



Agent Signature Form

I, _____,
(Agent Name)

Hereby authorize Insurance Solutions Group to affix or append a copy of my signature, as set forth below, to all required signature fields on the completed life insurance application to be filed for underwriting, as deemed necessary for the application via the Integrated Advisor Program on behalf of my client,

(Client Name)

By signing the box below, I authorize Insurance Solutions Group to contact and communicate with my client, complete relevant client application paperwork (including any ancillary forms needed), retrieve client and owner signatures(S), submit the completed client application on my behalf, and any other activity necessary to effectively submit the completed application to the insurance carrier in good order. I authorize that I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the proposed insured was solicited and in the state in which the policy, if one is issued, will be delivered.

I understand that ISG retains 25% of the commissions in their Integrated Advisor Program. I acknowledge I have read and reviewed the documents for which I am authorizing my signature to be affixed. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature.

Writing Agent: Please sign in the center of the box above.

Submit the completed Agent Signature Form by either:

Fax: 601-362-8587 | Email: cliff@isgi.biz |

Mail: Insurance Solutions Group | 405 Legacy Park | Ridgeland, MS 39157