

Carrier Selection Form



Thank you for requesting a carrier appointment through Brokers International.

If this is your first time contracting with us, please complete this form and the producer set-up packet in its entirety. If you have completed the SureLC contracting packet in the past and would like an additional carrier appointment, simply complete and return this form. **Not all available carriers are listed.** To view a complete list of carriers offered by Brokers International, visit our website BILTD.com.

Recruiting or Sales Support Associate who referred you: _____

Carriers: Indicate the core carrier appointments you would like below.

Life	Annuity	Specify Product Lines	Life	Annuity	Specify Product Lines
<input type="checkbox"/>		Allianz Life Insurance Company of North America	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln Financial Group
	<input type="checkbox"/>	Allianz Preferred SM (Exclusive Sales Platform)	<input type="checkbox"/>		Lincoln Financial Group (MoneyGuard Product)
	<input type="checkbox"/>	American Equity Investment Life Insurance	<input type="checkbox"/>		Minnesota Life Insurance Company
<input type="checkbox"/>	<input type="checkbox"/>	American General Life Company		<input type="checkbox"/>	Mutual of Omaha Insurance Company
	<input type="checkbox"/>	American National Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	National Western Life Insurance Company
	<input type="checkbox"/>	Athene Annuity and Life Company	<input type="checkbox"/>	<input type="checkbox"/>	North American Company for Life and Health
<input type="checkbox"/>	<input type="checkbox"/>	EquiTrust Life Insurance Company		<input type="checkbox"/>	Oxford Life Insurance Company
	<input type="checkbox"/>	Fidelity and Guaranty Life Insurance Company		<input type="checkbox"/>	Phoenix Life Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Global Atlantic Financial Company		<input type="checkbox"/>	Sentinel Security Life Insurance Company
	<input type="checkbox"/>	Great American Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	The State Life Insurance Company® (OneAmerica)
	<input type="checkbox"/>	Guaranty Income Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	Other:
	<input type="checkbox"/>	Liberty Bankers Life Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Signature: _____ Date: _____

Agent Name: _____ Agent SSN: _____

Upline Name: _____ Commission Level: _____

Broker Dealer Name (if applicable): _____ Agent CRD #: _____

According to the agent's agreement with the above Broker Dealer, compensation should be paid:

- Directly to the BD shown above Directly to the agent

Please fax completed forms to contracting and licensing at 515.867.5846.

If you have questions, call our contracting and licensing team at 800.362.1097.