



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)

2009 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: _____