

# Uniform Agent Data Sheet

APT

Rep ID

**Instructions:** This is a request to be appointed under LPL Financial for Variable & Fixed Annuities, Fixed Index, and Variable Life business. Check carriers for whom you're requesting an appointment. Please email completed form to [repimaging.email@lpl.com](mailto:repimaging.email@lpl.com) or fax to (858) 202-8350.

- |                                                      |                                         |                                           |                                             |                                       |                                                     |                                     |                                    |
|------------------------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> AIG                         | <input type="checkbox"/> Allianz        | <input type="checkbox"/> Athene           | <input type="checkbox"/> Brighthouse        | <input type="checkbox"/> CUNA Mutual  | <input type="checkbox"/> Delaware Life              | <input type="checkbox"/> Eagle Life | <input type="checkbox"/> Equitable |
| <input type="checkbox"/> Global Atlantic/Forethought | <input type="checkbox"/> Great American | <input type="checkbox"/> Jackson National | <input type="checkbox"/> John Hancock       | <input type="checkbox"/> Lincoln      | <input type="checkbox"/> Mass Mutual                |                                     |                                    |
| <input type="checkbox"/> MetLife (Servicing only)    | <input type="checkbox"/> Nationwide     | <input type="checkbox"/> New York Life    | <input type="checkbox"/> Pacific Life       | <input type="checkbox"/> Protective   | <input type="checkbox"/> Prudential                 |                                     |                                    |
| <input type="checkbox"/> Sammons/Midland             | <input type="checkbox"/> Securian       | <input type="checkbox"/> Symetra          | <input type="checkbox"/> Talcott Resolution | <input type="checkbox"/> Transamerica | <input type="checkbox"/> Western Southern/Integrity |                                     |                                    |

## 1. All Information is Required (Please print or type)

Will you sell **EXCLUSIVELY** in a bank or credit union?  Yes  No If Yes, Name:

Full Name (exactly as shown on License)  Date of Birth

State(s) to be Appointed In  Resident License State

Social Security Number  CRD Number  NPN Number

Business Address

Business Phone Number  Cell Phone Number  Resident Phone Number  LPL Email Address

Resident Address

As we expand our means of communication, what is your single preference for receiving correspondence?  Mail  Text  Email Broker / Dealer Name

## 2. Must be completed by Agent (Please attach a detailed letter of explanation for any "Yes" answer to the following questions)

- A. Have you ever been convicted of or pled guilty or no contest to, or are you currently under indictment for:  Yes  No
- any criminal felony or
  - a misdemeanor excluding minor traffic violations involving investments or an investment-related business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of the offenses?
- B. Have you filed a bankruptcy petition, or been declared bankrupt or insolvent within the past ten years?  Yes  No
- C. Are you currently indebted to any insurance company, or do you now have or have you ever had any unsatisfied judgments, liens or garnishments against you?  Yes  No
- D. Have you ever had an appointment canceled by an insurance company for reasons other than lack of production?  Yes  No
- E. Have you ever been suspended, disqualified or disciplined by any state, federal, or self-regulatory agency?  Yes  No

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ above-named carrier(s) \_\_\_\_\_ an independent investigation of my background, reference, character, past employment, education, criminal or police records, including those mandated by both public, and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment.

I release \_\_\_\_\_ above-named carrier(s) \_\_\_\_\_ any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I affirm that all of the information provided on the foregoing statement is true, accurate and complete to the best of my knowledge. Should any of the information change, I will promptly notify the company in writing.

Agent Signature \_\_\_\_\_

Agent Name (print) \_\_\_\_\_

Date \_\_\_\_\_



Member FINRA/SIPC

