



Name: _____ Last Four of SSN: _____

Date of Birth (MM/DD/YYYY): _____ Business Phone: _____

2nd Phone: _____ Fax: _____

Email Address: _____

Business Mailing Address: _____

Assistant/Contact Name: _____ Assistant Phone: _____

Assistant Email: _____

SVP / Relationship Manager: _____

By signing below I hereby authorize The Life Insurance Center to affix, append, or otherwise use my signature, or a facsimile or electronic image thereof, as I have personally signed it below ("Signature"), on any signature field on any document used by an insurance carrier for the purpose of my submitting applications for life insurance products ("Insurance") through the DROP TICKET platform offered by The Life Insurance Center. I agree to indemnify and hold harmless and third party from and against application for insurance is submitted now or in the future, their officers, directors, agents, registered representatives, successors, heirs and assigns forever (the "Companies"), from any claim or controversy arising from the Companies' acceptance and use of my Signature.

PLEASE SIGN IN CENTER OF THE BOX BELOW

***PLEASE USE A BLACK SHARPIE OR MARKER**

Email to kathy@bfskc.com