



Get Contracted with ***Retirement Designers***

Please include the following requirements &

Fax to 888.207.9489

Or E-mail to agencyervices@retiredesign.com

Contracting Requirements

- ✓ Completed Contracting Packet
- ✓ Copies of all Resident and Nonresident Licenses
- ✓ Current E&O Coverage Declaration Page
- ✓ Voided Check for EFT
- ✓ If applying as an agency, please include commission assignment form.
- ✓ If you answered "yes" to any question re: special circumstances, please include an explanation document

Training Requirements

- ✓ If you are submitting new business with contracting, please provide a copy of the client application. Also, please ensure you have completed the carrier product training PRIOR to dating any new business
- ✓ If applicable, your NAIC state required suitability training completion certificate.
- ✓ Please complete your AML training via the LIMRA site <https://aml.limra.com>
Include a print screen of your completed AML training as LIMRA does not feed to all carriers.

Username First four letters of last name and last six of social –all lowercase

Password: First time users will use the last name (lowercase)

Licensing Questions? Please call

800.909.6384 Option 2

800.909.6384

East Coast Office for The Annuity Source, Inc

3181 Linwood Avenue, Suite 22 | Cincinnati, Ohio 45208

www.retirementdesigners.net

Prudential Individual Life Division New Appointment Request Cover Sheet

Thank you for your interest in becoming appointed with Prudential Individual Life Division. To complete your application for appointment, you are required to complete and return the two forms outlined below.

The fully completed Confidential Data Sheet (following page) and “Background Check Authorizations – Life” (separate document) must be returned to Prudential.

1. Confidential Data Sheet (“CDS”) – Individual Appointment Application – Life Insurance: Complete and sign with printed name and current date; and
2. “Background Check Authorizations – Life” document. Review and complete as follows:
 - All Appointees should review “A Summary of your Rights Under the Fair Credit Reporting Act” (pages 1-4);
 - All Appointees must sign, print name, and date the cover page, “Disclosure Statement and Authorization under the Fair Credit Reporting Act.”
 - Review pages 5-11 as they are applicable to the states in which you market products;
 - If you market products in California, Minnesota or Oklahoma: check the “Yes” Box on page 10 if you wish to receive a copy of the consumer report.
 - All Appointees must sign and print name and current date on the last page (page 11).

Completed forms can be e-mailed, faxed or mailed to:

E-mail: brokerage.appointment@prudential.com

Fax: (800) 875-5965

Prudential Brokerage Appointments

PO Box 70196

Philadelphia, PA 19176

➤ **In Good Order appointment submissions include the following requirements:**

- Fully completed, signed and dated, Confidential Data Sheet (CDS)
- Fully completed and signed, with printed name and date, “Background Check Authorizations – Life” document (both first and last two pages).
- Letter of explanation for any “Yes” answers from background information section (see instructions within the CDS)
- Broker Agreement (if applicable)

From: _____ Office: _____

Phone: _____ E-mail: _____



**CONFIDENTIAL DATA SHEET
INDIVIDUAL APPOINTMENT APPLICATION – LIFE INSURANCE**

| | | | |
|---|---|-----------------------------------|--------------|
| Type of Contract - Please check applicable boxes. | | | |
| <input type="checkbox"/> Individual (Include signed Broker Agreement) | | | |
| <input type="checkbox"/> Selling on behalf of a firm, complete firm information, "Section C" | | | |
| <input type="checkbox"/> If selling on behalf of a Broker Dealer with compensation being paid to the B-D, complete "Section D" | | | |
| A. Producer Information – Complete all fields or mark N/A. | | | |
| Last Name | | First Name | Middle Name |
| Social Security Number | | Date of Birth | |
| E-mail Address | | | |
| FINRA CRD# (if ever registered) | | | |
| Business Address/Suite/ P.O Box | | | |
| City | State | | Zip |
| Business Telephone | Fax Number | Mobile Number | |
| Home Address | | | |
| City | State | | Zip |
| List State(s) to be appointed | <input type="checkbox"/> Fixed | <input type="checkbox"/> Variable | |
| Florida non-resident appointments, list counties | | | |
| B. Errors & Omission – Required only if contracting as an individual. | | | |
| <input type="checkbox"/> Yes | Policy Number | Amount of coverage | Carrier Name |
| <input type="checkbox"/> No | | | |
| C. Firm Information - Complete this section only if selling on behalf of a firm. ** Important** A separate firm CDS is required when contracting and/or appointing a firm. | | | |
| Firm Name | | FEIN or Contract No | |
| Address | City | State | Zip |
| D. Broker Dealer Information – Complete this section only if selling on behalf of a Broker Dealer. | | | |
| Broker Dealer Name | | B/D FEIN or CRD Number | |
| E. Brokerage General Agency (BGA) Information Section – Complete all fields. | | | |
| BGA Name | | BGA Contract Number | |
| BGA Contact | BGA Phone | BGA E-Mail | |
| F. New Business Information Section – Complete all applicable fields. | | | |
| Have you submitted new life business with this appointment request? | | | |
| <input type="checkbox"/> Yes | Name of proposed insured: | | State: |
| <input type="checkbox"/> No. | Important - If there is no new business and the appointment is being requested in a jurisdiction that allows concurrent submission, the appointment request will not be processed but will be held for 90 days from the date the CDS was signed. | | |

G. Anti-Money Laundering Certification – Complete if applicable.

Producers affiliated with, employed by, or registered with an entity required under Section 352 of the USA PATRIOT Act to provide ongoing AML training may satisfy Prudential's AML training requirement by providing satisfactory responses to the questions below. "Affiliated" in terms of an insurance company and for purposes of satisfying the AML training means that there is a direct relationship with the insurance company, e.g., a career agent or employed by the insurance company. An appointment to represent an insurance company does not mean you are "affiliated" with that insurance company. If you cannot certify completion of an AML training program, Prudential will enroll you in the LIMRA web based training. A letter of instruction will be provided to you under separate cover.

I certify that I am currently affiliated with or employed by either an insurance company or a bank, located in the United States that is subject to Section 352 of the USA Patriot Act and that I have completed the entity's required AML training program. Yes No

Name of insurance company or bank

I certify that I am a currently registered with a Broker Dealer located in the United States and that I have completed the entity's required AML training program. Yes No

Name of Broker Dealer

H. Background Information Section – All questions must be answered. Note: A letter of explanation must be attached to this application for all "Yes" answers to any of the questions below.

| | | |
|----|--|--|
| 1. | Have you ever been subject to an insurance or investment related consumer initiated complaint or proceeding that alleged or found fraud, sales practice violation, forgery, theft, misappropriation or conversion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Have you ever been convicted of, pled guilty or nolo contendere to, or are you currently under indictment for any criminal felony or misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Do you currently have any unsatisfied judgments or liens against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Have you ever filed for personal bankruptcy or been declared bankrupt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Have you ever had an insurance license or appointment or a securities registration suspended or revoked or been disqualified or disciplined as a member of any profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Are you currently party to any litigation or the subject of any investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Have you ever been discharged, terminated or permitted to resign, or have you ever voluntarily resigned while under internal review? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby:

- Release Prudential, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all sources.
- Certify that all of the information contained in this application is true and correct. I further understand that any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by Prudential whenever discovered.
- Understand that I am obligated to report immediately any event that would change any of the information, in any manner, which I have provided in this application.
- Certify that I have not been convicted of any crime that would disqualify me from association with Prudential under the Violent Crime Control Act and/or Employee Retirement Income Security Act.

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Social Security number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Licensee's Signature

Licensee's Name (Please Print)

Current Date (MM/DD/YYYY)

****Signature and date are required on this form, and on the Background Check Authorizations – Life document.**

*****For a Broker/Dealer appointment request, an Officer must complete and sign this form on behalf of the Firm.**



**CONFIDENTIAL DATA SHEET
FIRM APPOINTMENT APPLICATION – LIFE INSURANCE**

| A. Contracting Information – Complete all fields and include a signed Brokerage Firm Agreement. | | | |
|--|--|-----------------|-----|
| Firm Name | | Firm FEIN | |
| Business Address/Suite/P.O. Box | | | |
| City | | State | Zip |
| Firm Phone Number | | Firm Fax Number | |
| Firm contact E-Mail address | | | |
| List state(s) where the firm is to be appointed | | | |

| B. Errors & Omission – Complete all fields. | | | |
|--|----------------------|---------------------------|---------------------|
| <input type="checkbox"/> Yes | <u>Policy Number</u> | <u>Amount of coverage</u> | <u>Carrier Name</u> |
| <input type="checkbox"/> No | | | |

Important Note

Firm appointments in Arkansas, Hawaii, Michigan and/or South Dakota, require the appointment of the firm's Principal or another designated Responsible Individual. Please also complete an "Individual CDS/ Appointment Application" (Ord. 112175) for that individual.

| C. Principal Information– Complete all fields. | | |
|---|------------|---------------|
| Last Name | First Name | Middle Name |
| Social Security Number | | Date of Birth |
| FINRA CRD# (if ever registered) | | |

| D. Brokerage General Agency (BGA) Information – Complete all fields. | |
|---|---------------------|
| BGA Name | BGA Contract Number |

| E. Producer Information – Complete all fields. | |
|---|------------------------|
| Name of producer selling on behalf of firm | Social Security Number |

**CONFIDENTIAL DATA SHEET
FIRM APPOINTMENT APPLICATION – LIFE INSURANCE**

F. Background Information Section – These questions are to be answered by the firm principal on behalf of the firm. All questions must be answered.

IF “YES” IS ANSWERED TO ANY OF THE QUESTIONS BELOW, A LETTER OF EXPLANATION MUST BE ATTACHED TO THIS APPOINTMENT APPLICATION.

| | | |
|----|--|--|
| 1. | Has the firm ever been subject to an insurance or investment related consumer initiated complaint or proceeding that alleged or found fraud, sales practice violation, forgery, theft, misappropriation or conversion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Does the firm have any unsatisfied judgments or liens against it? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Has the firm ever filed for bankruptcy or been declared bankrupt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Has the firm ever had an insurance license or appointment or a securities registration suspended or revoked or been disqualified or disciplined as a member of any profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Is the firm currently party to any litigation or the subject of any investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby:

- Release Prudential, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all sources.
- Certify that all of the information contained in this application is true and correct. I further understand that any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by Prudential whenever discovered.
- Understand that I am obligated to report immediately any event that would change any of the information, in any manner, which I have provided in this application.
- Certify that neither the firm nor any of its employees or representatives engaging in the business of insurance, including myself, have ever been convicted of any crime that would disqualify any of us from association with Prudential under the Violent Crime Control Act and/or Employee Retirement Income Security Act."

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that: (1) The number shown on this form is the correct Tax Payer Identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Firm Principle Signature

Firm Principle (Please Print)

Current Date (MM/DD/YYYY)