



BEST PRACTICES OF AMERICA Membership Application

Name _____ Designations _____
 Company Name _____ Address _____
 City _____ State _____ Zip Code _____
 Business Phone _____ Cell Phone _____ Email _____
 Assistant Name _____ Assistant Email _____
 Profession: Insurance Producer Investment Advisor CPA Estate/Tax Attorney Other _____

Areas of Market Focus:

- Wealth Transfer/Estate Planning
- Charitable Planning
- Risk Management/Asset Protection
- Business/Succession
- Executive Benefits
- Employee/Voluntary Benefits
- Professional Money Management
- Insurance Policy Review
- Premium Financing
- Real Estate and/or Mortgage Focus
- Tax Planning

I have expertise in the above areas and will make myself available to other BPA members for joint work.

- Yes No

Current Licenses:

- Series 6 Series 7 Series 24 Series 26
 Series 63 Other _____

Broker/Dealer Affiliations:

Industry Affiliations:

- AALU ABA AICPA FSP
 International Forum MDRT
 Top of the Table Other _____

Please answer the following questions. If you answer "yes" to any question, please provide additional information on a separate sheet of paper.

- 1) Have you ever been convicted of a felony? Yes No
 2) Has your securities license or insurance license ever been suspended? Yes No

Estimate % of life insurance product type placed in the last 12 months and the top insurance carriers used:

Whole Life% _____ Variable% _____

Universal% _____ Term% _____

3 Highest Production Carriers _____

Estimate % of annuity product type placed in the last 12 months and the top annuity carriers used:

Immediate% _____ Fixed Deferred% _____

Variable% _____ Equity Index% _____

3 Highest Production Carriers _____

I have associates/peers of my own whom I would consider bringing in as other BPA members, who have expertise in the following areas: _____

Plan I: Full Payment

- Please charge my credit card the full \$5000

Plan II: Monthly Payment

- Please debit my credit card monthly \$435

Plan III: Compensation Deduction

- I hereby authorize BPA to deduct the annual membership fee from any future gross available compensation payable to me for any insurance or annuity product closed until an amount equal the annual BPA membership dues is received by BPA. In the event the BPA membership dues are not paid using this deduction option by the 12th month from this signed document, then I agree to pay BPA any outstanding amount owed +12% interest on any outstanding membership fee balance.

Credit Card Information: Visa Mastercard American Express Card Number _____

Security Code _____ Expiration Date _____ Cardholder's Name _____

Billing Address _____ City _____ State _____ Zip Code _____

- I hereby authorize Best Practices of America to make inquiries of other persons or institutions knowledgeable of my background as to my prior work history, reliability, honesty and any other measures of my character and personality.
- In consideration for you developing such information, I specifically waive any confidential relationship of privacy position which may exist and completely release you from any responsibility or liability for damages which may occur as a result of the disclosure of this information.
- I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Date _____ Member Applicant Signature _____ Please Print Name _____



BEST PRACTICES OF AMERICA LLC