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**NEW BUSINESS TRANSMITTAL**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_

Check Enclosed: \_\_\_\_\_ Yes \_\_\_\_\_ No      Amount of Check: \$ \_\_\_\_\_      please attach check with paper clip

If this application is to be funded by funds from more than one source, please complete:

\_\_\_\_\_ Hold funds until all transfers are received prior to contract issue.

\_\_\_\_\_ Issue contract at receipt of first funds, I understand that any additional funds will be allocated to the fixed account.

Anticipated amount of transfer: \_\_\_\_\_

Special Request: \_\_\_\_\_

**Checklist of Required Forms**

\_\_\_\_\_ Completed and Signed Application

\_\_\_\_\_ Product Summary - Required with all Applications

\_\_\_\_\_ Suitability Worksheet - Required with all Applications

\_\_\_\_\_ Florida - Suitability Questionnaire / Disclosure &amp; Comparison Form

\_\_\_\_\_ Non-Resident Sales Verification Form (if applicable)

\_\_\_\_\_ Authorization to Transfer Funds - if moving money from a mutual fund, obtain Signature Guarantee

\_\_\_\_\_ Legal documents (if applicable):

\_\_\_\_\_ Power of Attorney    \_\_\_\_\_ Guardianship    \_\_\_\_\_ Trust    \_\_\_\_\_ Assignment

\_\_\_\_\_ State Specific Forms:

\_\_\_\_\_ SPDA Disclosure for MN, OH, or KS    \_\_\_\_\_ CA Disclosure (65+) &amp; CA Pre-Notice (65+)

\_\_\_\_\_ Replacement Form (if applicable)

\_\_\_\_\_ W-9 Certification of Tax ID Number

\_\_\_\_\_ Commission Selection Form

**For Agent Use Only - Remit with each application**