

Selling Agreement for



Be Life Confident

Required Paperwork:

1. Complete the following (4) pages
2. Copy of Insurance License
3. Copy of E&O Insurance
(if your E&O is in the agency name we must have a letter from the E&O carrier stating you are covered)
4. Anti-Money Laundering Training Requirements*
 - AML training was completed via LIMRA on ___/___/___ : or,
 - AML training was completed via an independent program (completion certificate attached).
 - I understand that once my contract has been processed by the home office I will also be required to complete the carrier specific training on the LIMRA website.

*If you have not met your AML training requirement or need to complete the carrier specific training, please visit sunderlandgroup.com for the LIMRA training link.

Remit Paperwork to:



Fax: 800.293.9897
E-mail: licensing@sunderlandgroup.com
Mail: 2102 Great Northern Drive
Fargo, ND 58102

Questions Call
800.373.9807

AGENT APPOINTMENT PAPERWORK

 AXA Equitable Life Insurance Company
 80 Scott Swamp Road
 Attn: Licensing Department
 Farmington, CT 06032
 866-262-6669 Toll Free
LifeLicensing@axa-equitable.com
 800-657-2911 Fax

 Name: _____ Date of Birth: _____
 Social Security Number: _____ E-mail Address: _____
 Resident Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Home Telephone Number: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Business Telephone Number: _____ Business Fax Number: _____

Form B of the Agent Appointment Paperwork is required if checks are made payable to a Sub-Producer Corporation, Wirehouse or Broker Dealer. Checks are payable to the:
 General Agency Agent Other (Sub-Producer Corporation, Wirehouse, Broker Dealer)

Please review and circle an answer for each question. If yes, please provide details.

 Are you licensed/registered with FINRA? YES NO If yes, please provide CRD #: _____
 Broker Dealer Affiliation: _____
 Please circle your current registration(s) if applicable: 5 6 7 22 24 26 52 53 56 66 Other(s): _____
 Have you ever held or currently hold, a MONY or AXA Equitable contract? YES NO Termination Date: _____
 If yes, please provide a producer number _____ and/or agency number _____

Please review and circle an answer for each question. If yes, a written explanation from the agent is required. Please send a separate attachment with the Agent Appointment Paperwork. Failure to provide supporting evidence and/or an explanation will prolong your appointment process.

 YES NO #1 Have you ever had your insurance license or securities registration suspended or revoked?
 YES NO #2 Are there any outstanding or pending judgments or liens filed against you?
 YES NO #3 Are you involved in any pending or current litigation, investigations or Errors and Omissions claims?
 YES NO #4 Have you had any Errors & Omissions claims in the past 3 years?
 YES NO #5 Within the past 5 years, have you ever initiated bankruptcy proceedings or been declared bankrupt?
 YES NO #6 Within the past 10 years, have you ever had a complaint filed against you?
 YES NO #7 With the exception of routine traffic violations, have you ever been convicted of or plead guilty or nolo contendere (no contest) in court to a misdemeanor a felony?

The agent's signature is required below in order for AXA Equitable/Distributors to obtain an identity, financial, criminal, and state insurance background verification from First Advantage Corporation. Any disputes regarding background check results need to be addressed to the following:

 First Advantage Corporation
 2600 Stanwell Drive/ Suite #100
 Concord, CA 94250
 Phone #1-800-232-0247

I hereby authorize AXA Equitable to obtain an investigative consumer report on me. I further authorize any employer, credit bureau, consumer reporting agency or any other custodian or financial, personal or professional information regarding me to release to AXA Equitable any and all data respecting my duties, personal and professional behavior, credit and financial information. A photocopy of this authorization shall be deemed as valid as the original and this authorization shall remain in full force and effect for a time period of two years from the date hereof. I acknowledge that I have read and understand the notices above.

 By checking this box, I agree to waive my right to receive a copy of any public record obtained pursuant to this section.

 Signature  _____ Date _____



AGENT APPOINTMENT PAPERWORK

AXA Equitable Life Insurance Company
80 Scott Swamp Road
Attn: Licensing Department
Farmington, CT 06032
866-262-6669 Toll Free
LifeLicensing@axa-equitable.com
800-657-2911 Fax

Agent Appointment Paperwork Form B is required if commissions are made payable to a Sub-Producer Corporation or Broker Dealer/Wirehouse. Please note a tax id is also required in order for the entity to receive commissions.

Pay Commissions to the agent's: Sub-Producer Corporation Broker Dealer/Wirehouse

Company Name: _____
Company Tax ID: _____
Company Address: _____
City: _____ State: _____ Zip: _____ County: _____
Business Telephone Number: _____ Business Fax Number: _____

Selecting this box confirms the check will be mailed to a different address other than the company address listed above:

Commissionable Address: _____
C/O: _____
City: _____ State: _____ Zip: _____ County: _____

Please provide the Company Name and Company code below, if your agent is affiliated with an existing Sub-Firm:

Sub-Firm Code: _____
Sub-Firm Name: _____

27. **Termination.** I understand that this Agreement may be terminated with or without cause by me or by the Distributor by giving written notice of termination. My undertakings hereunder will survive termination. Upon termination for cause, no further compensation shall be payable to me for or on behalf the BGA.

28. **Arbitration.** Any controversy, claim or dispute of any kind whatsoever between the parties arising out of or relating to this Agreement or any actual or alleged breach thereof shall be resolved by submitting such controversy, claim or dispute to binding arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules then in effect. Depositions of witnesses will not be permitted in preparation for the Arbitration hearing except for the purpose of the preservation of testimony to be submitted at the final hearing and except as permitted by the arbitrators upon a finding of extraordinary need. Judgment on any award rendered by the arbitrators may be entered in any court, state or federal, having jurisdiction thereof. No party to this Agreement will seek to recover consequential, exemplary and/or punitive damages against the other party, except as may be recoverable as a claim for indemnification as elsewhere permitted herein. Notwithstanding the foregoing, any party to this Agreement may assert a crossclaim or a third party claim for indemnity or contribution against another party to this Agreement in any pending litigation filed by a third party. Upon motion of any party, the arbitrators may stay the arbitration to permit resolution of any factual or legal issues that are pending in litigation filed by a third party. It is the intent of this Agreement that all disputes shall be resolved in the most efficient and fair manner possible under the circumstances.

29. **General Provisions.** Failure to enforce any provision hereof does not constitute a waiver. No waiver shall be effective unless stipulated in writing and signed by the Distributor and no written waiver shall constitute a waiver of such provision in the future except as specifically provided therein. Any court decision, statute, rule or otherwise, invalidating any undertaking hereunder shall not affect any other undertakings hereunder. No writing shall be of any force or effect as against the Distributor unless signed on its behalf by a Vice President or such other officer as may be designated in writing by a Senior Vice President thereof. This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

Signature  _____

Printed Name _____

Date _____

