



Straight Term Settlements

Agent Registration Package

Submission instructions:

- **Complete and execute forward the following documents:**
 - Agent registration form
 - Producer agreement

- **When all documentation is ready please choose a submission option below:**
 - Scan and email all documents to: jim@atlanticadvantage.com
 - Fax all documents to (860) 331-8551



Agent Registration Form

AGENT INFORMATION			
Last Name	First	M.I.	Date
Address		Unit/Suite #	
City	State	ZIP	
Phone	E-mail Address		

LICENSING INFORMATION									
Please indicate all states in which you are licensed to solicit life settlements as an agent.									
<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA
<input type="checkbox"/> HI	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD
<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ
<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC
<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY
Have you ever had a professional license revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If yes, please explain:									
Have you ever been charged with violating a Federal or State regulation or have any pending criminal action? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If yes, please explain:									

AGREEMENT	
I hereby certify that the above information is true and accurate to the best of my knowledge and I agree to comply with all state and federal licensing/registration requirements, statutes and regulations that pertain to the sale of solicitation of a life settlement as an agent. I further agree to keep Atlantic Financial informed of changes in status of licenses and information indicated above.	
Signature	Date

PLEASE EMAIL YOUR AGENT REGISTRATION FORM TO JIM@ATLANTICADVANTAGE.COM
OR FAX TO 860-331-8551

Producer Agreement

STRAIGHT TERM SETTLEMENT PROGRAM

Appointment:

Atlantic Financial ("The Company") hereby authorizes and appoints _____ ("The Producer") to solicit applications for the Straight Term Settlement program (The Program), pursuant to which such Producer would solicit, on behalf of the company, applications for transactions ("Settlements") involving purchase of the policy from one or more individuals or entities (each a "Seller") of previously issued term life insurance policies. The producer accepts the appointment to perform such services and agrees to do so exclusively with the company and in accordance with this agreement. The Company shall not transact settlements submitted by or through the Producer without prior proof of such licensure where required.

Authority and Duties

The Producer shall have authority to solicit applications for the "Straight Term Settlement Program" in accordance with the terms of this agreement. The Producer agrees to abide by any marketing guidelines set fourth now or in the future. The Producer agrees to devote their best efforts in promoting the Program while preserving the best interest of the Company.

The Producer shall promptly deliver to the Company such applications for The Program and do so while adhering to any submission guidelines set fourth now or in the future. The Company shall have the right to reject any application if it does not fall within the program's parameters at the time of submission. The Company shall also have the right to reject any application which is not completed in accordance to its submission guidelines.

This Agreement is intended to now shall it be construed to make The Producer an employee, or partner of The Company. The Producer is intended to be and is an independent contractor with the Company for the purposes of this Agreement.

Compensation

For the purposes of this agreement, a "Closed Transaction" shall mean a transaction which has concluded in the successful transfer of ownership and/or beneficial interest between the purchaser and seller. During the period that this Agreement is effective the Producer shall receive as its sole compensation hereunder referral fees equal to 1% of the policy's face amount. The Company shall pay any Referral Fee due to the Producer pursuant hereto immediately upon the expiration of the Rescission Period, if any, of the applicable Closed Transaction.

Indemnification

Each party hereto (the "Indemnitor") shall indemnify, defend and hold harmless the other party hereto, and its directors, officers, shareholders, employees, agents and representatives (collectively, the "Indemnitee"), from and against any losses, damages, claims, demands or liabilities (including without limitation any regulatory fines and forfeitures, court costs and reasonable attorneys' fees) the Indemnitee may incur which are directly attributable to any negligent, fraudulent, illegal or criminal acts or omissions of the Indemnitor, officers, directors or employees, unless such act or omission was at the specific written direction of the Indemnitee.

Confidentiality

The Producer shall not make available or disclose to any individual, corporation or other entity, other than the Company, the Company's confidential information without the prior written approval of the Company. The Producer shall return to the Company on demand any such confidential information in its possession or under its control. This provision shall survive the termination of this agreement.

Termination of this Agreement

It is the right of the Company to terminate this Agreement immediately upon giving written notice of such termination to the Producer, for any one or more of the following causes: (a) the unauthorized appropriation, collection or receipt by the Producer of any monies for or on behalf of, or due or to become due to a policy Seller or the Company. (b) the submission to the Company by or through the Producer of any document on which any signature is not a genuine or duly authorized signature, or in which any information, representation or warranty is known (or should be known) to be false. (c) revocation by any state or jurisdiction of the Producer's license to act as a soliciting agent for life settlements.

Conflicting Laws, Rules and Regulations

If any portion of this Agreement is in contravention of any Federal or state law, rule or regulation, Insurance Department directive or any governmental ruling, such portion shall be considered to be amended, without further action by the Producer or the Company, to conform to such law, rule, regulation, direction or ruling. If any portion of this Agreement is inconsistent with any rule, regulation, program, policy or procedure adopted and/or implemented by the Company, such portion of this Agreement shall prevail.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed on the ___ day of _____, 20__

ATLANTIC FINANCIAL, LLC

BY _____

Name: _____

Title: _____

PRODUCER

BY _____

Name: _____

Title: _____