

INSURANCE AGENT (PRODUCER) COMPENSATION DISCLOSURE
FOR ANNUITIES and LIFE INSURANCE POLICIES
Do Not Sign Unless You Have Read and Understand the Information in this Form

Date: _____

INSURANCE AGENT (PRODUCER) INFORMATION (“Me”, “I”, “My”)

First Name: _____ Last Name: _____

Business\Agency Name: _____ Website: _____

Business Mailing Address: _____

Business Telephone Number: _____

Email Address: _____

California Producer License Number: _____

CUSTOMER INFORMATION (“You”, “Your”)

First Name: _____ Last Name: _____

What Types of Products Can I Sell You?

I am licensed to sell annuities and/or life insurance policies to You in accordance with California law. If I recommend that You buy an annuity and/or a life insurance policy, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

Annuities:

- ☐ Immediate Fixed Annuities
- ☐ Deferred Fixed Annuities
- ☐ Fixed Indexed Annuities
- ☐ Variable Annuities
- ☐ Indexed-Linked Variable Annuities
- ☐ Other Annuity

(Specify): _____

Life Insurance:

- ☐ Term Life Insurance Policies
- ☐ Whole Life Insurance Policies
- ☐ Universal Life Insurance Policies
- ☐ Variable Universal Life Insurance Policies
- ☐ Indexed Universal Life Insurance Policies
- ☐ Variable Life Insurance Policies
- ☐ Other Life Insurance

(Specify): _____

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

Securities:

- ☐ Mutual Funds
- ☐ Stocks and Bonds
- ☐ Options
- ☐ Other Securities

(Specify): _____

Savings Products:

- ☐ Certificates of Deposit
- ☐ Other Savings Products

(Specify): _____

Whose Annuities and/or Life Insurance Policies Can I Sell to You?

For purposes of this disclosure, insurance companies owned by the same insurance holding company or otherwise share common management or control shall be considered to be one insurer.

I am authorized to sell:

<input type="checkbox"/> Annuities from Only One (1) Insurer	<input type="checkbox"/> Life Insurance Policies from Only One (1) Insurer
<input type="checkbox"/> Annuities from Two or More Insurers	<input type="checkbox"/> Life Insurance Policies from Two or More Insurers
<input type="checkbox"/> Annuities from Two or More Insurers although I primarily sell annuities from: _____	<input type="checkbox"/> Life Insurance Policies from Two or More Insurers although I primarily sell life insurance from: _____

How I'm Paid for My Work:

It's important for You to understand how I'm paid for my work. Depending on the particular annuity or life insurance policy You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by You.

The compensation paid to Me may vary depending on a number of factors, including (if applicable) the annuity or life insurance policy and the insurance company that You select, the volume of business I provide to the insurance company, or the profitability of the annuities and life insurance policies that I provide to the insurer.

Depending on the particular annuity or life insurance policy You buy, I will or may be paid cash compensation as follows:

- ☐ Commission, which is usually paid by the insurance company or other sources. If other sources, describe:
_____.
- ☐ Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.
- ☐ Other (Describe): _____.

My Estimated Compensation for the Product(s) I am Recommending for You:

My compensation may include commissions or fees. Here is an explanation of the commissions or fees I may receive for selling the Product I'm recommending for You. (*Producer must include product name, insurance company, initial estimated premium, and estimated commissions or fees for years 1 through 10.*) Complete an additional form for each product being recommended.

Product Name	Insurance Company Name	Initial Estimated Premium	My Estimated Commission or Fees (years 1 through 10)	Material Conflicts of Interest that I am unable to eliminate
			1. 2. 3. 4. 5. 6. 7. 8. 9. 10. TOTAL years 1-10: \$ _____	

My Ownership Interest in the Insurance Company or any Parent, Subsidiary or Affiliate of the Insurance Company (state % of ownership): _____

Does the Insurance Company have an Ownership Interest in the Insurance Agency I Work With, or in any Parent, Affiliate or Subsidiary of the Agency? ☐Yes ☐No (check one)

I am required to identify and eliminate any material conflicts of interest, if possible. If the material conflict of interest cannot be eliminated, I must (1) take action to ensure the conflict of interest does not prevent Me from acting in Your best interest, (2) disclose the material conflict of interest to You, and (3) disclose the actions taken to ensure the material conflicts of interest do not prevent Me from acting in Your best interests. These are the actions I have taken to ensure material conflicts of interest that I have not been able to eliminate do not prevent Me from acting in Your best interest: _____

If Compensation Amounts or Values Are Unknown:

If the nature, amount or value of any compensation I am required to disclose is not known and cannot be estimated at the time this disclosure is required, then I shall include in the disclosure: (1) a description of the circumstances that may determine the receipt and amount or value of such compensation; and (2) a reasonable estimate of the amount or value, which may be stated as a range of amounts or values.

Description of circumstances that may determine the receipt and amount or value of such compensation: _____

Reasonable estimated range of compensation amounts or values: _____

Alternate products discussed: *(Producer must include product name, insurance company, initial estimated premium for each product, and estimated compensation for each (including estimated commission or fees for years 1 through 10), attach additional page(s) if necessary):*

Product Name	Insurance Company	Initial Estimated Premium	Estimated Commission or Fees (years 1 through 10)
			1. 2. 3. 4. 5. 6. 7. 8. 9. 10. TOTAL years 1-10: \$ _____
			1. 2. 3. 4. 5. 6. 7. 8. 9. 10. TOTAL years 1-10: \$ _____

If You have questions about the above compensation I will be paid for this transaction, please ask me.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Customer Signature

Agent (Producer) Signature

Date

Date