cep

Career Enhancement Program

Registration Packet

Brokers International, Ltd.®

800.362.1097 | www.BILTD.com

cep | Registration Packet

Please read the following information carefully.

Enclosed is your pre-qualification form. Please choose your desired CEP date and complete the form. Please fax your completed pre-qualification form to 641-755-4201.

If you qualify to attend, you'll be contacted by a Brokers International, Ltd. associate to confirm you registration. At that time you'll also receive a travel form and will be asked to submit your travel and lodging arrangements.

Please note that you are responsible for your transportation costs to Iowa. We'll arrange for an airport shuttle for those flying into Des Moines International Airport. And, we'll cover your hotel accomodations for two nights, including room & tax.

During your stay, we'll provide the following meals:

Wednesday - Supper
Thursday - Breakfast, Lunch, and Supper
Friday - Breakfast and Lunch

Please let us know if you have any special dietary requirements.

It is important that you do not make travel arrangements until you are contacted by a Brokers International, Ltd. associate.

On Monday prior to the meeting, you'll receive a travel packet via email. This packet will contain the information needed for your trip; airport pick-up schedule, hotel information, and driving directions.

There will be software education Thursday at the meeting. We'll email a link to download to your laptop, if you have one, prior to your departure. Please bring your laptop to the meeting so you can follow along during the training.

If you have any questions, please call Connie Gustin or Maria Tetrev at 800.362.1097.

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2011 Program Dates

January 12-14

February 16-18

March 16-18

April 13-15

May 11-13

June 8-10

July 6-8

August 10-12

September 14-16

October 12-14

November 9-11

December 7-9

Agenda Overview

Day 1 - Wednesday

Life Marketing Workshop
- Annuity Maximization
- Max Funding of Life Insurance

Annuity Training
- Aviva
- Great American
- Fixed Indexed Annuities
- Income Riders

Day 2 - Thursday

Introduction to Brokers International, Ltd.
Road to Success
CPA Alliance Program
OnTrak™
Agent Portal
Brokers International Financial Services, LLC
WOMAN™
Allianz
American Equity Life Insurance Company
Panel Discussion

Day 3 - Friday

Contracting with Personal Marketers
Combo Annuity & Life Products
Compliance Update
Understanding the Tax Return

*Please note that the daily agendas and presentations may change due to scheduling adjustments.

****Please note that no audio recording, video recording or photography is allowed at any time.**

Marketer Name:___________________________

Career Enhancement Program **Agent PreQualification** Form

What date do you plan on attending? ______________________________________, **2011**

Name:____ **Phone:**____
Company Name:__________________________________ **Fax:**____
Business Address:________________________________ **Cell:**____
____ **E-Mail:**_______________________________________
____ **Gender:** ___Male ___Female **Date of Birth:** ___/___/___

If you are insurance licensed, please complete the following section. If you are a CPA who does not have an insurance license, please leave the following section blank.

What is your primary reason for attending CEP? ___ OnTrak™ ___CPA Program Other - please specify _____________

How long have you been in the insurance business? ___0-5 years ___5-10 years ___10+years

Do you have any agents reporting to you? ___Yes ___No **If Yes, approximately how many?** __________________

Are you currently licensed in your resident state? ___Yes ___No **License Number** ________________________
Do you hold any non-resident licenses? ___Yes ___No **If Yes, for which states?** _________________________

Specify all companies you are contracted with & list who holds your contract for the following carriers.

- ☐ Allianz _________________________
- ☐ American Equity __________________
- ☐ An Aviva Company ________________
- ☐ Equitrust _________________________
- ☐ Old Mutual _______________________
- ☐ Great American ___________________
- ☐ ING _____________________________
- ☐ Liberty Bankers ___________________
- ☐ Lincoln Financial Group ____________
- ☐ Midland __________________________
- ☐ Mutual of Omaha __________________
- ☐ SunLife __________________________
- ☐ Transamerica _____________________
- ☐ National Western Life_______________
- ☐ Other ____________________________

In the last 12 months, what was your approximate income from your insurance/securities business?
___Under $50K ___$50K - 100K ___$100K - 150K ___$150K +

What was the last company trip you were on?___________________ **What was the qualifying premium?**________________

Who with?____ **When?**____

Total Fixed Annuity Premium
___$0-$199K ___$200K-$499K ___$500K-$999K ___$1M - $1.9M ___$2M - $4.9M ___$5M + ___ Not In Business

Type(s) of Annuity ___Fixed ___Immediate ___Indexed ___Variable

Total Life Premium
___$0-$19K ___$20K-$49K ___$50K-$99K ___$100K - $149K ___$150K - $249K ___$250K + ___Not In Business

Type(s) of Life ___Equity Index ___Term ___Universal Life ___Variable ___Whole Life ___2nd to Die

Security Commission
___$0-$9K ___$10K-$24K ___$25K-$49K ___$50K - $74K ___$75K - $99K ___$100K + ___Not In Business

Security Licenses _____4 _____6 _____7 _____22 _____24 _____26 _____63 _____65 _____66 _____RIA _____IAR _____None

Broker Dealer Name: ____

How does your current Broker/Dealer treat your Indexed Annuity Production?
____Supervised only _____Supervised with commission haircut ____Not allowed to sell ____Treated as an outside business activity

Are you interested in speaking to somebody from Brokers International Financial Services, LLC regarding the Broker/Dealer or the Registered Investment Advisor? ___Yes ___No

What is your primary Client Market(s) Check all that apply
___Estate Planner ____Sr. Market ___Younger Market ___PC, HlthDI, MedSup ___Financial Planner ___Retirement Planning ___Tax Planner

What Marketing Resources do you use? Check all that apply
__Direct Mail ___Newspaper __Seminars __Tax Preparation __Web Site __Cust. Referrals __Mail/Fax/E-mail blast __Professional Relationships

Please fax this back along with a copy of your insurance license, E & O dec page and a copy of a voided check to 641.755.4201

www.BILTD.com 800.362.1097
For agent information only.