

# BROKER

## Application for Appointment



PLEASE UPDATE THIS FORM AS APPROPRIATE.  
 PLEASE PROVIDE A COPY OF "CURRENT" AGENT AND AGENCY  
 LICENSES.  
 PLEASE RETURN THE UPDATED FORM AND LICENSE COPIES TO:  
 ADMIN1@CRBENEFITS.NET OR FAX (717) 975-9303

<b>BROKER ID</b>	<b>TYPE CODE</b>	<b>B</b>						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><b>Broker/Agent Information (Personal)</b></td> <td style="width: 33%; text-align: center;"><b>Agency Information (Business)</b></td> <td style="width: 33%; text-align: center;"><b>Payable Information</b></td> </tr> <tr> <td style="vertical-align: top;">                 Name: <input type="text"/> <input type="text"/> <input type="text"/>                                      (Last)                    (First)                    (MI)                  SSN / Tax ID: <input type="text"/>                  Address 1: <input type="text"/>                  Address 2: <input type="text"/>                  City, State, Zip: <input type="text"/> <input type="text"/> <input type="text"/>                  Office Phone: <input type="text"/>                  Cell Phone: <input type="text"/>                  Fax: <input type="text"/>                  Email: <input type="text"/>                  Resident State: <input type="text"/>                  License Number: <input type="text"/>                  License Expiration: <input type="text"/> </td> <td style="vertical-align: top;"> <input type="text"/>  <input type="text"/>  <input type="text"/>  <input type="text"/>                  In business since: <input type="text"/>                  EO Carrier: <input type="text"/>                  EO Policy #: <input type="text"/>                  Policy Expiration: <input type="text"/> </td> <td style="vertical-align: top;"> <b>Make Commissions Payable to:</b>  <input type="text"/>  <input type="text"/>  <input type="text"/>                  Accounts Payable Contact:  <input type="text"/>                  Purchasing Contact:  <input type="text"/> </td> </tr> </table>			<b>Broker/Agent Information (Personal)</b>	<b>Agency Information (Business)</b>	<b>Payable Information</b>	Name: <input type="text"/> <input type="text"/> <input type="text"/> (Last)                    (First)                    (MI) SSN / Tax ID: <input type="text"/> Address 1: <input type="text"/> Address 2: <input type="text"/> City, State, Zip: <input type="text"/> <input type="text"/> <input type="text"/> Office Phone: <input type="text"/> Cell Phone: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/> Resident State: <input type="text"/> License Number: <input type="text"/> License Expiration: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> In business since: <input type="text"/> EO Carrier: <input type="text"/> EO Policy #: <input type="text"/> Policy Expiration: <input type="text"/>	<b>Make Commissions Payable to:</b> <input type="text"/> <input type="text"/> <input type="text"/> Accounts Payable Contact: <input type="text"/> Purchasing Contact: <input type="text"/>
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**ADDITIONAL BROKERS / AGENTS:**

Last Name	First Name	Email

**The following questions are applicable to the agent/agency/corporation/partnership and to each of the partners, members, and directors, officers or agents individually. TO THE BEST OF YOUR KNOWLEDGE: Circle one:**

Are you currently charged with or have you plead guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses)? YES NO

Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud or any other act of dishonesty? YES NO

Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of a professional license/registration or market conduct investigation, claim or proceeding? YES NO

Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment with any insurance or other financial services company other than for lack of production? YES NO

Has a bonding, surety or E O provider denied an application or claim, made payment for you or terminated coverage? YES NO

Are you delinquent in any personal or business financial obligation, or does any insurance or financial services company hold a claim against you for commission debit balances? YES NO

Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations or bankruptcy? Bankruptcy Discharge Date: YES NO

At any time during the past 10 years have you, or any business in which you were an owner, partner, officer or director been involved in any regulatory, civil or criminal matters not disclosed above? YES NO

**If you answered "YES" to any of the questions above, please provide details and the current status. (Attach any pertinent documentation).**

In signing this application, I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. I further agree to immediately inform Capital Region Benefits, Inc., of any conviction of the types described in the preceding sentence. I agree to abide by the Disclosure Requirements mandated by the states in which I operate.

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Applicant's Signature	Title	Date
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**CAPITAL REGION BENEFITS, 3819 MARKET STREET, CAMP HILL, PA 17011 (717) 975-9300**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>																				
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**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.