



## Diversified Strategy Financial, LLC

6500 Dublin Blvd., Suite 200-B, Dublin, CA 94568  
Phone (925) 484-3599 Fax (925) 226-4906

### New Associate Data Form

Sponsoring Agent: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Personal Information**

1. New Associate Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ City & State Born In: \_\_\_\_\_
3. Soc. Sec. #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
4. Home Street Address (No PO Boxes): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_
6. Email Address: \_\_\_\_\_

#### **Business Information**

7. Business Address (No PO Boxes): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_
9. Insurance Licensed?  Yes  No If yes, Resident License #: \_\_\_\_\_ State: \_\_\_\_\_
10. Do you hold any Non-Resident Licenses?  Yes  No If yes, please list the states below.  
\_\_\_\_\_
11. If licensed, have you completed an Anti-Money-Laundering (AML) course?  Yes  No  
Date Completed: \_\_\_\_\_ Was this a LIMRA Course?  Yes  No  
If not a LIMRA course, please provide the name of the company who sponsored the AML Course:  
\_\_\_\_\_
12. Securities Licensed?  Series 6  Series 63  Series 26  Series 7 CRD#: \_\_\_\_\_  
Name of Broker/Dealer: \_\_\_\_\_



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### Background Information

Have you ever:            Been convicted of a crime, including felony, misdemeanor, or military offense?..            Yes    No

                                  Been the subject of a penalty, inquiry or action by a regulatory agency?.....            Yes    No

                                  Filed bankruptcy?.....            Yes    No

                                  Had a license refused/suspended/revoked or restricted or under investigation?            Yes    No

Do you have any outstanding judgements of liens?.....            Yes    No

Are you indebted to any insurance company, or agency or manager, including debit balances?.....            Yes    No

Are any immediate family members currently contracted with any insurance companies?.....            Yes    No

If yes, please provide: Name \_\_\_\_\_ Relationship \_\_\_\_\_

\*Please explain any "Yes" answers on a separate sheet of paper, including dates.

\*Convicted includes a guilty verdict, withdrawn plea, probation, any dismissed charges, suspended sentences or fines. You may exclude traffic citations and juvenile offenses.

By signing below you attest that the information you have provided is true and accurate to the best of your knowledge.

New Associate's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

New Associate's Printed Name: \_\_\_\_\_



### New Associate Data Form

New Associate Name: \_\_\_\_\_

#### **Resident History (for Contracting Purposes)**

Please provide a 10-year listing of your residential addresses, beginning with the most recent.

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Employment History (for Contracting Purposes)**

Please provide a 10-year listing of your employment history, beginning with the most recent.

From: \_\_\_\_\_ To: \_\_\_\_\_ **Employer Name:** \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Position: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ **Employer Name:** \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Position: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ **Employer Name:** \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Position: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

\*If additional space is needed, please use and attach a separate piece of paper.



**New Associate Data Form**

New Associate Name: : \_\_\_\_\_

**Reference Information (for Contracting Purposes)**

Please provide up to three unrelated Personal References:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide the following information on nearest relative not living with you:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please provide us a brief description of any business, career or community service experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Open Release Policy**

Please let this notice serve as proof of your ability to be released from Master Plan Solution at any time. Should you ever desire a release from MPS, please contact us so that your request may be processed promptly.

We offer Open Release with the following companies:

All Life, Annuity and Long Term Care Carriers

\_\_\_\_\_ X \_\_\_\_\_ \_\_\_\_\_  
(Agent Name, Printed) (Agent Signature) (Date)

\_\_\_\_\_ X \_\_\_\_\_ \_\_\_\_\_  
(Upline G.A. Name, Printed) (Upline G.A. Signature) (Date)

\* This form is for agent use only.