



Ameritas Appointment Request Form

All Producers must have a valid Legacy contract to access the Ameritas Life Insurance Corporation (Ameritas) products and must submit this completed request form, along with the items noted below prior to an appointment being processed. ***If currently contracted with Ameritas, prior to submitting this request, please contact the carrier regarding your eligibility for the FlexMark Select products.***

Producer Name: _____ Legacy Agent #: _____

Corporate Name: _____ Corporation #: _____

If business has been submitted to the carrier, please provide the following:

State: _____ Application Date _____ Client Last Name _____

Before an appointment with Ameritas can be processed, you **must submit the following items along with this request form:**

- Signed *Compliance with Marketing Conduct Guidelines* (form DST2005v0414).
- Current E&O Certificate of at least \$1 million per occurrence in liability limits.
- Proof of CE completed for Annuity Suitability, if required by the appointment state.
- Proof of additional state required CE completion, as applicable by appointment state
- Payment of Non-Resident Appointment Fees (form AL1050v0817). All non-resident appointment fees are the responsibility of the agent and may be paid via check or credit card. Non-resident appointment fees must be paid in full prior to the appointment being filed with the state.
- Proof of Anti-Money Laundering (AML) training completed within the last two (2) years. AML can be completed through any of these approved providers:

LIMRA
360 Training
Affordable Educators

FINRA
Kaplan Financial
NASD E-Learning

QuestCE
RegEd
WebCE

State(s) That Require Appointment Prior To Solicitation*: Pennsylvania. *Note: If an application is submitted prior to confirmation of appointment, the application, along with any monies received, will be returned to the client by the carrier. No exceptions.*

Product Training: Product specific training must be completed prior to the solicitation of business. Please refer to the Compliance page at www.legacynet.com to access training.

**Send completed Appointment Request and required items to Legacy
Via Email – LegacyContracting@legacynet.com or Fax at (800) 211-5641**

compliance with market conduct guidelines

Ameritas takes seriously our commitment to the principles and guidelines presented in this publication. Should you become aware of a violation of one or more of the principles, guidelines or policies presented in this guide, it is your responsibility to report the violation to the home office. Reports, preferably in writing, are to be made to the corporate compliance officer for Ameritas. All reports will be handled in the strictest confidence and will be investigated.

Failure to comply with the requirements and responsibilities outlined in this guide or violation of any law will be subject to appropriate, case-specific disciplinary or development action. Also, please be aware that the acts or omissions described in this booklet do not constitute an exclusive list of the reasons for termination for cause.

Questions and Approvals

Questions on the topics and issues in this guide may be directed to the corporate compliance officer for Ameritas. Whenever a situation requires interpretation and/or approval under these guidelines, you should keep a record of the interpretation or approval in your files.

Instructions

It is understood and agreed that no employment rights are created by executing the undersigned document. When viewing the electronic version of the guide, please print a copy from Producer Workbench and complete the section below. Completed forms for home office employees should be sent to human resources. Field personnel and producers should forward completed forms to field administration.

I, _____, have read and fully understand this Guide to Market Conduct. I agree to follow, uphold, support and promote these rules of professional ethical behavior.

Signed

Date

Printed Name and Title

For Field Associates Only:

Agency and Location

Agency Number

Agent Number

AMERITAS NON-RESIDENT APPOINTMENT REQUEST & PAYMENT FORM

All non-resident appointment fees are the responsibility of the agent and must be paid prior to the appointment being filed with the state. Please mark the states below in which you want a non-resident appointment. The total fees due may be paid via credit card authorization or a check made payable to Legacy Marketing Group.

STATE*	NON-RESIDENT APPOINTMENT FEE	APPOINTMENT REQUESTED	STATE*	NON-RESIDENT APPOINTMENT FEE	APPOINTMENT REQUESTED
Alabama	\$40		Montana	\$0	
Alaska	\$0		Nebraska	\$8	
Arkansas	\$0		Nevada	\$15	
Arizona	\$0		New Hampshire	\$25	
California	\$29		New Jersey	\$25	
Colorado	\$0		New Mexico	\$20	
Connecticut	\$20		New York	N/A	
Delaware	\$25		North Carolina	\$10	
District of Columbia	\$25		North Dakota	\$10	
Florida	\$66		Ohio	\$15	
Georgia	\$10		Oklahoma	\$30	
Hawaii	\$0		Oregon	\$30	
Idaho	\$0		Pennsylvania	\$15	
Illinois	\$0		Rhode Island	\$30	
Indiana	\$0		South Carolina	\$0	
Iowa	\$8		South Dakota	\$20	
Kansas	\$5		Tennessee	\$15	
Kentucky	\$50		Texas	\$10	
Louisiana	\$20		Utah	\$0	
Maine	\$70		Vermont	\$60	
Maryland	\$0		Virginia	\$10	
Massachusetts	\$75		Washington	\$20	
Michigan	\$5		West Virginia	\$25	
Minnesota	\$30		Wisconsin	\$40	
Mississippi	\$25		Wyoming	\$15	
Missouri	\$0				

**Refer to www.legacynet.com for current product state availability.*

If paying non-resident appointment fees via credit card, please complete the entire section below and return this form to Legacy either via email at LegacyContracting@legacynet.com or by fax (800) 211-5641.

If paying non-resident appointment fees via check, please sign below and this form, along with your check payable to Legacy Marketing Group, to Legacy, 2090 Marina Avenue, Petaluma, CA 94954.

I authorize LEGACY MARKETING GROUP, INC. to charge \$_____ for the total sum of the non-resident appointment fees selected on this form to the credit card account I have indicated below.

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Account Number _____

Exp. Date (MM/YY) _____ CVV _____ Billing zip code _____

Print Name _____ Producer # _____

Signature _____

Date _____

For Legacy Accounting use only

Credit Card Processed _____

Check Received _____

Notified Processor _____