



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: AIA_ADMIN@aleragroup.com OR FAX (717) 591-8155

TYPE CODE

Broker/Agent Information (Personal)

Form fields for Broker/Agent Information (Personal): Name (Last, First, MI), SSN / Tax ID, Address 1, Address 2, City, State, Zip, Office Phone, Cell Phone, Fax, Email, Resident State, License Number, License Expiration.

Agency Information (Business)

Form fields for Agency Information (Business): THE STANDARD, multiple empty rows.

Payable Information

Make Commissions Payable to:

Form fields for Make Commissions Payable to: multiple empty rows.

Accounts Payable Contact: [Empty field]

Purchasing Contact: [Empty field]

Form fields: In business since, EO Carrier, EO Policy #, Policy Expiration.

ADDITIONAL BROKERS / AGENTS:

Table with columns: Last Name, First Name, Email. Multiple empty rows.

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 AIA Alera 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.

Applicant's Signature

Title

Date

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes.		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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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 for Part II, later.

Sign Here	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. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



PO Box 1308
Mechanicsburg, PA 17055
(717) 506-3171
AIA_admin@aleragroup.com

Electronic Commission Payment Authorization Form

Alera requires all VBA commission payments be directly deposited into a bank account.

Alera's VBA commission policy: Commissions are paid quarterly if the broker has accrued \$150 of commission receivable. At year-end a final commission payment will be issued for any accrued commissions not previously paid throughout the calendar year.

What is required for Receipt of Commission Payments from Alera?

- Valid U.S. bank account.
- Valid W9.
- Email address to receive commission communication

How it works:

- We (Alera) will initiate the ACH transaction with our bank when commission payments are due to be paid.
- Our bank will electronically transfer the funds from our bank account and deposit them into your account. This is called an automated clearing house (ACH) transaction.

Please complete the information below.

ELECTRONIC DEPOSIT FOR: COMMISSION DEPOSITS

YOUR INFORMATION:

APPLICANT NAME: _____

BROKER ID: _____ TAX ID NUMBER: _____

ACH CONTACT NAME: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

YOUR BANKING INFORMATION:

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

ACCOUNT TYPE: Checking Account Savings Account

FINANCIAL INSTITUTION CITY AND STATE _____

AUTHORIZATION:

SIGNATURE _____

PRINT NAME _____ TITLE _____

DATE: _____ DIRECT PHONE NUMBER _____