



Line of Business: Pan- American Life Insurance Company
Program: Strategic Underwriting Solutions, LLC

SPECIAL MARKETS PRODUCER APPLICATION AND LICENSED ONLY AGREEMENT

I. APPLICANT INFORMATION

Application Type: _____ Individual NPN Number: _____

Entity NPN Number: _____

First Name: _____ M: _____ Last Name: _____

Date of Birth: _____ Gender: _____ SSN: _____

E-Mail: _____ Driver's License No: _____ DL State: _____

Firm/Entity Name: _____ Tax ID No: _____

Type of Entity: _____

DBA's: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Business Phone No: _____ Cell: _____ Fax: _____

*E&O Coverage Carrier: _____ Policy Number: _____

Coverage Amount (at least \$1M required): \$ _____ Exp. Date: _____

** Please attach copy of your E&O insurance declaration page.*

State License Information - Please list states you plan on soliciting business only

<u>Type</u>	<u>Individual/Entity</u>	<u>State</u>	<u>License #</u>	<u>Effective Date</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you are being appointed in more states than the spaces provided, please attach information to application.

Are you seeking a **Non-Resident Florida** appointment?

If **yes**, please list counties below:



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II. BACKGROUND INFORMATION

For agency or marketer applications, "you" refers to the entity, its principals, and its employees.

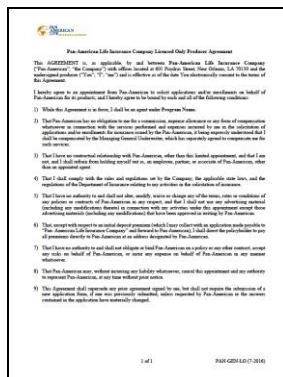
** Any inaccuracies in this section may be a basis for declination **

- 1. Have you previously applied or requested to be contracted with Pan-American or its affiliates?
2. Have you (a) ever filed for bankruptcy or been declared bankrupt, (b) any unsatisfied judgments or liens against you, or (c) ever been convicted of, pled guilty or nolo contendere to, or are you currently under indictment or investigation for any felony or misdemeanor?
3. Have you ever had an insurance or securities license canceled, revoked, or suspended or been disqualified or disciplined as a member of any profession?
4. Are you currently a party to any litigation or the subject of any investigation?
5. Have you ever been permitted to resign or surrender a license, been discharged or been terminated after you were accused of fraud, theft, misrepresentation, misappropriation, breach of fiduciary duty, or failure to supervise in connection with insurance or investment related activities or other wrong doing?
6. Have you ever been subject to an ERISA, insurance or investment related consumer or employer initiated complaint or proceeding that alleged or found fraud, sales practice violation, forgery, theft, misappropriation or conversion?

* If you answered "Yes" to any of these questions, please attach a letter of explanation.

III. LICENSED ONLY AGREEMENT

By initialing below, I have read and agree to abide by the Pan-American Life Insurance Company Licensed Only Agreement that has been provided with this application; a copy is also available by clicking on the document below.



Initial

Date



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IV. FORM W-9 TAXPAYER INFORMATION

Does the information shown in Section I match the information on your tax return?

If YES, read statement below. Initial and date.

Under penalty of perjury, I certify that

- My social security number and tax identification information is correct;
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
I am a U.S. citizen or other U.S. person under the federal tax code (such as a U.S. resident alien or a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States).

Initial

Date

* If NO, A separate Form W-9 must be completed and attached to this application. Click here for the form.

V. APPLICATION SIGNATURE AND AUTHORIZATION, by initialing and dating the boxes below I hereby:

- Give consent for Pan-American Life Insurance Company, Pan-American Assurance Company, and Pan-American Assurance Company International, Inc., (collectively, Pan-American) to use this information where its legal interest and/or obligations are involved;
Certify this information is correct, complete and agree to report immediately any changes in the information in this application;
Understand providing inaccurate or incomplete information is grounds for declination or termination;
Understand I have no right to commission or other compensation unless and until Pan-American approves this application in writing and Pan-American has completed any necessary regulatory appointments;
Agree I have no authority to and will not obligate or bind Pan-American on a policy, risk, or any other contract or expense; and
Certify I have not been convicted of a crime that would disqualify me from association with Pan-American under the Violent Crime Control Act and/or Employee Retirement Income Security Act.

Initial

Date

A copy of the Pan-American Life Insurance Company Licensed Only Agreement and the Compliance Guide is available for download at the links above. Please retain a copy for your records.



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VI. SUBMISSION

The applicant may submit this form and attachments via [email](#). By submitting this form to Pan-American Life Insurance Company, the applicant is indicating intent to be bound by the statements and assertions set forth in this document.

You **must** attach a copy of the following:

- **E&O insurance declaration page** (declaration page must reflect the applicant's name, carrier name, expiration date, deductible, insuring limits, and coverage amount). If the individual's name is not listed on the certificate, please include a letter stating they are covered on this policy.
- Signed copy of the attached **FCRA Authorization** form.
- If necessary, a **Letter of Explanation** for any "Yes" answer in **Section II**
- If you answered "No" in **Section IV**, a completed **Form W-9**.

****** Your application will not be processed until all the required documents are submitted ******

To submit the application, click on the Submit button below.





Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____

Date: _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: _____

Signature: _____

Name and Title: _____