

LIFE INSURANCE AGENTS FINANCIAL PRODUCTS SUPPLEMENTAL APPLICATION



Rockwood Programs, Inc.

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THIS SUPPLEMENTAL FORM IS TO BE COMPLETED BY THOSE APPLICANTS REQUESTING COVERAGE FOR FINANCIAL PRODUCT PLACEMENTS. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

Name of Applicant _____

DBA _____

1 What is the maximum face amount available for the Life products you sell? \$ _____

2 Do you ever arrange or facilitate the financing of premium? Yes No

3 Do you have discretionary authority over client funds? Yes No

4 Do you require that clients get independent tax advice? Yes No

5 Do you explain and get written acknowledgement from the client that they understand the impact of all the various charges and fees applicable to the policy? Yes No

6 Do you advise your clients that other investment vehicles, such as IRAs and employer sponsored 401(k) plans may also provide tax-deferred growth and other tax advantages? Yes No

7 Have you received any requests for non-party subpoenas for documents or deposition testimony in the past five years? Yes No *If "Yes", Please Provide Details:*

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER, OR PARTNER.

Signature _____
(owner, officer of named insured listed above)

Print Name _____

Date _____