

Association of Insurance & Financial Specialists
Premium Producers Group, LLC
P.O. Box 141
Orange CA 92856
877-773-4774

Continuing Education Reporting

Please fax this completed form to 714-242-1948 (no cover sheet required)

Credit To: *(Full name and address of Designee)*

Email:

CE Course Description <i>(Attach proof of completion, if available)</i>	Date Completed	Hours
	Total Hours	

CERTIFICATION

By my signature below, I do certify that I completed the above continuing education coursework on the date(s) shown and for the number of hours indicated above.

Signature: _____ Date: _____

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Annual Disclosure & Code of Ethics Reaffirmation

Please fax this completed form to 714-242-1948 (no cover sheet required)

CODE OF PROFESSIONAL ETHICS

As a Member of the Association of Insurance and Financial Specialists, and to maintain such Membership, you agree that you will:

- Place the integrity of the insurance and financial services industry and interests of clients above your own interests;
- Act with honesty, diligence and always in a respectful and ethical manner with other professionals, prospective clients, and clients;
- Use care to apply your independent judgment objectively and competently when conducting financial analysis, making recommendations, and any other professional duties;
- Practice with a spirit that reflects positively on you and the financial services industry, encouraging colleagues to do likewise;
- Promote compliance with and personally abide by the rules and regulations governing the industry;
- Reflect the tenets of disclosure and fairness in all professional interactions with the general public and colleagues;
- Strive to improve your personal professional knowledge and competence, and encourage or assist the improvement of your colleagues;
- Respect the confidentiality of data and information obtained from or entrusted to you by your clients, safeguarding that information.

I agree to abide by the Code of Ethics above.

Signature: _____ Date: _____

ANNUAL DISCLOSURE

By signing below, you certify that you are currently a licensed insurance professional or financial advisor, and are in good standing with your home state and any other states you are licensed to do business in. **If there have been reportable events (such as a complaint, administrative action, sanctions, license revocation or suspension) in the last 12 months**, please attach explanations or comments you may need to make on a separate page.

No discloseable events occurred in the past 12 months.

Signature: _____ Date: _____

Please fax this completed form to 714-242-1948 (no cover sheet required).

MDL Associates, LLC
Premium Producers Group, LLC
3099 W Chapman Ave #426
Orange CA 92868
877-773-4774

Payment Authorization Form

Please fax this completed form to 714-242-1948 (no cover sheet required)

Billed To: (Credit Card or Bank Account billing address)

Email:

Item No.	Description	Qty	Rate	Total
R-CEIAS	AIFS- Recertification fee, CEIAS	1	\$75.00	\$75.00
			Subtotal	
			Tax	
			TOTAL	\$75.00

Thank you!

PAYMENT INFORMATION

AMEX VISA Master Card Discover Checking Account

Name on Card/Account: _____

Card/Account Number: _____

Bank Routing Number (for Checks only): _____

Card Expiration Date: _____ (MM/YY)

Signature: _____ Date: _____

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