

Securian Financial Network

Candidate Background Information



# Building An Entrepreneurial Career

*A diversified, nationwide financial network, Securian brings together the resources, expertise and tools that financial advisors and Managing Partners need to perform at their highest level. We support your business with an array of high quality products, innovative marketing strategies, administrative services and competitive compensation. We're growing and we're looking for people to grow with us.*

Thank you in advance for completing this comprehensive background information booklet. Please answer all questions accurately and completely to help us make a fair, objective and prompt evaluation. All of the information you provide will be kept strictly confidential and will be used to secure bonding, in addition to making a contract decision. It is important that you fill out this booklet accurately and completely to avoid delays.

When completing the *Candidate Background Information* booklet, please:

- Be honest and accurate but provide applicable accomplishments and activities.
- Provide a complete job history dating back to at least 10 years or until high school. Include military service, part-time and full-time positions. Jobs involving significant sales experience should be recorded on pages 7 and 8 and all other positions should be on pages 4 - 6.
- Carefully read questions on the Candidate Declaration (page 13) before responding. Your answers will be used along with information from other sources such as: criminal background check (including an FBI fingerprint check), credit reports, etc. If you are unsure about how to respond, discuss it with someone you are working with at your firm.

All individuals are judged solely on the basis of their qualifications. No discrimination is made based on age, race, religion, sex, country of national origin, marital status, political affiliation, affectional orientation, status with regard to public assistance or disability. Any questions that would disclose this information may be answered at your discretion.

## TO BE COMPLETED BY FIRM ONLY

Firm Code: \_\_\_\_\_

Referred By: \_\_\_\_\_

Must be completed for Advisor Referral Bonus Program(s)

Potential QS Date: \_\_\_\_\_

Recruiter: \_\_\_\_\_

Sales Manager: \_\_\_\_\_

Position Desired:  Financial Advisor  Sales Manager  Brokerage Manager  Recruiter  Intern  Other \_\_\_\_\_

Contract Desired:  FT  PT  LTD

QS Program:  ABP  Traditional

INEXP:  CDP  TAP EXP:  T-TAP  EAT  OTHER \_\_\_\_\_

CPQ Taken?  Yes  No Composite Score: \_\_\_\_\_

If completing by hand, use black ink only. If completing on a computer, use the Tab key to proceed to the next line. If more space is needed, proceed to the Notes pages.

## Identification

Name		Present Date (Month/Day/Year)
Present Home Address (Street, City, State, Zip)		
Social Security Number	Home Phone	Business Phone
List other residences in the past 5 years.(Street, City, State, Zip)		

Are you a(n) (check one)

- United States citizen
- National or Lawful Permanent Resident of the United States
- Temporary Alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_. (Please complete date)
- Intending citizen or resident       Student with a Temporary Visa
- Other

**If contracted you will be required to show proof of citizenship or eligibility to work in the U.S.**

## Education

### Post Secondary (starting with most recent)

Colleges Attended	City, State	Dates Attended	Major	Degree completed (e.g., BA, BS, MA)	Average hours worked per week during school year

Overall GPA      Major GPA

Activities, Awards, Honors and Leadership Positions held.

## High School

High School Graduated From	City	State	<input type="checkbox"/> Yes <input type="checkbox"/> No HS Diploma	Class Rank or GPA
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Activities, Awards, Honors and Leadership Positions held.

## Other Education

List and describe any other formal education (e.g., professional programs, military service schools, correspondence courses) other than high school and college.

Identify and describe any plans for future self-development.

## Personal Activities and Interests

To what professional, civic or social clubs and organizations do you or have you belonged?

*Note: Those activities and interests that would disclose race, color, religion, creed, sex, age, national origin, marital status, status with regard to public assistance, disability, ancestry or affectional orientation can be listed at your discretion.*

Name	Positions Held or Honors Achieved	Dates Active
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you pursue hobbies or recreational activities, describe them and indicate the amount of time you devote to each.

What do you regularly read (e.g.; periodicals, books, etc.)?

In the past two years, what have you done that was primarily for personal growth and self-development?

# Job History

Complete for last 10 years starting with present or most recent position first. Please list any **sales related positions** in the Sales Experience Section on page 7.

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<b>Employer 1</b>		Type of Business	Contact Name		
Local Address		Contact Phone Number			
Starting Date <i>Month/Year</i>	Title	First Year Income	Ending Date <i>Month/Year</i>	Title	Last Year Income
Full time position	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average hours worked per week. _____			
Primary responsibilities/job duties.					

What were your significant accomplishments?

What was the most satisfying part of the job?

What was the least satisfying part of the job?

Reason for termination (check one and provide Explanation below)  Voluntary  Permitted to resign  Discharged  Other  Still employed

Explanation:

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<b>Employer 2</b>		Type of Business	Contact Name		
Local Address		Contact Phone Number			
Starting Date <i>Month/Year</i>	Title	First Year Income	Ending Date <i>Month/Year</i>	Title	Last Year Income
Full time position	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average hours worked per week. _____			
Primary responsibilities/job duties.					

What were your significant accomplishments?

What was the most satisfying part of the job?

What was the least satisfying part of the job?

Reason for termination (check one and provide Explanation below)  Voluntary  Permitted to resign  Discharged  Other  Still employed

Explanation:

# Job History

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<b>Employer 3</b>		Type of Business		Contact Name	
Local Address				Contact Phone Number	
Starting Date <i>Month/Year</i>	Title	First Year Income	Ending Date <i>Month/Year</i>	Title	Last Year Income

Full time position     Yes     No            Average hours worked per week. \_\_\_\_\_

Primary responsibilities/job duties.

What were your significant accomplishments?

What was the most satisfying part of the job?

What was the least satisfying part of the job?

Reason for termination (check one and provide Explanation below)     Voluntary     Permitted to resign     Discharged     Other     Still employed

Explanation:

---

<b>Employer 4</b>		Type of Business		Contact Name	
Local Address				Contact Phone Number	
Starting Date <i>Month/Year</i>	Title	First Year Income	Ending Date <i>Month/Year</i>	Title	Last Year Income

Full time position     Yes     No            Average hours worked per week. \_\_\_\_\_

Primary responsibilities/job duties.

What were your significant accomplishments?

What was the most satisfying part of the job?

What was the least satisfying part of the job?

Reason for termination (check one and provide Explanation below)     Voluntary     Permitted to resign     Discharged     Other     Still employed

Explanation:

## Job History

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<b>Employer 5</b>		Type of Business	Contact Name		
Local Address		Contact Phone Number			
Starting Date <i>Month/Year</i>	Title	First Year Income	Ending Date <i>Month/Year</i>	Title	Last Year Income
Full time position	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average hours worked per week. _____			
Primary responsibilities/job duties.					

What were your significant accomplishments?

What was the most satisfying part of the job?

What was the least satisfying part of the job?

Reason for termination (check one and provide Explanation below)  Voluntary  Permitted to resign  Discharged  Other  Still employed

Explanation:

---

<b>Employer 6</b>		Type of Business	Contact Name		
Local Address		Contact Phone Number			
Starting Date <i>Month/Year</i>	Title	First Year Income	Ending Date <i>Month/Year</i>	Title	Last Year Income
Full time position	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average hours worked per week. _____			
Primary responsibilities/job duties.					

What were your significant accomplishments?

What was the most satisfying part of the job?

What was the least satisfying part of the job?

Reason for termination (check one and provide Explanation below)  Voluntary  Permitted to resign  Discharged  Other  Still employed

Explanation:

# Sales Experience

Complete for last 10 years starting with present or most recent position first. For the income sections, please provide a dollar amount.

\_\_\_\_\_  
**Name of Company 1** \_\_\_\_\_  
Contact Name

\_\_\_\_\_  
 Local Address \_\_\_\_\_  
Contact Phone Number

Starting Date <small>Month/Year</small>	Title	First Year Income	Ending Date <small>Month/Year</small>	Title	Last Year Income
--------------------------------------------	-------	-------------------	------------------------------------------	-------	------------------

Full time position     Yes     No            Average hours worked per week \_\_\_\_\_

Any Debt? \_\_\_\_\_    Repayment Plans \_\_\_\_\_

Personal Production (Last 3 Years)	Year	Salary	Commissions & Bonuses	Persistency Percent (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Principle products and/or services sold

Briefly describe the prospecting method(s) you use to obtain new clients

Reason for termination (check one and provide Explanation below)     Voluntary     Permitted to resign     Discharged     Other     Still employed

Explanation:

\_\_\_\_\_  
**Name of Company 2** \_\_\_\_\_  
Contact Name

\_\_\_\_\_  
 Local Address \_\_\_\_\_  
Contact Phone Number

Starting Date <small>Month/Year</small>	Title	First Year Income	Ending Date <small>Month/Year</small>	Title	Last Year Income
--------------------------------------------	-------	-------------------	------------------------------------------	-------	------------------

Full time position     Yes     No            Average hours worked per week \_\_\_\_\_

Any Debt? \_\_\_\_\_    Repayment Plans \_\_\_\_\_

Personal Production (Last 3 Years)	Year	Salary	Commissions & Bonuses	Persistency Percent (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Principle products and/or services sold

Briefly describe the prospecting method(s) you use to obtain new clients

Reason for termination (check one and provide Explanation below)     Voluntary     Permitted to resign     Discharged     Other     Still employed

Explanation:

# Sales Experience

\_\_\_\_\_  
**Name of Company 3** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

\_\_\_\_\_  
**Local Address** \_\_\_\_\_ **Contact Phone Number** \_\_\_\_\_

_____ Starting Date <i>Month/Year</i>	_____ Title	_____ First Year Income	_____ Ending Date <i>Month/Year</i>	_____ Title	_____ Last Year Income
---------------------------------------------	----------------	----------------------------	-------------------------------------------	----------------	---------------------------

Full time position     Yes     No            Average hours worked per week \_\_\_\_\_

Any Debt? \_\_\_\_\_    Repayment Plans \_\_\_\_\_

Personal Production (Last 3 Years)	Year	Salary	Commissions & Bonuses	Persistency Percent (if applicable)
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Principle products and/or services sold

Briefly describe the prospecting method(s) you use to obtain new clients

Reason for termination (check one and provide Explanation below)     Voluntary     Permitted to resign     Discharged     Other     Still employed

Explanation:

\_\_\_\_\_  
**Name of Company 4** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

\_\_\_\_\_  
**Local Address** \_\_\_\_\_ **Contact Phone Number** \_\_\_\_\_

_____ Starting Date <i>Month/Year</i>	_____ Title	_____ First Year Income	_____ Ending Date <i>Month/Year</i>	_____ Title	_____ Last Year Income
---------------------------------------------	----------------	----------------------------	-------------------------------------------	----------------	---------------------------

Full time position     Yes     No            Average hours worked per week \_\_\_\_\_

Any Debt? \_\_\_\_\_    Repayment Plans \_\_\_\_\_

Personal Production (Last 3 Years)	Year	Salary	Commissions & Bonuses	Persistency Percent (if applicable)
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Principle products and/or services sold

Briefly describe the prospecting method(s) you use to obtain new clients

Reason for termination (check one and provide Explanation below)     Voluntary     Permitted to resign     Discharged     Other     Still employed

Explanation:



## Firm Development

Complete the following page only if you have had experience in financial services management.

### Firm Production and Product Mix

<i>Year</i>	<i>Life/DI</i>	<i>Annuities</i>	<i>Pension</i>	<i>Equities</i>
_____	\$ _____ FYC _____ %	\$ _____ FYC _____ %	\$ _____ _____ %	\$ _____ GDC _____ %

<i>Year</i>	<i>Life/DI</i>	<i>Annuities</i>	<i>Pension</i>	<i>Equities</i>
_____	\$ _____ FYC _____ %	\$ _____ FYC _____ %	\$ _____ _____ %	\$ _____ GDC _____ %

<i>Year</i>	<i>Life/DI</i>	<i>Annuities</i>	<i>Pension</i>	<i>Equities</i>
_____	\$ _____ FYC _____ %	\$ _____ FYC _____ %	\$ _____ _____ %	\$ _____ GDC _____ %

<i>Year</i>	<i>Life/DI</i>	<i>Annuities</i>	<i>Pension</i>	<i>Equities</i>
_____	\$ _____ FYC _____ %	\$ _____ FYC _____ %	\$ _____ _____ %	\$ _____ GDC _____ %

Please describe:

Recruiting Sources and Systems

Selection Methods and Interview Process

Training System Process

Principle markets sold to and programs used to develop these markets

Typical Advisor financing level

## Career Information

How did you learn about this career opening? \_\_\_\_\_

How long have you considered a new position? \_\_\_\_\_

In how many career interviews have you participated? \_\_\_\_\_

What are the job titles of the other positions you recently considered? \_\_\_\_\_

What is your understanding of the nature of this position?

How do you define success?

What appeals to you about this career?

What, if anything, concerns you about this career?

## General Attitudes & Accomplishments

Numerically Rank from 1 to 9, the most important factors you look for in a career opportunity, with "1" being most important.

_____ Opportunity for advancement	_____ A considerate and fair boss	_____ Good working conditions
_____ Fringe benefits	_____ Good hours	_____ Income
_____ Compatible co-workers	_____ Interesting work	_____ Security

What do you see as the single most important factor in getting results in your present or most recent position?

## General Attitudes & Accomplishments

What do you consider your two most valuable job-related skills?

What do you consider your two most serious job-related shortcomings?

In all aspects of your life, thus far, list three significant accomplishments and briefly describe them.

If you had the power to relive your life, which one of your decisions would you change?

How would you describe yourself?

What additional information should we know about you?

**Candidate Declaration — Please read and answer the following questions carefully.**

- A. Have you ever been contracted by Minnesota Mutual, Minnesota Life, Securian or any of our firms or affiliates?  Yes  No  
 If so, where \_\_\_\_\_ dates \_\_\_\_\_
- 
- B. Have you, or an organization over which you exercised management or policy control, ever:
- (1) Declared bankruptcy, filed a bankruptcy petition or been declared bankrupt?  Yes  No
  - (2) Had earnings garnished?  Yes  No
  - (3) Made a compromise with creditors? (ie: a compromise/settlement)  Yes  No
  - (4) Have you ever been arrested and/or charged with a felony and/or misdemeanor in a domestic, foreign or military court?  Yes  No
- 
- C. Do you have any satisfied or unsatisfied judgements or liens against you?  Yes  No
- 
- D. Has a bonding company denied, paid out or revoked a bond for you?  Yes  No
- 
- E. Have you ever voluntarily or involuntarily surrendered any professional license?  Yes  No
- 
- F. Has any federal regulatory agency, any state regulatory agency or foreign financial regulatory authority ever:
- (1) Found you to have made a false statement or omission or been dishonest, unfair or unethical?  Yes  No
  - (2) Found you to have been involved in a violation of regulations or statutes?  Yes  No
  - (3) Found you to have been a cause of a business having its authorization to do business denied, suspended, revoked or restricted?  Yes  No
  - (4) Denied, suspended or revoked your registration or license, or otherwise prevented you from associating with any business, or disciplined you by restricting your activities?  Yes  No
- 
- G. Have you ever had a complaint filed against you involving insurance products, securities or other?  Yes  No
- 
- H. Have you ever been involved with, or a party to, any litigation with any insurance company or any entity which is engaged in the sale, marketing or administration of insurance or securities?  Yes  No
- 
- I. Have you ever been involved with, or a party to, any litigation which involved issues of misrepresentation, fraud or misappropriation of funds?  Yes  No
- 
- J. Have you ever been discharged or permitted to resign because you were accused of:
- (1) Violating investment or insurance-related statutes, regulations, rules or industry standards of conduct?  Yes  No
  - (2) Fraud or the wrongful taking of property?  Yes  No
  - (3) Failure to supervise in connection with investment or insurance-related statutes, regulations, rules or industry standards of conduct?  Yes  No
  - (4) Any other reason? Please explain in Notes section.  Yes  No
- 
- K. Are you now the subject of any complaint, investigation or proceeding that could result in a “YES” answer to any part of this questionnaire?  Yes  No
- 
- L. Do you own or participate in any outside business ventures, organizations or activities?  Yes  No
- 
- M. Are any of your investment advisory clients government entities (i.e., state pension plans)?  Yes  No

If you answered “YES” to any of the questions above, please provide specific documentation and full disclosure of the situation or incident (e.g., legal documentation, etc.).

I am aware that I cannot solicit business until I am duly contracted, licensed and appointed.

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Firm

# Disclosure and Release of Information Authorization

{As required by Section 606(a) of the 1997 FCRA}

As a routine part of our due diligence effort, Minnesota Life Insurance Company and its Managing Partners and appropriate firm management personnel (e.g., the firm's recruiter, branch office registered principal(s), or office administrator of licensing), and Securian Financial Services, Inc. intend to obtain an investigative consumer report on you. To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this form.

I authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, FINRA, and all military services) to release all written and verbal information about me to Minnesota Life Ins. Co. and Securian Financial Services, Inc. and/or their authorized representatives. I release and agree to hold each harmless from all liability and responsibility for doing so.

If currently employed:  YES, my current employer may be contacted; or  NO, my current employer may not be contacted.

I specifically understand and authorize the procurement of an investigative consumer report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics. Upon written request, I will be given a copy of any report that is prepared regarding me, and I may also request a list of the areas which will be researched and included in the investigative report into my background. I understand that proper identification will be required and that I should direct my request to:

Minnesota Life Insurance Company  
Contracts & Benefits  
400 Robert St. N.  
St. Paul, MN 55101-2098

Check one:  YES, I would like a copy of any written report regarding me; or  NO, I do not want a copy.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that, if subsequent to contracting any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my contract.

I agree that a photocopy of this authorization may be accepted with the same authority as the original. I understand that this release will be effective while I am contracted with Minnesota Life Insurance Company or Securian Financial Services, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: The following information is used only for conducting background checks and is not considered a part of your application. It is used only for identification purposes to assist in conducting the background check.*

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Residential Address (Street Address, City, State, and Zip)

List any other cities and states, including zip codes, in which you have lived during the previous 7 years.

\_\_\_\_\_  
List any other names you have used during the previous 7 years.

\_\_\_\_\_  
List any other names under which you received your GED, high school diploma, or other degrees.

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Date of Birth (month/day/year)

Notes:

Notes:

Notes:



## About Securian

The **Securian Financial Group** and its affiliates provide a wide range of financial products and services that meet the needs of individuals, families, business owners, financial institutions and employers.

The **Securian Financial Network**, a term used for the sales and distribution arm of Securian Financial Group, Inc., its subsidiaries and affiliates, is a nationwide network of financial services Firms. Products and services are offered and sold only by appropriately licensed entities and financial representatives.

Financial Advisors and registered representatives in the **Securian Financial Network** provide customized financial plans and solutions to help clients reach their financial goals. **Securian Financial Services, Inc.**, our affiliated broker-dealer and investment advisor, provides investors with world class service grounded in integrity and customer focus. **The Securian Retirement Services**, a business unit of Minnesota Life, provides employees with comprehensive retirement plans, while offering employers the best total value for their retirement dollars.

Major Securian affiliates include:

**Minnesota Life Insurance Company:** Minnesota Life, one of the largest and most highly rated<sup>1</sup> insurance companies in America, provides financial security to more than six million people.

**Advantus Capital Management:** Our asset management affiliate offers a broad array of products and services tailored to meet the investment objectives of both institutional and individual investors.

**Securities and Investment Advisory Services are offered through Securian Financial Services, Inc.**, 400 Robert Street North, St. Paul, MN 55101-2098. Securities Dealer, Member FINRA/SIPC. A Registered Investment Advisor. 1-888-237-1838

<sup>1</sup>Minnesota Life is highly rated by the major independent rating agencies that analyze the financial soundness and claims-paying ability of insurance companies. For more information about the rating agencies and to see where Minnesota Life's rating ranks relative to other ratings, please see our web site at [www.minnesotalife.com/about/financials.asp](http://www.minnesotalife.com/about/financials.asp).



**SECURIAN®**

Financial security *for the long run.*®

**Securian Financial Group, Inc.**  
[www.securian.com](http://www.securian.com)

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