



CEP Checklist

Please read the following information carefully.

Enclosed is your Pre-Qualification form. Please choose your desired CEP date and complete the form. Fax the completed Pre-Qualification form to 763-295-8110 or email it to tboyd@rznetwork.com or jjuhl@rznetwork.com.

If you qualify to attend, you'll be contacted by a RZ Financial Network associate to begin the travel process. You'll also receive a Travel/Lodging form. Please complete the form and fax it to 763-295-8110 or email it to tboyd@rznetwork.com or jjuhl@rznetwork.com. Make sure you include your flight itinerary.

It is important that you do not make travel arrangements until you are contacted by a RZ Financial Network associate.

There will be software training Thursday at the meeting. We'll email a link to download to your laptop, if you have one, prior to your departure. Please bring your laptop to the meeting so you can follow along during the training.

On the Monday prior to the meeting, you'll receive a travel packet via email from Brokers International, LTD. This packet will contain the information needed for your trip; airport pick-up schedule, hotel information, and driving directions.

You are responsible for your transportation costs to Iowa. We'll arrange for an airport shuttle for those flying into Des Moines International Airport. And, we'll cover the cost of hotel accommodations for two nights, including room & tax.

During your stay, we'll provide the following meals:

Wednesday – Supper

Thursday – Breakfast, Lunch, and Supper

Friday – Breakfast and Lunch

If you have questions, please call Tami Boyd or Jodi Juhl at 888.849.8096

888-849-8096 | www.rznetwork.com

For agent information only. 08-3141



Career **Enhancement** Program

2009 Program Dates

January 14-16

February 18-20

March 18-20

April 15-17

May 6-8

June 17-19

July 15-17

August 12-14

September 16-18

October 14-16

November 11-13

December 9-11



Career Enhancement Program

Marketer Name: _____

Agent PreQualification Form

What date do you plan on attending? _____, 2009

Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
Physical Address: _____ Cell: _____
Date of Birth: _____ E-Mail: _____

In the last 12 months, what was your approximate income from your insurance business?

Under \$50,000 \$50,000 - \$100,000 \$100,000 - \$150,000 \$150,000+

What percentage of your insurance business income is in...

_____ % Annuities _____ % Long Term Care _____ % Life Insurance _____ % Securities _____ % Other _____

How long have you been in the insurance business? _____ years

Specify all companies you are contracted with & list who holds your contract for the following carriers.

<input type="checkbox"/> Allianz _____	<input type="checkbox"/> Legacy _____
<input type="checkbox"/> American Equity _____	<input type="checkbox"/> Lincoln Financial Group _____
<input type="checkbox"/> An Aviva Company _____	<input type="checkbox"/> Midland _____
<input type="checkbox"/> Equitrust _____	<input type="checkbox"/> Mutual of Omaha _____
<input type="checkbox"/> Old Mutual _____	<input type="checkbox"/> SunLife _____
<input type="checkbox"/> Loyal American _____	<input type="checkbox"/> Transamerica _____
<input type="checkbox"/> ING _____	<input type="checkbox"/> Other _____

Are you currently licensed in your resident state? Yes No License Number _____

Do you hold any non-resident licenses? _____ For which states? _____

Do you have agents reporting to you? _____ If yes, approximately how many? _____

Are you currently securities licensed? ___ Yes or ___ No If yes, what registration do you have?

Series 6 Series 7 Series 63 Series 26 Series 24 Series 65

What is the name of your broker/dealer? _____ CRD# _____

Broker/Dealer Address _____

What professional designations do you hold? _____

Preferred method of contact: Phone Fax Email Mail

Please fax this back along with a copy of your insurance license, E & O dec page and a copy of a voided check. Fax 763.295.8110

888-849-8096 | www.rzfnetwork.com

For agent information only. 09-0001