



Lone Star Select Brokerage New Representative Appointment Form

Representative Name			Date 0f Birth			
Street Address						
City			Stat	e	Zip	
Social Security Number			E-Mail Address			
Work Phone			Home Phone			
Cell Phone			Alternative Phone			
Licenses Held (Circle	all that apply)					
General Lines Life Variable Life Property &			Casualty Series 6,7,63,65 None			
I wish to apply to bec	ome a representa	tive of the Lo	ne Star Sele	ct Savin	gs Plan. I un	derstand the
benefits provided by the	e plan are not insu	rance benefits	and I agree n	ot to rep	present to any	one that they
are. These benefits are	to be used as a s	upplement to a	comprehens	ive insur	ance program	. I agree that
as a representative of L	one Star Select Br	okerage, I am	an independe	nt contra	actor and not a	an employee.
I have also completed	the W-9 form and	attached it to tl	nis application	so that	commissions	may be paid
to my Tax Identification	Number.					
X						
Signature of Representative			Name of Repesentative			

Lone Star Select 6030 Jacksboro Highway Fort Worth, Texas 76135 1-877-437-5010