



License/Appointment Data Sheet

Delaware Life Insurance Company of New York

Throughout this form, "the Company" refers to the issuing company.¹

1 INSTRUCTIONS

To sell Delaware Life Insurance Company of New York Fixed and Variable Annuities products, an Agent/Broker must first be properly licensed and then appointed by the Company. This form is designed to help expedite this process.

I would like to sell the following Delaware Life products in the state of New York:

Please check appropriate box(es): ☐ Fixed annuities ☐ Variable annuities ☐ Fixed and Variable annuities

Note: This application for licensing/appointment will only be processed if the General Agent and/or Broker/Dealer with whom you are affiliated has signed and returned a Delaware Life Insurance Company of New York selling agreement and complied with applicable corporate licensing requirements.

2 PERSONAL DATA (please print clearly)

| | | | |
|------------------------------|------------|---------------------------------------------------------------|------------------------|
| NAME | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | SOCIAL SECURITY NUMBER |
| GENERAL AGENCY/BROKER DEALER | | | |
| BUSINESS ADDRESS | | | |
| RESIDENCE ADDRESS | | | |
| EMAIL ADDRESS | | CRD NUMBER | NPN NUMBER |
| BUSINESS PHONE NUMBER | REP NUMBER | DATE OF BIRTH (MM/DD/YYYY) | |

Have you ever had any license (other than Driver's license) canceled, refused, suspended, restricted, or revoked? ☐ Yes ☐ No

IF "YES," PLEASE PROVIDE DETAILS:

Have you ever been convicted of or pled guilty or nolo contendere ("No Contest") to: (1) any felony; or (2) any crime involving insurance or investments, fraud, dishonesty, false statements or omissions, wrongful taking of property, or forgery; or (3) a violation of any federal law? ☐ Yes ☐ No

IF "YES," PLEASE PROVIDE DETAILS:

Are you a registered representative? ☐ Yes ☐ No
If "No," please read and sign Section 3 on Page 2 and return it with this form.

IF "YES," PLEASE PROVIDE BROKER/DEALER FINRA AFFILIATION:

Is this a request for Delaware Life Insurance Company of New York to sponsor your resident license application? ☐ Yes ☐ No
If "Yes," please read and sign Section 3 on Page 2 and return it with this form.

¹ Delaware Life Insurance Company of New York is authorized to do business in New York and is a member of the Delaware Life group of companies.

In connection with my appointment as a Producer with Delaware Life Insurance Company of New York ("the Company"), I understand that the Company will obtain an investigative consumer report on me. The Company may also obtain updates to this investigative consumer report from time to time. This background inquiry will include, among other things, reviews of companies I have associated with, former supervisors, consumer credit, criminal convictions, motor vehicle records, court records, and insurance department files. It will also include information as to my character, work habits, performance and experience along with reasons for leaving previous employers. Further, I understand that the Company may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences and those of any business entity with which I have been associated. The name and address of the investigative consumer reporting agency which will provide the report to the Company is:

Business Information Group, Inc.
P.O. Box 130
Southampton, PA 18966
Tel. 800 260-1680

I understand that upon written request I will be given a list of the areas, which will be researched and included in the investigative consumer report into my background.

I have received and understand the attached summary of my rights under the federal Fair Credit Reporting Act.

I authorize any party or agency contacted by the Company or its representatives to furnish the above mentioned information directly to the Company or its representatives and to rely on a copy of this Release as if it were the original. I hereby consent to the Company or its representatives obtaining the above information about me directly from any source.

NAME

DRIVERS LICENSE NUMBER

CURRENT ADDRESS

PREVIOUS ADDRESS (IF AT CURRENT ADDRESS LESS THAN 5 YEARS)

PRODUCER'S SIGNATURE

X

DATE (MM/DD/YYYY)

/ /

California Residents:

☐

Pursuant to the California Investigative Consumer Reporting Agencies Act, you have a right to request a copy of the investigative consumer report from the agency named above. In addition, the Company will send to you a copy of the report within three (3) days of our receipt of the report if the check box is selected.

I have received and understand the attached summary of Section 1786.22 of the California Investigative Consumer Reporting Agencies Act outlining my rights under California law in connection with the investigative consumer report.

Minnesota and Oklahoma Residents:

☐

Under Minnesota and Oklahoma law, you have a right to request a copy of the investigative consumer report from the agency named above. Select the check box if you would like to receive a copy.

CONTACT US

By mail

Delaware Life
P.O. Box 9133
Wellesley Hills, MA 02481

By express mail

Delaware Life
96 Worcester Street
Wellesley Hills, MA 02481

By fax

781-304-5307

Online

www.delawarelife.com

By phone

Licensing Department 800-752-7217