

FAST START LICENSING BONUS CHECKLIST

Name: _____

WFG Code: _____

Email: _____

SMD: _____

HLLQP Registration Date: _____



WITHIN 4 WEEKS / 6 WEEKS

1) PASS ALL HLLQP CERTIFICATIONS

<input type="checkbox"/> ETHICS	<input type="checkbox"/> LIFE INSURANCE	<input type="checkbox"/> SEGREGATED FUNDS	<input type="checkbox"/> ACCIDENT & SICKNESS
DATE: _____	DATE: _____	DATE: _____	DATE: _____

2) THREE APPOINTMENTS *(Min of 1: Married, Kids, Own a Home, Complete Insurance Plan)*

<input type="checkbox"/> NAME: _____	<i>(check):</i>	Married	Kids	Own Home	Complete Plan
<input type="checkbox"/> NAME: _____	<i>(check):</i>	Married	Kids	Own Home	Complete Plan
<input type="checkbox"/> NAME: _____	<i>(check):</i>	Married	Kids	Own Home	Complete Plan

3) PERSONAL FINANCIAL REVIEW COMPLETED

SMD Signature: _____

Date: _____

*SMD send completed form to ateamlicensing@gmail.com

REIMBURSEMENTS PAID UPON LICENSE APPROVAL WITH INSURANCE REGULATOR

WITHIN 4 WEEKS

\$500

WITHIN 6 WEEKS

\$300