



# Final Expense Contracting

*Let us help you outsmart your competition!*

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*Lafayette Life Contracting*



Lafayette Life  
Insurance Company

A member of Western & Southern Financial Group

## We are proud to now offer LaFayette Life Insurance's Protector FE Product to our agents!

### The Good, the Bad and the Ugly with LaFayette Life's Protector FE Product

**The Good-** LaFayette Life is consistently the lowest premium cost of all A-Rated companies when comparing Final Expense Life Insurance rates for your customers. Lower premiums often can be the difference between making the sale or NOT. LaFayette is rated A+ with AM Best

LaFayette also offers fully underwritten Whole-Life Products that can pay dividends (non-guaranteed.)

**The Bad-** 1<sup>st</sup> year commission will be lower than your other final expense companies (100%). However renewals are better than most.

**The Ugly-** Underwriting is not as simple as the other FE companies. The application is longer. The phone interview is mandatory and DOES ask more detail than what is on the application. There is no point of sale approval but approvals are usually given within 1-week. LaFayette Life is NOT a good choice for insulin dependent diabetics or applicants who are off the weight chart. There is also a long list of knock-out medications that will not be accepted. LaFayette's graded plan is return of premium for 3-years.

In Order to be Considered to Sell LaFayette Life you need to have: 1. Errors and Omission Insurance 2. Good credit history. Agents will NOT be accepted with current or recent credit problems with LaFayette Life.

Email to [scott@newburyfinancial.com](mailto:scott@newburyfinancial.com)

Fax to (877) 562-8753

**Fexcontracting.com is: National Underwriting Service LLC**

**Travis Tubbs and J Scott Burke**

**Call us at (800) 673-5309**

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# Lafayette Life Insurance Company

A member of Western & Southern Financial Group

## 2500 Contract Series Licensing & Contracting Instructions and Checklist

In states that permit pre-appointment solicitation, Lafayette Life Insurance Company processes appointments with an effective date on or before the sign date of your first application. **All insurance licenses, AML training, E&O insurance and any required annuity product training and/or suitability continuing education (if writing annuity business) must be in good standing as of that date.**

If you have taken an application and are submitting your signed contract simultaneously, please provide:

Application sign date: \_\_\_\_\_ Application sign state: \_\_\_\_\_

Please submit the following items:

- 2500 Agreement-signed by appropriate persons/entities as indicated.
- Agent's Business Background Summary completed in detail and signed.
- Completed W9 form for any agent or entity that will be paid commissions.
- Agent's Responsibilities form-read carefully, sign and date where indicated.
- Lafayette Life will pay commissions via Electronic Funds Transfer. Complete this form and return with a voided check from the account you wish to use.
- Daily Commission Payment - indicate amount.
- Copy of your current resident state life insurance license.
- Copy of the Certificate of Insurance of your Errors and Omissions coverage. **This must be maintained in order to keep your contract.**
- If you are not using LIMRA for AML training, send proof of completion of AML training from an authorized vendor dated within the previous 24 month period. **This must be completed once every two years for Lafayette Life to continue to issue new business.**
- If you plan to sell LLIC annuities, please send in proof of completion of any state required annuity suitability continuing education course and your completed Lafayette Life Product Specific Annuity Quiz. **This must be completed prior to soliciting new annuity business.**

Please identify the selling hierarchy for your Lafayette Life business - enter only those that apply.  
(Please Print):

SIGA NAME: \_\_\_\_\_ Agent # \_\_\_\_\_

IGA NAME: \_\_\_\_\_ Agent # \_\_\_\_\_

MGA NAME: \_\_\_\_\_ Agent # \_\_\_\_\_

IMO NAME: NATIONAL UNDERWRITING SERVICE, LLC Agent # \_\_\_\_\_

If you are requesting appointment for an IGA or MGA, please make sure you review the selection of commission schedules and select the appropriate level for each entity.

All materials must be returned to the IMO for signature.

If you need assistance in completing your packet or have any questions, please contact 800-443-8793, option 2, then 8, or email LLIC-Licensing@llic.com.



**BUSINESS BACKGROUND SUMMARY**

<b>Please print or type</b>		<b>PERSONAL</b>	
Name (Last, First, Middle)	<input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> _____	Other Names Known By (i.e., nickname, maiden)	
Name of Agency/Corporation/Trade Name/DBA: (include any assumed name)			
Social Security Number	Agent's Date of Birth	Driver's License #	National Producer Number
Business Address to be used for UPS/FedEx (Number & Street, City, County, State & Zip Code)		Years at this Address	Business Telephone ( )
(Post Office Box, City, State & Zip Code)		Fax Number ( )	
		Mobile Number ( )	
Residence Address (Number & Street, City, County, State & Zip Code)		Years at this Address	Residence Telephone ( )
E-Mail Address		WEB Page	

**CORPORATIONS**

Does the corporation hold an insurance agent license in all states where it does business?  Yes  No (Attach copies of all corporate agent licenses)

Name \_\_\_\_\_ Tax ID \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Principal Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE READ AND ANSWER EACH QUESTION**

Yes	No	
_____	_____	1. Do you now owe any money to another insurance company or governmental entity or have you ever discontinued selling for another insurance company when you were indebted to the company?
_____	_____	2. Have you been a party to a bankruptcy or receivership proceeding involving your personal or business debts?
_____	_____	3. Have you <b>ever</b> had or are you currently involved in any personal or business tax liens, suits, or judgments?
_____	_____	4. Has any insurance company ever terminated any agency, agent, or broker contract with you for reason other than insufficient sales?
_____	_____	5. Have you <b>ever</b> had charges filed against you by any state insurance department?
_____	_____	6. Has any person ever complained to an insurance company, insurance department, SEC, FINRA or other agency about your conduct as an agent?
_____	_____	7. Has your insurance agent's license ever been suspended or revoked or have you ever been denied a license?
_____	_____	8. Have you ever been convicted of, or pled guilty to, or entered a plea of no contest to, a felony or a misdemeanor?
_____	_____	9. Do you have professional liability or errors and omissions insurance? If yes, state insurer's name: _____
<b>Please provide Certificate of Insurance. E&amp;O coverage is required.</b>		
_____	_____	10. Have you completed LIMRA's Anti-Money Laundering training? If NOT, please enclose a recent certificate of completion from another certifying organization. <b>AML training must be completed every two years.</b>
_____	_____	11. Will you solicit or take application for any Lafayette Life annuity products? If yes, please complete and submit Lafayette Life's annuity product quiz and proof of completion of any state required annuity suitability continuing education.

If the answer to any of these questions is "YES," list number and please provide dates and **send documentation and explanation.**

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## INSURANCE COMPANY OR OTHER AFFILIATIONS

Other Company(ies) & H.O. Location	Date of Contract		Type of Contract
	From	To	

## CERTIFICATION AND AUTHORIZATION

I certify that the information furnished above is true and complete and that I have not concealed any information. I understand that Lafayette Life will rely on this information in determining whether to offer a contract to me. I understand and agree that Lafayette Life may revoke any contract issued to me if any statement herein is incorrect and/or incomplete. I agree that I will immediately notify Lafayette Life in writing in the event that I become convicted of, or plead guilty to, or enter a plea of no contest to a felony or misdemeanor subsequent to the date hereof, provided that I have an in force agency contract with Lafayette Life.

I, the undersigned Applicant, hereby further authorize and request each of my former employers and each of the insurance companies with which I have ever been affiliated, including those listed in this report, to furnish to The Lafayette Life Insurance Company and any affiliated companies any information which such employer or insurance company possesses regarding me, including, but not limited to, all business production reports, compensation, premiums written and my business methods or practices. I release any former employer and/or insurance company from any liability by complying with a request for information pursuant to this authorization.

Federal Law requires that Lafayette Life inform you that an investigative consumer report may be prepared on you, which may include information concerning character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation conducted by Lafayette Life. You can obtain this report by submitting a written request to the Lafayette Life Insurance Company, Licensing and Contracting, 400 Broadway, Cincinnati, OH 45202 or [LLIC-licensing@lic.com](mailto:LLIC-licensing@lic.com)

As part of Lafayette Life's routine agent appointment procedure, an investigative consumer report, criminal records check, state insurance reports, and other reports and checks may be obtained about you. By signing this document, you authorize The Lafayette Life Insurance Company to perform a background investigation including, but not limited to, credit reports, Social Security number verification, criminal records checks, state insurance reports, public court records checks, driving records checks, educational records checks, verification of employment positions held, and any other public records. This information may be obtained, in part, through a consumer reporting agency, state insurance departments, state insurance and national insurance licensing databases, Vector One, and FINRA, as well as personal interviews with friends, neighbors and associates, about your character, general reputation, personal characteristics, mode of living, financial and professional status. I understand and agree that Lafayette Life may share the above information and any information collected as part of its routine agent/agency appointment procedure with its subsidiaries and affiliated companies. I hereby release The Lafayette Life Insurance Company and the Western and Southern Financial Group, its officers, directors, employees, agents, subsidiaries, parent companies, affiliates, successors and assignees from any and all claims and liability whatsoever arising from the collection, use, and/or aforementioned sharing of the information requested pursuant to this authorization. I specifically waive any notice from any present or former employer or insurance company who may provide information based on this authorization request and release from any liability any former employer, insurance company, person or entity that provided information to the Lafayette Life for this investigation.

Upon signing this document I attest that I have been given a copy of the Summary of Consumer Rights. This Business Background Summary, including without limitation the Certification, Authorizations and releases, in faxed, photocopied or electronic form will be as valid as the original. A faxed or electronically transmitted signed document to Lafayette Life has the same legal force and effect as the original signed document and once received is the controlling record.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of General Agent or IMO (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of General Agent or IMO

\_\_\_\_\_  
Signature of Regional Sales Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Regional Sales Vice President



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶
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Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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**THE LAFAYETTE LIFE INSURANCE COMPANY**

400 Broadway  
Cincinnati, Ohio 45202-3341  
1-800-443-8793  
FAX: 513-362-2471  
www.lafayettelife.com

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**

AGENT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

WRITTEN SIGNATURE \_\_\_\_\_

I HEREBY AUTHORIZE LLIC TO: ( ) START ( ) STOP  
Depositing my commission checks in my checking account, and to be effective in such time and  
such manner as to afford LLIC and Financial Institution a reasonable opportunity to act upon it.

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ACCOUNT NO. ( ) CHECKING \_\_\_\_\_ (ATTACH BLANK SAMPLE VOID CHECK)

( ) MY COMMISSION CHECKS ARE NOW BEING DEPOSITED. CHANGE MY BANK,  
CHECKING ACCOUNT NUMBER AS SHOWN ABOVE.

It is agreed that The LLIC is relieved of any further liability for such payments or for the application  
of the funds after they have been transferred in accordance with this authorization.

The financial institution referred to above shall incur no liability for the application of funds after  
deposit to my account, other than normal banking liabilities. Because of the continual fluctuation  
in exchange rates, this needs to be in a US Bank.

In the event that an entry is incorrectly initiated to my account, I also authorize The LLIC to initi-  
ate a reversing entry.

This authorization may be discontinued by my written request or upon termination.

**SEND AUTHORIZATION FORM AND VOIDED BLANK CHECK  
TO: AGENT'S ACCOUNTS DEPT.**

## DAILY COMMISSION PAYMENT

You can receive commission checks as often as each weekday. Your total level of commission will accumulate until they reach the daily level that you have selected. The following are the daily minimum commission levels that you can select:

\$100	\$250	\$500	\$750
\$1,000	\$1,500	\$2,500	End of Month Only

Regardless of your selection, your commission statement showing all transactions during the month plus balancing all deductions and monies still due will be mailed to you on the fifth working day following the last day on the month.

If you have any questions concerning the selection of your minimum level you may contact your Regional Sales Vice Presidents or Agent's Accounts.

Please complete the information below and select your daily level of commissions.

TO: Contract & Licensing Coordinator, Marketing Department

FROM: \_\_\_\_\_  
(Please print name)

Daily Commission Level: \$ \_\_\_\_\_

Date: \_\_\_\_\_

have the right under Section V (a) to recover any unearned compensation paid to you when any compensation has been paid in error. By signing this Agreement, you authorize the release of information pertaining to you or your business by the Company to those to whom you are assigned, including without limitation compensation information.

**VI. Effective Date**

This Agreement shall take effect on the date shown below after it has been signed by the Company and provided you are licensed to sell the products described herein by the state or states where you propose to do business. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Ohio

By signing below, you hereby acknowledge, certify, and agree that you have received and reviewed the entire Agreement 2500 MGA1 and that you agree to the terms and conditions as set forth in the Agreement and to be fully bound thereby. A faxed or electronically transmitted signed Agreement to us has the same legal force and effect as the original signed Agreement.

(If you are a corporation, the President must sign this Agreement and indicate their title )

-----  
**For Marketing General Agent (if individual):** **Date** \_\_\_\_\_  
 \_\_\_\_\_  
 Print name of Marketing General Agent Signature of Marketing General Agent  
 -----

**For Marketing General Agent (if corporation):** **Date** \_\_\_\_\_  
 \_\_\_\_\_  
 Print name of Marketing General Agent (Corporation Name, e.g. ABC Agency, Inc.)

\_\_\_\_\_  
 Print name of Signing Officer and Title Signature of Signing Officer

\_\_\_\_\_  
 Print name of Corporate Secretary Signature of Corporate Secretary  
 -----

**Recommended by:**

\_\_\_\_\_  
 Print name of Marketing General Agent (if applicable) Signature of Marketing General Agent (if applicable)

**Recommended by:**

NATIONAL UNDERWRITING SERVICE  
 \_\_\_\_\_  
 Print name of Independent Marketing Organization Signature of Independent Marketing Organization  
 J SCOTT BURKE

THE LAFAYETTE LIFE INSURANCE COMPANY

\_\_\_\_\_  
 Vice President Effective Date of Agreement