



EMPOWER DISCOUNT MEDICAL PLAN New Representative Appointment Form

Representative Name

Date Of Birth

Street Address

City

State

Zip

Social Security Number

E-Mail Address

Work Phone

Home Phone

Cell Phone

Alternative Phone

Licenses Held (Circle all that apply)

General Lines Life

Variable Life

Property & Casualty

Series 6,7,63,65

None

I wish to apply to become a representative of the Empower Savings Plan. I understand the benefits provided by the plan are not insurance benefits and I agree not to represent to anyone that they are. These benefits are to be used as a supplement to a comprehensive insurance program. I agree that as a representative of Empower Brokerage, I am an independent contractor and not an employee. I have also completed the W-9 form and attached it to this application so that commissions may be paid to my Tax Identification Number.

X

Signature of Representative

Name of Representative

6030 Lake Worth Blvd
Ft Worth, TX 76135
877-437-5010
817-306-2318 (fax)