

# LBA

LIFE BROKERS  
ASSOCIATION

## The Life Brokers Association of New Zealand Inc. Application for Membership

Family name: \_\_\_\_\_ - Title: \_\_\_\_\_

First names: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email address: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Office Street Address: \_\_\_\_\_

I commenced my Life Insurance career in (year) \_\_\_\_\_ as an/a (position) \_\_\_\_\_

I became an independent broker in (year) \_\_\_\_\_ (Exact date if less than one year ago.)

I currently hold agency agreements with:

Insurer \_\_\_\_\_ since \_\_\_\_\_ Insurer \_\_\_\_\_ Since \_\_\_\_\_

Insurer \_\_\_\_\_ since \_\_\_\_\_ Insurer \_\_\_\_\_ Since \_\_\_\_\_

Insurer \_\_\_\_\_ since \_\_\_\_\_ Insurer \_\_\_\_\_ Since \_\_\_\_\_

Others: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

Please answer the following questions:

1 Are you a (circle one) a) Sole trader b) Contractor c) Franchisee d) Employee e) Partner f) Shareholder

2 If you circled b), c), d), e), or f) above please provide details of the business owner/s, principals and shareholding including names:

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

3 Please indicate the percentage of your income in the last tax year from the following activities:

Life and Disability Insurance Sales and Servicing: \_\_\_\_\_% Fire & General Insurance: \_\_\_\_\_%

Health Insurance Sales and Servicing: \_\_\_\_\_% Mortgage Broking: \_\_\_\_\_%

Savings and Superannuation Sales & Servicing: \_\_\_\_\_% Direct real Estate Investment Sales: \_\_\_\_\_%

Unit Trust and Managed Investments: \_\_\_\_\_% Management: \_\_\_\_\_%

Other: \_\_\_\_\_% Other: \_\_\_\_\_%

4 Have you ever been denied, or had suspended or revoked, or is the pending any proceeding to deny, suspend or revoke any license or registration to practice in the profession, occupation or vocation. Yes  No

If yes, provide details: \_\_\_\_\_

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

5 Have you ever been refused or had cancelled by the insurer, any Professional or other Indemnity Insurance? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 Have you ever been disciplined or had membership suspended or cancelled by professional organisation or employer on ethical or illegal grounds? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 Have you, or any firm which you were associated ever been subject to legal action, reparation or arbitration proceedings relative to performance or lack of performance of duties of a financial nature, dishonesty or fraud? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 If you answered yes to the previous question, And It Was a Firm with Which You Were Associated, Where You an Officer, Director, Shareholder, Owner, Partner, Shareholder or registered principal of the firm? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 Have you ever been convicted of an offence or pleaded guilty to an offence, (other than minor traffic violations) or are you the subject of any criminal proceedings in progress or pending? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 Are you now, or have you ever been bankrupt, whether declared or not, or have you entered into any Deed of Arrangement with creditors or others? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 Have you ever been a Director, Owner or Manager of a business that has been insolvent or entered into any Deed of Arrangement? Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12 Have you ever been an Officer of a company ordered wound up by the Court? Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

13 Have you or any company you have been associated with, ever been refused a broker and/or agency agreement with a life insurance office or had an agency or broker agreement revoked? Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

14 Are you aware of any matter or matters that may impact upon the Association's consideration of your application? Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

**Professional Indemnity Insurance:**

Yes I do have professional Indemnity Insurance (Please provide proof of currency)

No – Please forward an application form for the LBA Group PI Scheme

I am a member of the following professional organisations: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION:**

I, the above named, hereby apply for membership of the Life Brokers Association and declare that I have completed this application in a truthful manner in every respect to the best of my knowledge. I acknowledge that membership relates to me as an individual and not a trading entity, company or other.

I further confirm my irrevocable acceptance of the Constitution and Code of Ethics and any rules and regulations of the Association as are currently in force realising that the board of management and/or General Meeting of members may vary them from time to time within the terms of the Constitution.

I declare that I am not subject to any single agency agreement or contract that limits my ability to deal freely with any willing life office or product supplier.

I further consent to the LBA board making any inquiries from any life office with which I may have current and/or had previous dealings, and/or carry out any additional and inquiries considered appropriate in processing my eligibility for membership of the LBA.

I consent to the LBA contacting any Parties with whom I have or have had a business association, to obtain full and comprehensive details of any dealing(s) or transaction(s) in which I may be or have been in any way involved to determine whether or not there has been, or potentially could be a breach of the LBA's Code of Ethics or Rules or Regulations and hereby authorise such Parties to provide the information so requested to the LBA.

I consent to the LBA board requesting information from any Parties during the course of my membership with whom I may have a business association to ensure that I continue to meet the LBA's minimum membership requirements and comply with the LBA's Code of Ethics and Rules and Regulations.

I consent to the LBA board advising members and life insurers of any proven disciplinary action against me during the course of my membership and of any change to my membership status (temporary or permanent) as a result of any investigation or proven disciplinary action.

I acknowledge that, while I remain a member of the LBA, the LBA may from time to time obtain information from life insurers with which I operate under brokerage agreements (either held directly or via a company or other business entity) and accordingly, I hereby authorise any such life insurer or other organisations or individuals with which or whom I have current or have had previous dealings, to release to the LBA such information as the LBA may require. I further authorise any life insurer to disclose or collect from any other life insurer or the LBA information about my membership status, business practices, dealings or complaints from allegations of any breach of the LBA Code of Ethics or Rules or Regulations.

I acknowledge that if at any time:

I withdraw this authority; or

I become subject to a complaint to, or investigation by the LBA for a breach of the code of ethics, rules or regulations of the LBA, and such complaint is upheld; or

I fail to provide to the LBA any information reasonably requested for audit or investigation purposes; or

I let my Professional Indemnity Insurance lapse;

then I may be suspended from membership, and the fact of my suspension be notified to life insurers and other members of the LBA.

Dated at : \_\_\_\_\_ on (date) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

LBA Member Sponsor Name: \_\_\_\_\_

LBA Member Sponsor Signature: \_\_\_\_\_