



NATIONAL ALLIANCE OF LIFE COMPANIES
An Association of Life and Health Insurance Companies

APPLICATION FOR FINANCIAL SERVICES MEMBERSHIP

Please enclose a check payable to the National Alliance of Life Companies (NALC) with your application.

FINANCIAL SERVICES MEMBERS: Financial Services Members shall include any State or Federally Chartered Bank, Non-bank Bank, Finance Company, Thrift, Savings and Loan, Mortgage Bank, Community Bank, Bank or Financial Services Holding Company or Credit Union, or other such financial institution as determined by the NALC Board of Directors, in good standing and qualified to do business in any state or territory of the United States or the District of Columbia which subscribes to be a Member of the Association.

The following company hereby applies for membership in the NALC as indicated below:

Date: _____

Primary Contact Person

Title

Name of Company

Address

E-mail Address

City

State

Zip Code

Toll-Free Phone #

Main or Direct Phone #

Fax #

The completion and accuracy of this form is essential, as the information listed will be reflected on the NALC mailing list. Your firm's toll free number is confidential and only accessible to the NALC staff.

FINANCIAL SERVICES MEMBERSHIP DUES

Using information from previous year end annual report for all companies within an affiliated group:

- | | | |
|----|---|-------------|
| 1. | Financial Services Institutions with assets less than \$100 Million: | \$ 3,000.00 |
| 2. | Financial Services Institutions with assets greater than \$100 Million but less than \$200 Million: | \$ 5,000.00 |
| 3. | Financial Services Institutions with assets of \$200 Million or more: | \$ 7,000.00 |

Amount Remitted \$ _____

See reverse side of this application for general mailing information.

GENERAL MAILINGS

Up to five people in the primary office are eligible to receive general mailings. More than five people may receive mailings for an additional charge of \$250.00 per person. Please do not list the primary contact person as they will receive mailings automatically. List below the names and addresses of other people who are to receive mailings.

Primary Contact Person _____ *Title* _____

Name of Company _____ *E-mail Address* _____

Address _____ *City* _____ *State* _____ *Zip Code* _____

Toll-Free Phone # (NALC staff use only) _____ *Main or Direct Phone #* _____ *Fax #* _____

Primary Contact Person _____ *Title* _____

Name of Company _____ *E-mail Address* _____

Address _____ *City* _____ *State* _____ *Zip Code* _____

Toll-Free Phone # (NALC staff use only) _____ *Main or Direct Phone #* _____ *Fax #* _____

Primary Contact Person _____ *Title* _____

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