

Producer Application Checklist

Build your business with a new opportunity from MassMutual Ascend and Farmers Financial Solutions! Now you can offer three fixed-indexed annuities designed to simplify your clients' road to financial security with principal protection and competitive growth opportunity.

To get started, please submit the materials listed below so we can build your profile in our business management system.

Required Materials:

☐ Profile and Agent's Application

Please fully complete the application. If you do not know your producer number, visit the National Producer Lookup Registry at [NIPR.com](https://www.nipr.com).

☐ Product Training

Be sure to complete the required product training before you begin selling. ***Please be aware that new business will be rejected and returned*** to you if your required training is not completed. All required training is accessible via MMAscendconnect.com/ffs.

☐ Continuing Education Documentation

If continuing education is required in the state(s) where you do business, please include the **necessary documentation**, including the number of training hours you've accrued. This will help expedite the approval process.

Once you have completed the necessary forms, you can return them by mail to the PO Box listed in the upper left hand corner of the agent application. You can also fax them to 513-412-5144.

**PROSPECTIVE AGENT'S APPLICATION
AND
PROFILE (NO POWER TO APPOINT)**

I. PERSONAL INFORMATION

Full Name _____
First Middle Last

Date of Birth ____ / ____ / ____ Gender ____ SSN _____

Residence Address _____
Street City State County Zip

Mailing Address _____
Street City State County Zip

Phone Number () _____ Fax Number () _____ E-mail Address _____

II. BUSINESS and LICENSE INFORMATION

This information is required:

Agency Name: Farmers Financial Solutions

Agent's Resident State: _____ Resident State License #: _____

Resident State License Expiration Date: _____

National Producer Number: _____

Do you have Errors and Omission insurance coverage through your agency? ☐ Yes ☐ No

If "No," do you have Errors and Omission Coverage? ☐ Yes ☐ No

List carrier and policy number _____
Carrier Name Policy Number

After you and/or your back office have completed this form, please fax to 513-412-5144