

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ Email \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**LICENSE(S)**

Life      Accident & Health      None      Others (please specify) \_\_\_\_\_

**DIRECT MENTOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_

**REFERENCE(S)**

Name 1	_____	Home Phone	_____
Address	_____	Relationship	_____
Name 2	_____	Home Phone	_____
Address	_____	Relationship	_____
Name 3	_____	Home Phone	_____
Address	_____	Relationship	_____

**NEW MEMBER POLICY**

I shall abide by and acknowledge the guidelines set under the Code of Conduct in handling business.

**CODE OF CONDUCT**

1. I must comply with all laws and requirements of the Department of Insurance in every state where I conduct business.
2. I will not engage in any fraudulent, deceptive, unethical or unlawful recruitment and selling practices.
3. I will not abuse the trust of individual clients.

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE REVIEWED, UNDERSTAND  
AND AGREE WITH NEW MEMBER POLICY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date