



MUSE

Firm Membership Profile

Firm Name: _____ TIN: _____

Business Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Business Phone: _____ Fax: _____

Website Address: _____ Primary Contact: _____

Business Entity to which checks should be made payable: _____

FIRM PRINCIPALS

The Principal Profiles must be completed for each Principal in addition to this section.

Name: _____ Title: _____

Name: _____ Title: _____

KEY STAFF

Name: _____ Primary Function: _____

Name: _____ Primary Function: _____

Name: _____ Primary Function: _____

FIRM PRODUCTION

Please indicate the average annual first-year revenue generated from the following markets (including commissions and fees).

Life Insurance First Year Revenue: YTD = _____ Last Yr = _____ 2 Yrs Ago = _____

| Primary Markets: | % of Revenue | Product Mix: | % of Production |
|------------------|----------------------------------|--------------|-------------------------|
| _____ | % Income Protection Planning | _____ | % Individual UL |
| _____ | % Education Planning | _____ | % Survivorship UL |
| _____ | % Wealth Transfer | _____ | % Whole Life |
| _____ | % Retirement Planning | _____ | % Term |
| _____ | % Estate Planning | _____ | % Long-Term Care |
| _____ | % Small Business Ownership | _____ | % Disability |
| _____ | % Business Continuation | _____ | % Fixed/Indexed Annuity |
| _____ | % Business Protection | _____ | % SPIA |
| _____ | % Executive or Employee Benefits | _____ | % COLI/BOLI |
| _____ | % Charitable Planning | _____ | % Life Settlements |
| _____ | % Other _____ | _____ | % Other _____ |
| | 100% Total | | 100% Total |

Primary Carriers: 1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

FIRM GENERAL INFORMATION

1) Please tell us about your firm (history, past affiliations, etc.) Enclose firm brochure if applicable.

2) Does your firm have a unique ability or special business market? Please describe.

3) What are your expectations of Muse?

4) Muse Services you plan to utilize:

- | | | |
|---|--|--|
| <input type="radio"/> Underwriting | <input type="radio"/> Case Management | <input type="radio"/> Advanced Planning and LifeConcepts |
| <input type="radio"/> Sales Support (Proactive) | <input type="radio"/> Sales Support (Reactive) | <input type="radio"/> EasyLife |
| <input type="radio"/> Reporting | <input type="radio"/> Marketing | <input type="radio"/> Study Groups |
| <input type="radio"/> Lead Generation | <input type="radio"/> Advisory Councils | <input type="radio"/> Proprietary Products |
| <input type="radio"/> SWAT Underwriting | <input type="radio"/> Annuity | <input type="radio"/> LTC |
| <input type="radio"/> DI | <input type="radio"/> Broker Dealer Access | <input type="radio"/> Technology (Health e-Analyzer) |

5) Who should receive case status updates?

6) Will commissions be assigned? Yes No If yes, to whom? _____

If company, what is the Tax ID? _____

7) Are you Securities Registered? Yes No If yes, to whom? _____

8) Do you have E&O? Yes No

9) Do you wish to opt out of Email Marketing Communications? Yes No

10) Who will be ordering exams? Highland Your office

11) Who will be ordering APS? Highland Your office



PRINCIPAL INFORMATION

Principal 1

Name: _____ SSN: _____ Birth Date: _____

Business Address (if different than main): _____

Business Phone: _____ Email Address: _____

Cell Phone: _____ Preferred communication method: Email Fax Mail

Professional Designations: CLU CFP CPA RHU ChFC JD AEP CASL
 LUTCF REBC LLM CAP MSFS

Industry Affiliations: Court of the Table Top of the Table International Forum
 Nat. Assoc. of Estate Planners & Councils AALU
 SFSP IAFP NAIFA

Other Affiliations: _____

Industry Conferences regularly attended: _____

Insurance Licensed in which States?: _____ Yr Started in Business: _____

Securities Licensed: Yes No If yes, which series: 6 7 24 26 63 65

Principal 2

Name: _____ SSN: _____ Birth Date: _____

Business Address (if different than main): _____

Business Phone: _____ Email Address: _____

Cell Phone: _____ Preferred communication method: Email Fax Mail

Professional Designations: CLU CFP CPA RHU ChFC JD AEP CASL
 LUTCF REBC LLM CAP MSFS

Industry Affiliations: Court of the Table Top of the Table International Forum
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Other Affiliations: _____

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Insurance Licensed in which States?: _____ Yr Started in Business: _____

Securities Licensed: Yes No If yes, which series: 6 7 24 26 63 65



HELP US GET TO KNOW YOU BETTER

1. Where did you go to school? _____
2. Do you play any sports? _____
3. What do you like to do in your free time? _____
4. Do you have any children? _____
5. Where is your favorite place to travel? _____
6. What is the number one thing on your bucket list? _____

ONBOARDING CALL

Who would benefit most from an Onboarding Call with our team? _____

What day of the week works best for this individual? _____

Do you have another key contact within your firm that would benefit from a call? _____

What day of the week works best for this individual? _____

