

SIGNATURE AUTHORIZATION ADDENDUM



The Agent/Broker authorizes the Licensing & Contracting Department of Insurance Brokerage Alliance, LLC (IBA) to indicate receipt of the Agent/Broker signature (in either original, facsimile or electronic format) and/or to affix a facsimile of the signature below on all life insurance, long term care, disability or fixed annuity appointment applications and related forms processed on behalf of the Agent/Broker. The signature is that of the Agent/Broker, an authorized officer, or the principal of the Agent/Broker organization and one licensed to conduct life insurance transactions in jurisdictions in which the Agent/Broker operates. The Agent/Broker will immediately notify IBA should the authorization for use of this signature be terminated or revoked in any jurisdiction.

Print Name of Agent/Broker

Print Name of Business Entity and Title if applicable

Place Agent/Broker signature below:

Date Signed