



# GPEZ

## Agent Signature Form

I, \_\_\_\_\_,  
(Agent Name — print)

Hereby authorize GPAgency to affix or append a copy of my signature, as set forth below, to all required signature fields on the completed life insurance application to be filed for underwriting, as deemed necessary from GPAgency's GPEZ Request Form I submitted on behalf of my client,

\_\_\_\_\_  
(Client Name — print)

By placing my signature in the box below, I authorize GPAgency to contact and communicate with my client, complete relevant client application paperwork (including any ancillary forms needed), retrieve client and owner signature(s), submit the completed client application on my behalf, and coordinate any other activity necessary to effectively submit the completed application to the insurance carrier in good order.

Additionally, by placing my signature in the box below, I authorize GPAgency to sign as a percentage (%) agent equal to \$50 of paid commission. This amount satisfies the fee to process the GPEZ Request Form, as described above, for the listed client.

I affirm that all the information submitted on the client's GPEZ Request Form is true, accurate, and correct to the best of my knowledge. I acknowledge that I have read and reviewed the documents for which I am authorizing my signature to be affixed. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a digital/facsimile/photo copy of my signature.

**Writing Agent:** Please sign your full name in the center of the box below



*Please promptly email, fax, mail, or deliver ALL forms to GPAgency:*

**Email:** GPEZ@gpagency.com

**Fax:** (877) 821-7191

**Mail:** PO Box 20729, Raleigh, NC 27619

**Delivery:** 3820 Merton Dr., Suite 100, Raleigh, NC 27609

(Hours ▶ M-Th: 8:00 am - 5:30 pm / Fri: 8:00 am - 3:00 pm)

**Questions:** (919) 834-7937