

MetLife Independent Distribution Profile Form

I. Appointment / Contract Information

Type of Appointment:

Individual Corporate

Type of Contract:

Broker GA MGA BGA

What Types of Products Do You Want to Sell?

Life Variable Life Disability

IF REQUESTING VARIABLE PLEASE PROVIDE:

Agent's Broker Dealer name: Money Concepts International and Agent's CRD#: 12963

We will appoint you in your resident state unless business has been sold in a non-resident state.

Please note: For each state (excluding NY), we will file an MLI-USA appointment with that state. If New York is requested, we will file a First MLI appointment with NY.

II. Personal Information – Please print legibly.

<input checked="" type="checkbox"/>		Agent Name (First Name, MI, Last Name)		Date of Birth	Social Security Number
Home Address (Cannot Use P.O. Box)				Home Area Code & Number	
Home City		State		Zip	
Business Name (please indicate N/A if no corporate name or DBA Name)				Tax Identification Number	
Business Address				Business Area Code & Number	
Business City		State		Zip	
Business Address				Fax Area Code & Number	
Email Address					



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III. Owner (New York Only – This Section is REQUIRED for New York sales.)

Are you an owner of a corporate general agency? (Including self-employed.)

- Yes ⇨ If yes, what percentage of ownership do you have? Less than 5% 5% or More
 No

Are you a principal of a corporate general agency?

- Yes
 No

Do you perform any management duties? (Management duties include general management or supervisory tasks.)

- Yes
 No

IV. Work / Business History - Must Provide Current Work / Business Experience.

(Please attach a separate sheet, if necessary):

Authorization to Work in the United States:

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Current Work / Business History:

Company

Address (Street Address, City, State, Zip)

Title

Worked From (Mo/Yr)

Worked To (Mo/Yr)

If no longer with Company, please provide reason for leaving.

V. "Other" Business Interests / Activity

Do you have any other business activities?

- Yes [If yes, details must be provided below]
 No

Company

Nature or type of Business Activity

Your Position and Specific Duties



MetLife Independent Distribution Profile Form

VI. Background Information:

Please provide complete explanations for all "yes" answers on a separate sheet.

- | | | YES | NO |
|----|---|--------------------------|--------------------------|
| | Questions 5 & 7 only, if N/A, check NO | | |
| 1 | Do you have any CURRENT OR PREVIOUS AFFILIATIONS with MetLife, MetLife Investors, New England Financial, Walnut Street Securities, GenAmerica Financial or any other affiliates? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | HAVE YOU EVER HAD ANY OF THE FOLLOWING: sought protection from creditors; declared bankruptcy, had a lien or judgement, had a creditor charge off an account/payables as bad debt or uncollectible, or had any other problems in your credit history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Are you under any legal order/judgement to make monetary payments to another person or business entity or HAVE YOU EVER had your wages garnished? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | HAVE YOU EVER been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | IF YOU HAVE EVER EXERCISED CONTROL OVER AN ORGANIZATION: While you exercised control over the organization has the organization ever been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | HAVE YOU EVER been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: investments or an investment-related business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | IF YOU HAVE EVER EXERCISED CONTROL OVER AN ORGANIZATION: While you exercised control over the organization has the organization ever been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> involving: investments or an investment-related business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Has the FINRA or any Federal or State Regulatory Agency EVER: Found you to have made a false statement or omission or been dishonest, unfair or unethical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Has the FINRA or any Federal or State Regulatory Agency EVER: Found you to have been involved in a violation of investment- OR insurance-related statutes or regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Has the FINRA or any Federal or State Regulatory Agency EVER: Found you to be the cause of an investment- OR insurance-related business having its authorization to do business denied, suspended, revoked or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Has the FINRA or any Federal or State Regulatory Agency EVER: Entered an order against you in connection with an investment- OR insurance-related activity? | <input type="checkbox"/> | <input type="checkbox"/> |



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- 12 Has the **FINRA** or any **Federal or State Regulatory Agency** **EVER**: Denied, suspended or revoked your registration or license or otherwise prevented you from associating with an investment- **OR** insurance-related business, or disciplined you by restricting your activities?
- 13 Has the **FINRA** or any **Federal or State Regulatory Agency** **EVER**: Revoked or suspended your license as an attorney, accountant, or federal contractor?
- 14 Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?
- 15 **HAVE YOU EVER** been or are you currently the **SUBJECT OF A COMPLAINT** that's insurance-related, consumer-initiated or investment-related.
- 16 **HAVE YOU EVER** been discharged or permitted to resign because you were accused of violating investment or insurance-related statutes, regulations, rules, or industry standards of conduct? Or fraud or the wrongful taking of property
- 17 In the last ten years, have any contracts that you held with insurance companies been canceled for cause?
- 18 Has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or renewal refused?



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VII. Acknowledgement and Authorization

I hereby certify that I have read and understand the items on this appointment form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife, Inc., Metropolitan, General American, Walnut Street Securities, MetLife Investors, and New England Financial and their affiliates (hereafter referred to as "The Companies") may conduct investigations in connection with my request to represent The Companies in the solicitation of certain insurance products. I authorize an inquiry to be made of all sources deemed appropriate by The Companies for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that The Companies may obtain about me will be treated as confidential and may be shared with the appointing general agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources used to the extent permitted by law.

I understand that no right to commission or other compensation shall arise or exist until I have been appointed and all due diligence successfully approved. If I am approved, I shall accept as full compensation for all services to be performed by me, the compensation provided in the applicable commission and compensation schedule as issued, substituted or changed. As an appointed agent/broker, I shall observe and be bound by the rules and regulations of The Companies.

Corporate:

Name (please print legibly)	Signature	Date
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Individual:

Name (please print legibly)	Signature	Date
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DISCLOSURE

By this document, MetLife Inc. and all affiliates (hereafter referred to as "The Companies") disclose to you that a consumer report or an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes and/or in connection with your application or request to represent The Companies in the solicitation of certain products and services. A consumer report or an investigative consumer report may be secured as part of a pre-employment and/or pre-appointment background investigation and at any time during your employment and/or appointment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested, and a written summary of your rights under the Fair Credit Reporting Act.

Applicant Copy – Please retain this page for your records



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I hereby authorize an inquiry to be made of all sources deemed appropriate by The Companies for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that The Companies may obtain about me will be treated as confidential and may be shared with the employees, agents, or general agents of The Companies, if necessary.

Any copy of this Authorization shall have the same authority as the original.

Hiring Manager's Name

X

Signature of Applicant/Employee

Printed Name of Applicant/Employee

Date

X

Witness' Signature

Printed Name of Witness



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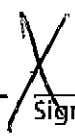
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Any copy of this Authorization shall have the same authority as the original.

- I would like to receive a copy of any consumer report or investigative consumer report received by the Companies.


Hiring Manager's Name



Signature of Applicant/Employee

Printed Name of Applicant/Employee

Date



Witness' Signature

Printed Name of Witness



APPOINTMENT ONLY FORM
(Completed by the Recruiting GA, MGA, or BGA)

THIS FORM IS TO BE USED TO ADD AN INDIVIDUAL TO AN EXISTING CONTRACT

SECTION I ~ Signer Information

Name of Signer: _____

Name of Recruiting Agency: Money Concepts International

Name of Contracted Entity the Signer is being added to
(if same as Recruiting Agency, please indicate n/a): n/a

Contracted Entity Agency Code: 02398-04062-00147204

SECTION II ~

This Signer will receive appointments only and should be placed under the contracted entity shown above.

SECTION III ~ Signature

Mary Walsh

Signature of Recruiting Agency Principal

terri@moneyconcepts.com

e-Mail Address

6/21/11

Date

Please FAX this form along with the completed Signer Profile Form to:

MetLife Investors Contracting and Licensing
860-308-3935