



## Equitable (formerly AXA) Contracting Checklist

Agent/ Agency: \_\_\_\_\_

Direct Upline: \_\_\_\_\_ Agent #: \_\_\_\_\_

### Documents To Be Completed & Returned:

- Agent Appointment Paperwork - Form A
- Agent Appointment Paperwork - Form B
- Independent Agent Sales Agreement
- VectorOne Debit-Check Agent/ Agency Authorization Form
- Proof of E&O
- Individual State License(s)
- Corporate State License(s) (If Applicable)
- Direct Deposit Enrollment Form (OPTIONAL)

### SEND TO:

**Mail:** Attention: Life Licensing  
American Brokerage Services  
803 East Willow Grove Avenue  
Wyndmoor, PA 19038  
**Email:** [lifesubmission@absgo.com](mailto:lifesubmission@absgo.com)



**805 E. Willow Grove Avenue-Suite 2B**  
**Wyndmoor, PA 19038**  
**[WWW.ABSGO.COM](http://WWW.ABSGO.COM)**  
**Phone: 215.233.9410**  
**Fax: 215.233.9416**

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### **States Requiring Income Tax Withholding for Non-Resident Commissions**

- California – 7 percent applies to Individuals and Corporations
- Nebraska – 6 percent applies to Individuals and Entities where at least 80% of shareholders are performing the services
- Pennsylvania – 3.07 percent applies to individuals only

Three states currently require withholding of income taxes on non-resident commissions paid for sales in those states. This pertains to Life business.

Withheld state taxes for the current tax year will be reflected at year-end on the agent's IRS Form 1099.

The tax applies to producers who are not residents of those states but receive commissions for sales within the state. We recommend that you consult with your tax advisor if you have any questions. Non-resident agents are responsible for reporting all commissions for business in these states in accordance with respective state laws.

Please refer to the individual state revenue department websites for further advice.

California Franchise Tax Board  
<https://www.ftb.ca.gov/>

Nebraska Department of Revenue  
<https://revenue.nebraska.gov/>

Pennsylvania Department of Revenue  
<https://www.revenue.pa.gov/>



## Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

**Access to Debit-Check Information:** You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

### AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

**BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):**

(A) \_\_\_\_\_ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) \_\_\_\_\_ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) \_\_\_\_\_ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) \_\_\_\_\_ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) \_\_\_\_\_ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

**Agent/Agency Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**FOR COMPANY USE ONLY**

**AGREED AND ACKNOWLEDGED BY COMPANY:**

Name of Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_



## CHECK-LIST

Firm Code: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Sub Firm Code: \_\_\_\_\_

Sub Firm Name: \_\_\_\_\_

**Has a New Business Application Been Submitted?**     Yes     No

Application Signed State: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Product Type: \_\_\_\_\_

LTC Rider:     Yes     No    (if yes, a Health license and Continuing Education requirements may be required)

Appoint this agent with **Equitable Financial** in the following state(s): \_\_\_\_\_

Appoint this agent with **Equitable America** in the following state(s): \_\_\_\_\_

**Completed Agent Appointment Paperwork Form A**

- A CRD number and FINRA exam information are provided for Registered Representatives
- Agent answered no to questions #1-7 or provided adequate information for all questions answered yes

**Completed Agent Appointment Paperwork Form B\* (Assignment of Commissions)**

- N/A - Skip to the next section if your agent will be paid directly **OR** if the firm will receive all commissions directly from Equitable Distributors
- Provided Legal Name of Corporation
- Provided Corporation Tax ID

**Provided current sub-producer schedule (ONLY if required by firm)**

**Direct Deposit Enrollment Form (Optional)**



# EQUITABLE

## AGENT APPOINTMENT PAPERWORK-FORM A

Equitable  
PO Box 1047  
Attn: Licensing Department  
Charlotte, NC 28201-1047

Contact Information:  
Group Email: www.equitable.com  
Toll Free: 866-262-6669  
Fax: 800-657-2911

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

**Form B of the Agent Appointment Paperwork is required if checks are made payable to a Sub-Producer Corporation, Wirehouse or Broker Dealer. Checks are payable to the:**

Firm  Agent  Other (Sub-Producer Corporation, Wirehouse, Broker Dealer)

**Please review and circle an answer for each question. If yes, please provide details.**

Are you licensed/registered with FINRA? YES NO If yes, please provide CRD #: \_\_\_\_\_

Broker Dealer Affiliation: \_\_\_\_\_

Please circle your current registration(s) if applicable: 5 6 7 22 24 26 52 53 56 66 Other(s): \_\_\_\_\_

Have you ever held or currently hold, a Equitable America or Equitable Financial contract? YES NO Termination Date: \_\_\_\_\_

If yes, please provide a producer number \_\_\_\_\_ and/or agency number \_\_\_\_\_

**Please review and circle an answer for each question. If yes, a written explanation from the agent is required. Please send a separate attachment with the Agent Appointment Paperwork. Failure to provide supporting evidence and/or an explanation will prolong your appointment process.**

- YES NO #1 Have you ever had your insurance license or securities registration suspended or revoked?
- YES NO #2 Are there any outstanding or pending judgments or liens filed against you?
- YES NO #3 Are you involved in any pending or current litigation, investigations or Errors and Omissions claims?
- YES NO #4 Have you had any Errors & Omissions claims in the past 3 years?
- YES NO #5 Within the past 5 years, have you ever initiated bankruptcy proceedings or been declared bankrupt?
- YES NO #6 Within the past 10 years, have you ever had a complaint filed against you?
- YES NO #7 With the exception of routine traffic violations, have you ever been convicted of or plead guilty or nolo contendere (no contest) in court to a misdemeanor a felony?

**The agent's signature is required below in order for Equitable Financial and/or Equitable America to obtain an identity, financial, criminal, and state insurance background verification from First Advantage Corporation. Any disputes regarding background check results need to be addressed to the following:**

First Advantage Corporation  
2600 Stanwell Drive/ Suite #100  
Concord, CA 94250  
Phone #1-800-232-0247

I hereby authorize Equitable Financial and/or Equitable America to obtain an investigative consumer report on me. I further authorize any employer, credit bureau, consumer reporting agency or any other custodian or financial, personal or professional information regarding me to release to Equitable Financial and/or Equitable America any and all data respecting my duties, personal and professional behavior, credit and financial information. A photocopy of this authorization shall be deemed as valid as the original and this authorization shall remain in full force and effect for a time period of two years from the date hereof. I acknowledge that I have read and understand the notices above.

**By checking this box, I agree to waive my right to receive a copy of any public record obtained pursuant to this section.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



# EQUITABLE

## AGENT APPOINTMENT PAPERWORK-FORM B

Equitable  
PO Box 1047  
Attn: Licensing Department  
Charlotte, NC 28201-1047

Contact Information:  
Group Email: [www.equitable.com](http://www.equitable.com)  
Toll Free: 866-262-6669  
Fax: 800-657-2911

Agent Appointment Paperwork Form B is required if commissions are made payable to a Sub-Producer Corporation or Broker Dealer/Warehouse. Please note a tax id is also required in order for the entity to receive commissions.

Pay Commissions to the agent's:     Sub-Producer Corporation                       Broker Dealer/Warehouse

Company Name: \_\_\_\_\_  
Company Tax ID: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_      County: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_      Business Fax Number: \_\_\_\_\_

Selecting this box confirms the check will be mailed to a different address other than the company address listed above:

Commissionable Address: \_\_\_\_\_  
C/O: \_\_\_\_\_  
City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_      County: \_\_\_\_\_

Please provide the Company Name and Company code below, if your agent is affiliated with an existing Sub-Firm:

Sub-Firm Code: \_\_\_\_\_  
Sub-Firm Name: \_\_\_\_\_

## INDEPENDENT AGENT SALES AGREEMENT

I hereby request authorization, on a non-exclusive basis, to solicit applications for and service certain life insurance and annuity products ("Company Products") of Equitable Financial Life Insurance Company, Equitable Financial Life Insurance Company of America or other insurance company affiliate or subsidiary of any of the foregoing (collectively, the "Companies") through one or more brokerage general agents. Reference herein to the "Contracted Firm" ("BGA, GA, Bank, Wire house, or BD") shall mean the brokerage general agent through which I am selling any particular Company Product, and reference to the "Company" shall mean the insurance company issuing any particular Company Product. I understand that this is a condition of such authorization that I enter into this Independent Sales Agreement. Accordingly, I hereby agree, for the benefit of Equitable Distributors, LLC and its affiliated insurance agencies (collectively, the "Distributor"), as follows:

1. **No Modification.** I have no authority to and will not alter, modify, waive or change any of the terms, rates, or conditions of any Company Product.

2. **Compliance with Laws Regulations, Codes of Conduct and Rules and Procedures.** I will solicit applications for and service Company Products in compliance with all applicable federal, state, and local laws and regulations, including without limitation insurance laws and regulations and such codes of conduct and other rules and procedures, including without limitation, rules and procedures regarding replacements, as may be issued by the Contracted Firm, the Distributor or the Companies. I will not solicit applications for Company Products unless I am properly licensed and, if required by law, appointed to the Company.

3. **Suitability.** I will not recommend any Company Product unless I have reasonable grounds, after inquiry, to believe it is suitable for the applicant.

4. **No Representations.** I will not make any statements concerning a Company Product which is contrary to or inconsistent with the terms and conditions thereof.

5. **Initial Premiums.** I will not accept any sums on behalf of a Company other than checks signed by the applicant in payment of the first premium payable to the Company, and I will not endorse checks payable to a Company or pay premiums out of my account.

6. **No Surrender or Exchange.** I will not encourage a prospective purchaser to surrender or exchange an insurance policy or contract issued by a Company in order to purchase a Company Product without the prior written consent of the Distributor. I understand that either no compensation or a reduced compensation will be paid in the event any policy issued by one of the Companies is replaced with a policy issued by the same Company or any other Company Product.

7. **No Life Settlements or Sales of Interests to Persons without an Insurable Interest.** I will not sell a Company Product to any person if I know or have reason to believe that such sale is being made, in whole or part, for the purpose of resale or to otherwise transfer any of the rights of ownership or benefits under the policy directly or indirectly to a third party. I will not endorse, promote, encourage or participate in the sale of Company Products with the intention or expectation of effecting life settlements or otherwise directly or indirectly creating or transferring any rights of ownership or benefits in whole or part to a person who is not related to the insured or does not have a pre-existing insurable interest under state law. I will promptly notify the Distributor of any sale or prospective sale of a Company Product if I discover, am notified, or have a reasonable basis to suspect that a Company Product is being purchased with the intention or expectation of resale or other direct or indirect transfer, in whole or in part, of any rights or benefits of the purchaser or any beneficiary thereunder. I acknowledge that the use of financing to purchase a Company Product may be a reasonable basis to suspect that a purchase is being made with the intention or expectation of resale or transfer.

8. **Bank Sales** - In the event I am involved with solicitation of insurance sales on bank or credit union premises or in connection with a bank or credit union marketing campaign, I will ensure that all applicable banking, insurance and securities regulations will be strictly adhered to including without limitation the appropriate provision of disclosures to clients indicating that insurance policy values are not FDIC insured, not otherwise guaranteed other than as provided for in the contract and may fluctuate in value, depending upon the policy type. Such bank-related sales will only be made pursuant to a written agreement with the bank or credit union. I will ensure my sales activities are segregated from banking activities and that any resulting sales will not be tied in any way to the provision of products or services of the bank or credit union. I will not make payments of any kind to bank personnel in connection to my insurance sales activities.

9. **Applications.** I will forward all completed applications, checks and supporting materials to the Contracted Firm promptly following receipt thereof. I understand that the Company may accept or reject any application in its sole discretion.

10. **Delivery of Policies and Contracts.** I will deliver policies and contracts issued by a Company to purchasers promptly following receipt thereof. I will not deliver a policy or contract (1) until all outstanding requirements have been satisfied and the initial premium has been paid or (2) if there has been a change in the health, medical history, avocation, occupation, or insurability of the proposed insured since the date of the original application.

11. **Approved Sales Materials.** I will not use or distribute any illustration, brochure, sales script, seminar or other types of presentation, advertising, direct mailing or any other sales materials relating to the Distributor, the Companies or the Company Products without the prior written approval of the Contracted Firm.

12. **Names and Trademarks.** I will not use the name of any Distributor or Company or any trademark, service mark, symbol or trade style of any Distributor or Company without the express written consent of such Distributor or Company, as the case may be.

13. **Professional Liability Insurance.** I will maintain, at all times during the term hereof, professional liability insurance in such form and amounts as the Distributor may require issued by an insurer having an A.M. Best's rating of A VIII or better. I will promptly notify the Contracted Firm if my professional liability insurance is suspended or terminated.

14. **Books and Records.** I will make all books, accounts and records regarding the solicitation of applications for and servicing of Company Products available for inspection by representatives of the Distributor and the Companies at my office on reasonable demand during normal business hours.

15. **Investigations and Proceedings.** I will cooperate with the Distributor and the Companies in any judicial or regulatory investigation, proceeding or inquiry relating to the solicitation of applications for and/or servicing of Company Products and promptly advise the Distributor of any notice or communication I may receive in connection therewith. I will promptly forward to the Distributor and the Companies any Summons or Complaint served upon me which names any of them as a party to the litigation or which seeks production of Company documents.

16. **Complaints.** I will promptly forward to the Distributor a copy of each complaint received from a customer or a regulatory agency concerning the solicitation of applications for and/or servicing of Company Products. I will provide all information with respect to each such complaint as the Distributor may request and will cooperate with the Distributor and the Companies in resolving the same.

17. **Compensation.** I will look solely to the Contracted Firm for compensation in connection with the solicitation of applications for and servicing of Company Products and will not assert any claim for compensation or other sums against the Companies or the Distributor. I understand that the Distributor may pay compensation to me on the Contracted Firm's behalf solely as an accommodation to the Contracted Firm and without any obligation to me. I will repay, on demand, any sums paid to me by the Distributor on the Contracted Firm's behalf if the Distributor determines that the Contracted Firm is not entitled to such sums or determines that I am not entitled to such sums, if a policy or contract is rescinded or cancelled or modified, reversed or surrendered in whole or part, or if the Company refunds any premiums or contributions or pays out all or part of the contract or policy value. The Distributor may offset any amounts payable to me on the Contracted Firm's behalf against any sums owed by me to the Distributor or the Companies, and any such offset shall constitute payment to me on the Contracted Firm's behalf.

18. **Expenses.** As an independent contractor, I will pay all expenses incurred by me in soliciting applications for and servicing Company Products.



19. **Confidentiality.** I will keep confidential all information about the Distributor, the Companies and the Company Products, including without limitation, business practices, marketing strategies, computer programs, rate manuals and printed and electronic data. I will only use such information for the purposes contemplated herein and shall not disclose any such information, other than sales materials intended for distribution to customers.

20. **Privacy.** I will not use any “nonpublic personal information” as defined in the Gramm-Leach-Bliley Act (the “GLB”) or information subject to any other privacy law or regulation for any purpose, or disclose such information to any other person, except as otherwise permitted therein. I will safeguard all nonpublic personal information in accordance with the GLB and other applicable privacy laws and regulations. I will promptly notify the Distributor if any nonpublic personal information is used or disclosed contrary to this Agreement and take reasonable steps to mitigate any adverse impact or other harm to the Companies, the Distributor and the affected individuals.

21. **Return of Information.** All information, whether in written or electronic form, about the Distributor, the Companies and the Company Products or developed by me from such information is property of the Distributor and/or the Companies, and I will promptly return it to the Distributor following the termination of my authority to solicit applications for and/or service Company Products.

22. **Indemnification.** I will indemnify, and hold the Companies and the Distributor harmless from and against any actual or threatened liabilities, losses, costs, claims and damages, including reasonable legal fees and expenses, arising out of or based upon my failure to perform any of the undertakings herein or arising out of or due to any negligence or misconduct on my part.

23. **Independent Contractor.** I will be an independent contractor with full freedom to determine the time, place and method of performance, and neither performance of the undertakings herein nor any related dealings with the Contracted Firm, the Companies or the Distributor will create a relationship of employee and employer between us.

24. **Appointment.** I understand that each Company may approve, reject or terminate any appointment at any time with or without cause. I have not been associated with Equitable Network, LLC at any time during the preceding twelve (12) months.

25. **U.S. Patriot Act.** I will comply with all applicable provisions of the U.S. Patriot Act and other customer identification, anti-money laundering, anti-terrorism and similar laws and regulations (collectively, “AML”), and the Companies and the Distributor may rely on me to so comply. I will, on request, provide the Distributor with such certificates of compliance as the Distributor may reasonably request. I have completed all AML training which an insurance agent is required to complete as of the date hereof and will not hereafter solicit applications for Company Products unless I have previously completed all addition AML training which insurance agents are then required to complete. I will promptly notify the Distributor if I detect suspicious customer activity and cooperate with the Distributor and the Companies in testing the effectiveness of their AML programs, including testing of the requirements in this section.

26. **IMSA Principles.** I will follow the Principles of Ethical Market Conduct of the Insurance Marketing Standards Association (“IMSA Principles”) to (i) conduct business according to high standards of honesty and fairness and to render that service to my customers, (ii) provide competent and customer-focused sales and service, (iii) engage in active and fair competition, (iv) provide advertising and sales materials that are clear as to purpose and honest and fair as to content, (v) provide for fair and expeditious handling of customer complaints and disputes and (vi) maintain a system of supervision and monitoring that is reasonably designed to achieve compliance with IMSA Principles.

27. **Termination.** I understand that this Agreement may be terminated with or without cause by me or by the Distributor by giving written notice of termination. My undertakings hereunder will survive termination. Upon termination for cause, no further compensation shall be payable to me for or on behalf the Contracted Firm.

28. **Arbitration.** Any controversy, claim or dispute of any kind whatsoever between the parties arising out of or relating to this Agreement or any actual or alleged breach thereof shall be resolved by submitting such controversy, claim or dispute to binding arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules then in effect. Depositions of witnesses will not be permitted in preparation for the Arbitration hearing except for the purpose of the preservation of testimony to be submitted at the final hearing and except as permitted by the arbitrators upon a finding of extraordinary need. Judgment on any award rendered by the arbitrators may be entered in any court, state or federal, having jurisdiction thereof. No party to this Agreement will seek to recover consequential, exemplary and/or punitive damages against the other party, except as may be recoverable as a claim for indemnification as elsewhere permitted herein. Notwithstanding the foregoing, any party to this Agreement may assert a crossclaim or a third party claim for indemnity or contribution against another party to this Agreement in any pending litigation filed by a third party. Upon motion of any party, the arbitrators may stay the arbitration to permit resolution of any factual or legal issues that are pending in litigation filed by a third party. It is the intent of this Agreement that all disputes shall be resolved in the most efficient and fair manner possible under the circumstances.

29. **General Provisions.** Failure to enforce any provision hereof does not constitute a waiver. No waiver shall be effective unless stipulated in writing and signed by the Distributor and no written waiver shall constitute a waiver of such provision in the future except as specifically provided therein. Any court decision, statute, rule or otherwise, invalidating any undertaking hereunder shall not affect any other undertakings hereunder. No writing shall be of any force or effect as against the Distributor unless signed on its behalf by a Vice President or such other officer as may be designated in writing by a Senior Vice President thereof. This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



# EQUITABLE

## Direct Deposit Enrollment Form

**Type of Direct Deposit Enrollment Forms:**

- Initial Enrollment       Change of Account       Stop Direct Deposit

**Pay Commissions to:**

SELF      Broker Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**OR**

CORPORATION      Corp. Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

**I elect to have Direct Deposit to one of the following accounts:**

- Checking - Attached is a voided check confirming to deposits funds to my checking account  
 Savings - Attached is a deposit slip confirming to deposits funds to my savings account

Instead of paying me directly each commission period, I authorize and direct the Equitable Distributors to deposit an amount equal to my net commissions, less any indebtedness to Equitable Financial, Equitable America or Equitable Financial Subsidiary, to the account I have selected. This direction will continue until either I have given Equitable Distributors written notice to terminate this agreement, or Equitable Distributors has notified me that it is terminating this service to me or my bank account has been closed. If I wish to change depository banks or terminate this arrangement, I understand that Equitable Distributors may continue this direct deposit arrangement until they have had reasonable time within which to honor my instructions. I authorize Equitable Distributors to debit my account to adjust for any over deposits which they have made to my account for any reason. I agree not to hold Equitable Financial, Equitable America, Equitable Distributors, or the bank liable for such erroneous deposits or adjustments.

**Broker Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Send a completed form to our Licensing Department via one of the following:

Email: [www.equitable.com](http://www.equitable.com)

Fax: 800-657-2911

Mailing Address:

Equitable

PO Box 1047

Attn: Licensing Department

Charlotte, NC 28201

**Interoffice Only:**

Broker ID \_\_\_\_\_       Corporation ID: \_\_\_\_\_

Employee ID (if avail.) \_\_\_\_\_

Information tracked       Compensation Hierarchy Complete

Providing my initials confirms the interoffice information is accurate and complete

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

## Summary of Consumer Rights

### **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer-reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA 15 U.S.S. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

### **YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU.**

Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

### **YOU CAN FIND OUT WHAT IS IN YOUR FILE.**

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify and (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

### **YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA.**

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

### **INACCURATE INFORMATION MUST BE CORRECTED OR DELETED.**

A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information.

**YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error. **OUTDATED INFORMATION MAY NOT BE REPORTED.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.

**ACCESS TO YOUR FILE IS LIMITED.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business. **YOUR CONSENT IS REQUIRED FOR REPORTS THAT ARE PROVIDED TO EMPLOYERS, OR REPORTS THAT CONTAIN MEDICAL INFORMATION.** A CRA may not give out information about you to your employer or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

**YOU MAY CHOOSE TO EXCLUDE YOUR NAME FROM CRA LISTS FOR UNSOLICITED CREDIT AND INSURANCE OFFERS.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely. **YOU MAY SEEK DAMAGES FROM VIOLATORS.** If a CRA, user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.