

## Application to Review Membership Status

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

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

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

Phone: (0 \_\_\_\_ ) \_\_\_\_\_ Fax: (0 \_\_\_\_ ) \_\_\_\_\_ Mobile (02 \_\_\_\_ ) \_\_\_\_\_

My current Membership Status is: \_\_\_\_\_ I am applying for \_\_\_\_\_ status

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: \_\_\_\_\_

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

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

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

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

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

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

I received my LBA Registered Practicing certificate in the following years: *(please tick)*

2008                       2007                       2006                       2005                       2004

2003                       2002                       2001

**DECLARATION:**

- 1) I, the above named, hereby apply for a membership status review and declare that I have completed this application in a truthful manner in every respect to the best of my knowledge.
- 2) I acknowledge that membership relates to me as an individual and not a trading entity, company or other.
- 3) 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.

Dated at \_\_\_\_\_ on (date) \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Applicant signature: \_\_\_\_\_