



The Annuity Producer's Shop  
"The Best Product Choices Ever"

## Everlinda M Ishmael

Mailing Address: 91-5408 Kapolei Parkway, Unit 11, Kapolei, HI 96707

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Email: [eishmael@tapsmail.com](mailto:eishmael@tapsmail.com)

**Thank you for giving us the opportunity to increase your insurance business!**

We look forward to having this opportunity and offering you the benefits of our back office support services.

Fill out these 3 simple forms and email or fax to:  
[Jcarpio@tapsmail.com](mailto:Jcarpio@tapsmail.com) or via fax at (808) 376-8210  
along with the following:

### Individual Licensing:

- Copy of your Resident Insurance License
- Copy of your E&O Insurance Certificate
  - \*E&O insurance may be purchased at Napa Benefits - [www.napa-benefits.org](http://www.napa-benefits.org)
- Copy of a Voided Check for Direct Deposit
- Proof of Anti-Money Laundering Training completion (required every 2 years)
  - \*Many carriers no longer accept LIMRA. They request for certificates. Websites such as RedEd and WebCE offer certificates at the end of completion.
- Copy of your 4hr Annuity Suitability + Best Interest Standard Training certificate
  - \*Trainings can be completed on: WebCE ([www.webce.com](http://www.webce.com)) or RegEd ([www.reged.com](http://www.reged.com))

### Corporate Licensing:

If you would like to be contracted as a corporation, or if you would like your commissions to be paid to a corporation, please send us the following in addition to the above requirements:

- Copy of the Corporation's Insurance License
- Copy of the Corporation's E&O Insurance Certificate
- Copy of either the Articles of Incorporation, meeting minutes, or a list of corporation principals
- Corporation's Tax ID #

**Please be sure to complete ALL paperwork and submit ALL required documents.  
Anything left unanswered or missing will result in a delay of the contracting process.**

## AGENT DATA SHEET

\* Full Name (as it appears on license): \_\_\_\_\_

\* DOB: \_\_\_\_\_ \* SS#: \_\_\_\_\_ \* Email Address: \_\_\_\_\_

\* Agency Name (if applicable): \_\_\_\_\_ \* Tax ID#: \_\_\_\_\_ \* Corp License  
 Yes  No

\* Currently NASD registered?  YES  NO \* Broker/Dealer name & No: \_\_\_\_\_

\* AML Training:  YES  NO \* Training Date: \_\_\_\_\_

\* NAIC Annuity Suitability Training:  YES  NO \* Training Date: \_\_\_\_\_

### RESIDENCE INFORMATION

Make this address my preferred mailing address

\* Residence Address (must be street address): \_\_\_\_\_  
\_\_\_\_\_

\* Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### BUSINESS INFORMATION

Make this address my preferred mailing address

\* Business Address: \_\_\_\_\_  
\_\_\_\_\_

\* Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please appoint me with (Check the companies you would like to be contracted with):

- |                                                  |                                               |                                                |                                              |
|--------------------------------------------------|-----------------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> AIG                     | <input type="checkbox"/> ELCO Mutual          | <input type="checkbox"/> Life of the Southwest | <input type="checkbox"/> Pacific Life        |
| <input type="checkbox"/> Allianz                 | <input type="checkbox"/> Equitrust            | <input type="checkbox"/> Mass Mutual Ascend    | <input type="checkbox"/> Protective Life     |
| <input type="checkbox"/> American Equity         | <input type="checkbox"/> F&G                  | <input type="checkbox"/> Mutual of Omaha       | <input type="checkbox"/> Revol One           |
| <input type="checkbox"/> American Life           | <input type="checkbox"/> Farmers Life         | <input type="checkbox"/> Nassau                | <input type="checkbox"/> Sagicor             |
| <input type="checkbox"/> American National       | <input type="checkbox"/> GBU Life             | <input type="checkbox"/> National Western Life | <input type="checkbox"/> Sentinel            |
| <input type="checkbox"/> Americo                 | <input type="checkbox"/> Global Atlantic      | <input type="checkbox"/> Nationwide            | <input type="checkbox"/> SILAC               |
| <input type="checkbox"/> Aspida                  | <input type="checkbox"/> GILICO               | <input type="checkbox"/> North American        | <input type="checkbox"/> The Standard        |
| <input type="checkbox"/> Athene                  | <input type="checkbox"/> Ibexis               | <input type="checkbox"/> Oceanview             | <input type="checkbox"/> Upstream            |
| <input type="checkbox"/> Atlantic Coast Life     | <input type="checkbox"/> Integrity            | <input type="checkbox"/> Ohio State Life       | <input type="checkbox"/> Western United Life |
| <input type="checkbox"/> Axonic                  | <input type="checkbox"/> Legacy               | <input type="checkbox"/> One America           |                                              |
| <input type="checkbox"/> Clear Spring Life & Ann | <input type="checkbox"/> Liberty Bankers Life | <input type="checkbox"/> Oxford Life           |                                              |
| <input type="checkbox"/> Delaware Life           | <input type="checkbox"/> Lincoln Financial    | <input type="checkbox"/> Pacific Guardian Life |                                              |

\*Companies requires E&O, State Annuity Training Certificates, Proof of AML Training\*

\*\*4hr Annuity Training required except for AK, NC, NM, NV, VT\*\*

**ALL Companies require, copy of resident license, E&O insurance, voided check for EFT, AML & Annuity Training.**

I hereby authorize The Annuity Producer's Shop/Everlinda M Ishmael to complete the contracting requirements with only the companies I have checked off above. I understand that I may receive a copy of the entire contract upon request. I also understand I must send back the unique signature page for my contracting to be valid and that the purpose of this datasheet is to collect initial data, and that The Annuity Producer's Shop/Everlinda M Ishmael will contact me for additional information that may be required.

**AGENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BACKGROUND INFORMATION (please check YES or NO)**

If YES, please provide a detailed explanation on a separate page

- (1) Have you ever been charged, convicted, or plead no contest (nolo contendere) to any crime, or are there criminal charges pending against you or a business with which you are connected?  YES  NO
- (2) Have you had, or do you currently have any outstanding collection accounts judgements, liens, or garnishments against you or a business of which you were, or presently are a principle?  YES  NO
- (3) Have you ever been a party to have you personally violated any securities or commodities law or rule set by any securities or commodities regulatory body, organization, or employer in the commodities or insurance industry?  YES  NO
- (4) Do you owe money to any insurance company, agency, manager, or broker dealer, or have any business or personal debts resulted in collections or charge-offs?  YES  NO
- (5) Have you, or a firm in which you were partner, officer, or director filed for protection from creditors, been declared bankrupt or insolvent, been party to a bankruptcy or receivership proceeding, compromised liabilities with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act?  
(if YES, File Date of Bankruptcy: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ (Include Explanation and Discharge paperwork.)  YES  NO
- (6) Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt?  YES  NO
- (7) Have you ever been bonded?  YES  NO
- (8) Has any insurance department, securities, broker-dealer, government agency or self-regulatory authority ever denied, suspended, revoked, censured, barred your license (as an insurance agent, attorney, accountant, or federal contractor) or registration, disciplined you with fines, entered an order against you, made a complaint, restricted your activities, cancelled any contract or appointment with you or any member, partner, officer, or controlling persons in your organization, or is there any pending disciplinary action?  YES  NO
- (9) Have you ever had a claim filed against your Professional Liability or Errors & Omissions insurance coverage, or has any E&O carrier denied, paid claims on or cancelled your coverage?  YES  NO
- (10) Have you had any complaints or deficiency claims filed against you by any insured/annuitant with any insurance company or state insurance department or any government regulatory department in the past 10 years?  YES  NO
- (11) Have you ever used any other names or aliases, or used one on a license or other registration?  YES  NO
- (12) Are you now, or have you ever been, employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan, or other financial institution?  YES  NO
- (13) Are you now subject of any complaint, investigation, or proceeding which could result in a yes answer to any of the preceding questions?  YES  NO
- (14) Have you ever had an appointment with any insurance company, financial services company or broker-dealer denied, terminated your contract or appointment or permitted you to resign for reasons other than lack of sales?  YES  NO
- (15) How many years have you been licensed as an insurance agent? \_\_\_\_\_

**REQUIRED SIGNATURE:** If you have answered YES to any of the above questions or have any other background issues you need to disclose, please include a detailed explanation on a separate page. Anything left unanswered will result in a delay of the contracting process.

**I have read the questions above and answered them to the best of my knowledge.**

**AGENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Authorization for Release of Information:**

I authorize the insurance companies, managing agent, financial institution, consumer reporting agency, criminal justice agency and consumer reporting agency that act on behalf of the company or on behalf of any other affiliated company that has any information relating to my activities to release such information to the company. The information received will be used to help evaluate the suitability for the companies.

**AGENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Authorization for Signature:**

I \_\_\_\_\_, hereby authorize The Annuity Producer's Shop/Everlinda M Ishmael to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all insurance carrier documents for which I have authorized The Annuity Producer's Shop/Everlinda M Ishmael to submit on my behalf, for the purposes of being contracted to sell products of carriers through The Annuity Producer's Shop/Everlinda M Ishmael.

I affirm that the information I have submitted through the interview process to The Annuity Producer's Shop/Everlinda M Ishmael is correct to the best of my knowledge and acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed to. I acknowledge and agree to indemnify and hold harmless any third party from and against any loss arising out of its reliance and acceptance of a facsimile of my signature.

Please read, sign, and email back along with additional paperwork requested.  
to: [Jcarpio@tapsmail.com](mailto:Jcarpio@tapsmail.com) or via fax at (808) 376-8210

**Your signature is needed in the box below.**

**\*Please sign with black ink only\***