



The following document is the

**World Financial Group
Outside Business Activities (OBA) Disclosure Form***

Please complete, sign, and return the
form via fax using the following number:

678-966-6531

Alternatively, you may send the disclosure to:

**WFG Agency Compliance Department
11315 Johns Creek Parkway
Duluth, GA 30097**

Any questions regarding the completion of this form should be
addressed with the World Financial Group Compliance Department.

If you are registered with **WGS/IAI, you are required to complete
the **WGS/IAI OBA** disclosure form and submit it to your **OSJ** manager
rather than using this document.*



WORLD FINANCIAL
G R O U P™
A Member of the AEGON Group

AGENT NAME: _____
AGENT CODE NO: _____
EMAIL: _____

WORLD FINANCIAL GROUP OUTSIDE BUSINESS ACTIVITIES (OBA) DISCLOSURE FORM

Please be aware that if you are currently a Registered Representative with World Group Securities, Inc. (WGS) or become registered at a later date you must complete the WGS Outside Business Activity Form and receive acceptance from WGS in order to become involved or continue involvement in any outside business activity.

Prior to acceptance into WFG, the WFG OBA Disclosure Form must be completed by every active or pending agent who has any insurance-related activity or affiliation with an insurance company in which an agent engages, resulting in either direct or indirect compensation.

The form should be sent to
WFG Agency Compliance Department
11315 Johns Creek Parkway
Duluth, GA 30097.

OR FAX TO: 678-966-6531

PLEASE NOTE: Failure to provide honest and complete information could result in disciplinary actions, sanctions, fines or termination from WFG and its affiliates.

1. Complete information on Affiliate non-WFG Insurance Company:

Name: _____

Address: _____

Tel. No. _____

2. Are you currently affiliated with this Company? _____

3. Please describe your relationship with this Company (Independent Contractor, Employee, Other):

4. Have you signed a contract or agreement required with the OBA? _____

5. Describe the compensation affiliated with the OBA (salary, commissions, overrides, referrals, etc.). Please provide (attach) any printed material regarding the compensation program.

6. Do you plan to retain the Insurance appointment or affiliation with this OBA? _____

Note: If yes, by signing this form below, you will relinquish the right to actively sell, recruit or solicit business for the above-mentioned OBA, but for passive income and servicing purposes you will be permitted to retain your affiliation/appointment for the 12 month period from your start date with WFG or until you become a dedicated agent with WFG

7. Describe in detail how you ensure that no one misunderstands that this OBA has no relation to your affiliation with WFG.

8. Additional information you believe to be pertinent.

Complete questions 9 through 15 only if OBA is not related to passive income purposes. WFG requires all outside business activities to be approved by WFG Compliance prior to your involvement or participation. If you do not receive prior written approval, you are prohibited from having any affiliation with the OBA, regardless of its activities, revenue or purpose.

9. Describe your title, position function and responsibilities in this OBA (attach a job description, if applicable).

10. What percentage of your time will be devoted to this OBA? _____% (0-100)

11. Will you be marketing a product or service with the OBA? _____ If yes, describe the product or service.

12. Are you required to hold any licenses, registrations or professional designations to market this product? _____ If yes, please identify.

13. Identify and provide a copy of any marketing materials, sales literature or business cards associated with the OBA.

14. Is this a multi-level program? _____

15. Have you marketed, solicited or sold the products and services of this company to any WFG Associate or Customer? _____ If yes, please provide names of individuals.

Agent Signature

Code Number

Date