

## **Affinity Clearance Form**

## (To be completed by the Associate)

Approval must be obtained by the requesting Associate from the LegalShield Home Office before offering an Affinity Agreement to their prospect. If interest is indicated, the following questionnaire is to be completed, by the **Associate not the prospect**, and emailed to Broker Services to facilitate the processing of the Affinity Agreement. Each request will be reviewed on a case by case basis. Please contact Broker Services with questions at 580-436-7577

1.	Requesting	Accociata	Number
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- 2. Requesting Associate Name:
- 3. Requesting Associate Phone and email:
- 4. To launch an Affinity partner, the Associate must meet the following qualification:
  - 250 Personal Sales with at least 3 Groups opened OR
  - be Broker Qualified OR
  - have a B (Broker) or V (General Agency) Division Code

Exceptions may be made at the sole discretion of LegalShield including but not limited to the following:

- QUALIFIED Up-line or other Associate willingness to work with you on this account:

Qualified Associate Name

Associate Number

- 4. Name of Affinity prospect:
- 5. Prospect Address:
- 6. Prospect Phone:
- 7. Prospect Contact Name and Title:
- 8. Prospect Email Address:
- 9. Prospect Website:
- 10. What industry does the Prospect represent?:
- 11. How many members/clients/customers does the prospect have?
- 12. What is the Scope of the prospect organization: International National Statewide Local
- 13. Does the Prospect currently market or endorse any other benefits or insurance products?:

If yes, what products?:

- 14. What LegalShield services does the prospect plan to introduce to its members or customers?
- 15. Have you met with this prospect? If yes, what was the outcome of that meeting?