

AGENT/AGENCY PROFILE

The following information is necessary to fulfill the requirement for independent contractors [1099's]/Agency commission checks. Please return completed form to Beta Benefits Ins. Services: 322 W. Third St., Santa Ana, CA 92701 or Fax: 714-664-0614 attn: Brittany Perreira.

INDIVIDUAL INFORMATION **OR** AGENCY INFORMATION

1. Name:

Are you under a General Agency? Name:

2. Mailing Address:

State: _____ Zip: _____

3. Date of Birth:

4. Social Security #:

5. Insurance License #:

6. Business Telephone #:

7. Bus Fax #:

8. Email Address:

1. Agency/Business Name:

Agency Contact:

2. Mailing Address:

State: _____ Zip: _____

3. Date of Birth:

4. Agency/Business TIN #:

5. Insurance License #:

6. Business Telephone #:

7. Bus Fax #:

8. Email Address:
