

ALLEGIS ADVISOR GROUP

Contracting Packet

Send documents and/or any questions to:

Confidential

For use with Allegis business partners only.

AllegisAG.com | 800-418-1788 | 10235 South Jordan Gateway, South Jordan UT 84095

AAG-161028-Contracting Packet-v2.08

Agent Name	Agent Level	Manager/Recruiter/Referrer	Date (mm/dd/yyyy)
Are you submitting this contract with new business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, insured name: _____ Carrier name: _____ Product name: _____			

Thank you for contracting with Allegis Advisor Group.

You can complete contracting in 2 ways:

1. Online at AllegisAG.com/contracting
2. Print and complete this packet while attaching the following documents:
 - ☐ Individual License
 - ☐ Firm License
 - ☐ W9
 - ☐ Copy of Error and Omission (E&O) Insurance
 - ☐ Copy of your current Anti-Money Laundering (AML) training
 - ☐ Voided Check
 - ☐ Annuity and LTC Training Certificate

Agent Profile Page

For the fastest processing possible, please complete all fields below.

Social Security #	Gender	Date of Birth (mm/dd/yyyy)
Birth City, State, and Country	Resident Insurance License #: _____ State: _____	

Last Name		First Name		Middle Initial
Phone	Fax	Cell	Preferred Email	
Title	Marital Status		Maiden Name (if applicable)	
Drivers License License #: _____ State: _____				

Residential Address Street (No PO Boxes)	City	State	Zip	Move In Date (mm/dd/yyyy)
Mailing Address Street (No PO Boxes) <input type="checkbox"/> Same as above	City	State	Zip	Move In Date (mm/dd/yyyy)

Doing business as <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Solicitor/LOA	If DBA Solicitor/LOA, list who you are assigning commissions to
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Complete the following only if DBA a business entity that has a state insurance license and E&O

EIN	Business Name	Website	
Your Title	Phone	Fax	
Principal Name	Principal Title	Business Email	
Company Type <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP		Does your firm have E&O? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please include declaration page)	
Corporate Address Street (No PO Boxes)	City	State	Zip

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. **If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates in the next section.**

1	Have you ever been charged or convicted of or pleaded guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a	Have you ever been convicted of or pleaded guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b	Have you ever been convicted of or pleaded guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c	Have you ever been convicted of or pleaded guilty or no contest to a violation of federal or state securities or investment related regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1d	Have you ever been convicted of or pleaded guilty or no contest to a violation of state insurance department regulation or statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1e	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f	Have you ever been charged with a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1g	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1h	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b	Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal) (you may omit family)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2d	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for a reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5c	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Has any lawsuit or claim ever been made against your surety company, or errors and omissions insurer, arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a	Has a bonding or surety company ever denied, paid on or revoked a bond for you? Or, have you ever had a claim filed against your surety company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or canceled your coverage? Or, have you ever had a claim filed against your E&O carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14a	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14b	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14c	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15a	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15b	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15c	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Are you delinquent in any personal or business financial obligations(including but not limited to deficit balances in fiduciary trust accounts) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Do you have any collections or charged off debt items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Have you had any foreclosures in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Letter of Explanation

If you answered any questions YES, provide your explanation(s) below that includes the question number, action, date, reason, and description. Attach additional paper if necessary. If no questions were answered YES continue to the signature section below.

Question Number	Action	Date of Action (mm/dd/yyyy)	Reason
Explanation			

Question Number	Action	Date of Action (mm/dd/yyyy)	Reason
Explanation			

Question Number	Action	Date of Action (mm/dd/yyyy)	Reason
Explanation			

Question Number	Action	Date of Action (mm/dd/yyyy)	Reason
Explanation			

By signing below you attest that the information provided is true to the best of your knowledge. You also acknowledge that if any information changes, you will notify your agency office within 5 days of such change. Further, you understand that your agency may contact you when you need to answer carrier specific questions.

Agent Signature

Agent Name (print)

Date (mm/dd/yyyy)

Licenses

AML (anti-money laundering) training certificates are required by all carriers

AML Provider
<input type="checkbox"/> LIMRA – Date completed: _____; LIMRA password: _____
<input type="checkbox"/> None
<input type="checkbox"/> Other: _____ (must have certificate)

FINRA Registration

Are you a Registered Rep with FINRA?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Broker/Dealer name: _____ and CRD#: _____

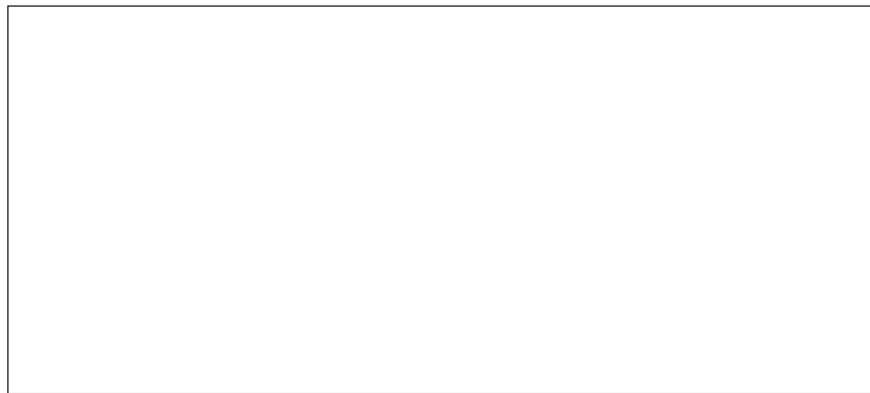
Signature Authorization

Please read this authorization, sign in the box below and submit this form by following the instructions provided on the cover page.

I, _____, hereby authorize SuranceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

PLEASE SIGN IN THE CENTER OF THE BOX BELOW USING BLACK INK

A large, empty rectangular box with a thin black border, intended for a signature. It is centered on the page below the instruction text.

Electronic Fund Transfer (EFT)

Account Owner Name	Transit/ABA #	Account #	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Financial Institution Name	Branch Street Address	City	State	Zip	

By signing below I authorize the Company to initiate credit entries and, if necessary, adjustment for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Agent Signature

Agent Name (print)

Date (mm/dd/yyyy)

**ATTACH COPY OF CHECK HERE FOR CHECKING ACCOUNT
OR DEPOSIT SLIP FOR SAVINGS ACCOUNT**

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Agent Contracting Agreement

THIS AGREEMENT is entered into between Allegis Advisor Group, and the party designated below ("AGENT"):

Agent Name	Street Address	City	State	Zip
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BACKGROUND STATEMENT

Allegis Advisor Group has been contracted to recruit and supervise a sales force and to provide certain marketing and support services for various insurance companies (hereinafter referred to as "INSURER" or "INSURERS") and AGENT desires to solicit applications for annuity contracts issued by INSURER. NOW, THEREFORE, and in consideration of the mutual covenants and agreements contained herein and intending to be legally bound, the parties hereby agree as follows:

APPOINTMENT, AUTHORITY, AND RESPONSIBILITY

1. AGENT is an independent contractor and no provision of this contract shall be construed to create any other relationship, i.e. nothing contained herein shall be construed as creating a joint venture, partnership or the relationship of employer-employee between the parties. AGENT shall have no authority, other than that expressly granted herein; and no forbearance or neglect on the part of Allegis Advisor Group shall be construed to waive any of the terms of this Agreement or to imply the existence of any authority not expressly given.
2. AGENT shall:
 - a. be or become appointed by INSURER to represent INSURER in the solicitation and sale of annuity contracts offered by INSURER according to the INSURER's rules under a license only contract whereby commissions are paid by INSURER to Allegis Advisor Group.
 - b. comply with all INSURER business requirements as outlined in the INSURER contract.
 - c. comply with all licensing requirements, laws and regulations necessary for the performance of this Agreement.

COMMISSION

3. All commission shall be computed in accordance with INSURER Commission Schedule(s) in effect at the time of policy issue. The current INSURER Commission Schedule(s) is/are attached hereto or sent contemporaneously as Schedule A.
4. Allegis Advisor Group shall compute and pay commission due after deduction of any charge, expense, or debit as hereinafter set forth.
5. Commissions will be paid within one week of INSURER's acknowledgment of the expiration of the free look period to Allegis Advisor Group.
6. The AGENT must be licensed and appointed with the INSURER on the date an application is completed in all states where AGENT will conduct business. Failure to be licensed and appointed will result in the non-payment of commission to the AGENT.
7. Any commission for sales paid under this agreement is subject to a chargeback by Allegis Advisor Group if Allegis Advisor Group is subject to a commission chargeback by the INSURER for the same sales, for any reason. The amount of any commission subject to chargeback shall be construed as a loan and shall create a debtor-creditor relationship between Allegis Advisor Group and the AGENT. AGENT shall promptly (within 30 days of written notice) repay the loan to Allegis Advisor Group. AGENT shall indemnify Allegis Advisor Group for, and Allegis Advisor Group shall be entitled to set off against AGENT's future commissions the full amount of all such obligations not paid by or collected from AGENT after demand. The indebtedness arising from a chargeback of commission paid under this agreement shall create a first lien on any commission due or to become due the AGENT. Allegis Advisor Group retains the right to pursue any available legal and equitable remedy against AGENT to obtain repayment of the indebtedness. In the event Allegis Advisor Group is required to initiate legal action to enforce the provisions of this Section, in addition to its other remedies, Allegis Advisor Group shall be entitled to collect its reasonable attorney fees as allowed by law.
8. This Agreement may be terminated by either party at any time. Allegis Advisor Group expressly retains all rights under the INSURERS contracting policies. Termination of this Agreement shall not affect any duties, obligations, or liabilities incurred prior to termination except as otherwise provided herein.
9. This Agreement shall terminate immediately without notice in the event of and as of the date of the occurrence of:
 - a. bankruptcy, insolvency, receivership, liquidation, or assignment for the benefit of creditors of any party; or
 - b. cancellation, suspension, or revocation of AGENT's insurance license or any other license or permit, required for the performance of this Agreement by any governmental or regulatory authority; or
 - c. death or dissolution of AGENT; or

d. AGENT's breach of this Agreement by:

- i. the intentional inducement of policyholders to lapse, relinquish, or surrender a Policy or Policies; or
- ii. the intentional or willful failure to comply with the laws, rules, regulations, and procedures of, INSURER, or any governmental or regulatory authority having jurisdiction; or
- iii. any default in the performance of any material term of this Agreement; or

AMENDMENT

10. This Agreement constitutes the entire contract between the parties and may not be amended or modified without the express written approval of the chief executive officer or an authorized officer of Allegis Advisor Group and AGENT.

INDEMNIFICATION

11. AGENT shall indemnify and hold Allegis Advisor Group harmless from any claim, liability, loss, cost or suit whatsoever brought against Allegis Advisor Group arising from any act or omission of AGENT, AGENT's employees arising from any act or transaction by AGENT in connection with the marketing, sale, or servicing of the Policies.

MISCELLANEOUS

12. If any provision of this Agreement is deemed void, illegal, or unenforceable, the validity of the remaining portions shall not be affected thereby.

13. Any waiver of the rights of Allegis Advisor Group under this Agreement on one occasion shall not constitute a continuing waiver of any such right.

14. This Agreement will be interpreted and construed according to the laws of the State of Utah.

COMPLETELY INTEGRATED AGREEMENT

15. These 15 paragraphs and Schedule A contain the entire and complete Agreement between the parties, and each of the parties hereto agree that there are no prior or contemporaneous agreements, promises or representations that are not set forth herein.

SIGNATURES

Agent Signature

Agent Name (print)

Date (mm/dd/yyyy)

For Allegis Signature

For Allegis Name (print)

Date (mm/dd/yyyy)

Other important licensing and appointment information

JUST-IN-TIME APPOINTMENTS

Allegis will submit your contracting paperwork to a carrier when business is in house(at Allegis). The majority of carriers will NOT process your paperwork if submitted without business. **THIS MAKES CURRENT DATING YOUR APPLICATIONS VERY IMPORTANT.**

ANTI-MONEY LAUNDERING TRAINING (AML)

Each carrier requires a completed course every 2 years to remain compliant. We recommend www.limra.com, (click COMPLIANCE TRAINING)

Username: NPN #(National Producer Number)

Password: your last name (Initial login, you may change this password)

LICENSE APPLICATIONS AND RENEWALS

The easiest site to apply for your license + renewals and non resident licenses is www.sircon.com. If your state is not available on Sircon you will need to locate the Department of Insurance for your desired state and follow the instructions on licensing.

If you are going to do business as a corporation, LLC or other business entity, you will need to apply for an insurance state license in your businesses name, which you may also do on this site. We also recommend you add your business name to your Errors and Omissions policy. This will allow you to appoint your business with the carriers and allow the carrier to 1099 your business all email Victoria at V@AllegisAG.com.

ERRORS AND OMISSIONS (E&O)

Each carrier requires you carry E&O Insurance. We recommend CalSurance. Enrollment is available via our website at AllegisAG.com. You must be a registered user with our website to access this page (click 'Register' in the top right corner to do so, once approved you'll receive an email with log in instructions). Once you've logged in, under the 'Agent Tools' menu, click 'Contracting', then 'E&O Insurance' and follow the directions provided.

NAIC TRAINING COURSES

Courses are required on a STATE Level and CARRIER Level prior to writing an annuity application. Please inquire with Victoria Setterberg at V@AllegisAG.com or your Annuity Marketer.

LONG TERM CARE TRAINING COURSES

Courses are required on a STATE Level, we recommend you check with www.clearcert.com prior to soliciting business in your state or a non-resident state. They have state training information and courses for LTC and Annuity licensing requirements.

QUESTIONS

Contact Victoria Setterberg at V@AllegisAG.com or 800-418-1788 or your Allegis contact.