Zip

Business Mailing Address 1: _____
Street (max 25 characters)

City State

Business Physical Address 1: (if different than above) _____
Street (max 25 characters)

City State Zip

Telephone Number: Business Phone Business Fax Home Phone Cell Phone
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

Email Address: _____

Date of Birth Social Security # Driver's License # Are you a United States citizen? Yes No

Business Entity Information:

Complete if application is to be in the name of a Corporation LLP LLC DBA

Entity Name: _____
As it appears on Agent State License

DBA: _____

Tax ID #: _____ Date Incorporated: _____ Incorporated in State of _____

List Principals/Owners/Officers:

Name Social Security # Name Social Security #

Name Social Security # Name Social Security #

License Information:

Individual Agent Resident Insurance License #: _____ State Issued: _____ NPN # _____
 Entity/Corporation Agent Resident Insurance License #: _____ State Issued: _____ NPN # _____
 E&O Certificate #: _____ Certificate Issued by: _____

Non-resident states you wish to be appointed and are licensed in (LSW pays only for your resident state):

- | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS |
| <input type="checkbox"/> MO | <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR |
| <input type="checkbox"/> PA | <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI |
| <input type="checkbox"/> WY | <input type="checkbox"/> DC | | | | | | | | | | |

Do you have a NASD license? Yes No Broker/Dealer Name: _____ CRD# _____

Compliance:

Please answer all questions accurately. If yes, explain in the "Additional Compliance Remarks" section below.

- Has your application for a bond ever been declined? If yes, by whom? Yes No
- Have you ever received or do you anticipate receiving disciplinary action from an insurance department? Yes No
- Have you or any business entity in which you held an interest ever been investigated, penalized or fined, had a license (insurance or securities) refused, suspended or revoked by a company, state insurance dept., NASD, SEC, or State Commissioner or any other regulatory agency or governmental authority? Yes No
- Have you ever been convicted of or pled guilty or no contest to a criminal offense involving dishonesty, Breach of trust, or an offense under sections 1033 of the Criminal Code of the United States Code, or under the Violent Crimes Act? Yes No

Additional Compliance Remarks: _____

Production History:

Year	Annualized Life Premium	Annualized Annuity Premium

Commissions Payments:

LSW pay via EFT/direct deposit only.

Name on Account: _____

Bank Name: _____ Bank Phone Number: _____

Bank Address: _____

Routing #: _____ Account #: _____

It takes two payment cycles to open or change an EFT agreement. It may take up to three business days from the commission payment date for the direct deposit to be processed by the banking institution. Your commission statement will be available the 2nd business day following the close of the commission payment cycle. There is a \$25.00 minimum for direct deposit of commissions.

I authorize LSW to deposit my commissions directly into the above account. I also authorize LSW to debit my account for any deposit they have made in error. Yes No

NOTE: If available please scan and attach a copy of a voided check. Otherwise, please fax a copy of a voided check to 214-638-9170.

Assigned to/Recruited By: _____

Certification, Acknowledgement, and Authorization:

I authorize the individual(s) or companies listed in this application to give Life Insurance Company of the Southwest (LSW) any information regarding my employment they may have, whether or not in their records, and release said individuals or companies from all liabilities for any damage whatsoever for providing this information.

I understand that this application will form a part of any Agent's Agreement with LSW and the information provided herein is, to the best of my knowledge, an accurate statement of fact. I hereby authorize LSW to conduct an investigation concerning my character, general reputation and personal traits. I also release any person and companies contacted regarding me from any liability with respect to the content of verbal or written information given to LSW. I further understand that if any material information given by me in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of LSW.

As part of the appointment process LSW is required by Federal Law to conduct background investigation which include reports on your credit and criminal history.

W9:

Under the penalties of perjury, I certify that:

- (1) the number shown on this application is my correct taxpayer identification number; Yes No
- (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and Yes No
- (3) I am a U.S. person (including a U.S. resident alien). Yes No

Do you agree with this? Yes No

Signature:

INFORMATION ONLY

FAIR CREDIT REPORTING ACT DISCLOSURE

A consumer report may be obtained, and used, by Safe Harbor Financial, Inc. in connection with the consideration of your application. A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics of mode of living.

By signing below, you acknowledge that you have received and understand this Disclosure, and you authorize Safe Harbor Financial, Inc. to obtain consumer reports relating to you.

Date

Applicant's Name (Printed or Typed)

Social Security Number

Applicant's Signature

Please fax back to Safe Harbor Financial, Inc. at (215) 564-0155