



## **Provider Appointment Cover Sheet**

Date: \_\_\_\_\_

Fax to: WFG Agency Licensing

Fax number: 678.966.6100

Or

Email: [wfglicenseapps@transamerica.com](mailto:wfglicenseapps@transamerica.com)

Associate Name \_\_\_\_\_

Associate WFG ID: \_\_\_\_\_

Have you submitted business or do you have  
business pending? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what is the writing date and client  
name? \_\_\_\_\_  
\_\_\_\_\_



## Appointment Data Sheet and Background Authorization



Pacific Life Insurance Company is licensed to solicit individual life insurance and annuity productions in all states except New York. Product availability and features may vary by state. Pacific Life & Annuity Company's individual life insurance products are approved for sale in the state of New York. **Please complete all questions that apply.**

### 1. APPOINTMENT INFORMATION

☐ Appointment with **Pacific Life Insurance Company**

☐ Variable Business – CRD# \_\_\_\_\_

Current Broker Dealer Name (BD) \_\_\_\_\_

Previous BD # 1: \_\_\_\_\_

Previous BD # 2: \_\_\_\_\_

☐ Non-Variable Business

Does your BD require non-VUL to be sold through the BD?

☐ Yes ☐ No ☐ N/A

☐ Appointment with **Pacific Life & Annuity Company**

(Submit **NY** Insurance License)

☐ Variable Business – CRD # \_\_\_\_\_

☐ Non-Variable Business

PLEASE SELECT TYPE OF CONTRACT

☐ Individual Contract ☐ Corporate Contract

OFFICE REQUESTING APPOINTMENT

MARKETING AFFILIATION

### 2. PRODUCER INFORMATION (Required for individual contract. If corporation, list principal information here)

PRODUCER NAME (FIRST, MIDDLE, LAST – FULL LEGAL NAME AS IT APPEARS ON YOUR INSURANCE LICENSE)

SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS (NUMBER, STREET NAME AND APARTMENT/ UNIT #)

CITY

COUNTY

STATE

ZIP CODE

GENDER

BIRTH DATE (MO/ DAY/ YR)

PLACE OF BIRTH (CITY AND STATE)

TELEPHONE NUMBER

☐ Male ☐ Female

PRODUCER TITLE OR RELATIONSHIP TO FIRM

E-MAIL ADDRESS

### 3. BUSINESS INFORMATION (Required for all contracts unless noted otherwise below)

BUSINESS ADDRESS (NUMBER, STREET NAME AND APARTMENT/ UNIT #)

CITY

COUNTY

STATE

ZIP CODE

FIRM NAME (REQUIRED ONLY IF CORPORATE CONTRACT IS BEING REQUESTED)

COMMISSION CHECK PAYEE (IF DIFFERENT – LIFE ONLY)

NAME AND LICENSE NUMBER OF ACTIVE OFFICER(S) (REQUIRED ONLY FOR CORPORATE CONTRACT)

CORPORATE TAX PAYER ID (REQ. FOR CORP CONTRACT)

NAME AND LICENSE NUMBER OF ACTIVE PARTNER(S) (REQUIRED ONLY FOR PARTNERSHIP)

BUSINESS TELEPHONE NUMBER

BUSINESS FAX NUMBER

DO YOU CURRENTLY HAVE ANY APPOINTMENTS WITH PACIFIC LIFE? ("YOU" MEANS YOU PERSONALLY, THE CORPORATION, PARTNERSHIP, EACH OFFICER OR PARTNER). DISCLOSE ALL.

AFFILIATE MARKETING RELATIONSHIP (LIFE ONLY)  
PLEASE INDICATE

☐ Yes ☐ No  
Name of Marketing Group

COMPANIES YOU ARE CURRENTLY DOING BUSINESS WITH

**4. STATE APPOINTMENTS** List all states where you would like to be appointed. A valid license must be held. Include copies of your insurance licenses, securities registration (NASD/CRD report) as well as any state forms that are necessary for an appointment to that state. Some states require you to be licensed for a variable line of authority if replacing a variable life policy or annuity contract.

**\* Please include proof of Long Term Care (LTC) Education for LTC sales in DE, MA, MI, NY or NC**

STATE

	VARIABLE	LIFE	HEALTH-FOR LTC SALES	LICENSE NUMBER	EXP/ REN'L ATE(MO/ DAY/ YR)
Resident State:					
Non-resident:					
Non-resident:					

\* If seeking FL appointment, please list all counties you will be doing business in here: \_\_\_\_\_

## 5. BACKGROUND INFORMATION

If the answer to any of the following questions is "Yes", please give full details under Explanation section. Use additional paper if necessary and attaché all relevant documentation. ("You" means the corporation, partnership, each officer, each partner and you personally.)

1. Do you have any outstanding debt(s) with any insurance company or companies, or does any insurance company allege that you owe it money or have unsatisfied chargebacks or other debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you currently have any outstanding and/or unsatisfied judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a bonding company ever denied, paid out or revoked a surety or fidelity bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been charged with, been convicted of, or plead "nolo contendere" ("no contest") to: (a) Any felony other than minor traffic offenses? (b) Any Misdemeanor offenses? (c) Any violation of state insurance department regulation or statute? (d) Any violation of federal or state securities or investment related regulation or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been subject of an investment or insurance related consumer initiated complaint or proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had an insurance or securities license denied or revoked by any state or federal regulatory agency? Please identify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you now the subject of any complaint, investigation or proceeding which could result in a "Yes" answer to any of the above questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EXPLANATION** Please explain any "Yes" answers in full detail. Use additional paper if necessary and attach all relevant documentation.

## 6. DECLARATION AND AUTHORIZATION

**I HEREBY CERTIFY** that my answers to the questions appearing in the application are true and complete.

**UNDER PENALTY OF PERJURY**, I hereby certify (1) that the Social Security Number (TIN) on this application is correct and (2) that I am currently not subject to backup withholding.

**I AGREE** that a photocopy or facsimile of this authorization shall be as valid as the original.

**I HEREBY CERTIFY** that I have the appropriate state insurance licenses for a variable line of authority if replacing a variable life policy or annuity contract (if applicable).

SIGNATURE OF PRODUCER

DATE (MO/ DAY/ YR)

## 7. ANTI-MONEY LAUNDERING TRAINING CERTIFICATE

**I certify that I have received anti-money laundering training within the last twenty-four(24) months relevant to the types of Pacific Life products I am contracted to sell.**

The training was provided to me by:

- *The following insurance company, broker/dealer, or other entity subject to anti-money laundering regulations and Training requirements:*

Name of Entity \_\_\_\_\_ Date of Training \_\_\_\_\_  
(OR)

- *The following training provider:*

Name of the Provider \_\_\_\_\_ Date of Training \_\_\_\_\_  
Course Title \_\_\_\_\_

SIGNATURE OF PRODUCER

DATE (MO/ DAY/ YR)

# FAIR CREDIT REPORTING ACT DISCLOSURE

**THIS IS TO INFORM YOU** that as part of our procedure for processing your licensing / appointment application, and investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associations, financial sources, friends, neighbors, or other with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. **YOU HAVE THE RIGHT** to make a written request within a reasonable period of time to Business Information Group, 1101 Industrial Highway, Suite 200, Southampton, PA 18966 for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

**TO WHOM IT MAY CONCERN:** I hereby authorize any employer, insurance company, general or managing agent, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department, or individual having any information relating to my activities to release such information to Pacific Life Insurance Company, 700 Newport Center Drive, Newport Beach, CA 92660 or any consumer reporting agency acting on behalf of Pacific Life. This information may include, but is not limited to, history, including information as to character, general reputation and mode of living.

**I HEREBY ACKNOWLEDGE** that I have read, understood, received and retained for my records a copy of the Fair Credit Reporting Act Disclosure as set forth above. I **AGREE** that a photographic copy of this authorization shall be as valid as the original.

SIGNATURE OF PRODUCER

DATE (MO/ DAY/ YR)

# QUALIFIED PLAN COMMISSION DISCLOSURE CERTIFICATE

Pursuant to the Department of Labor's Prohibited Transaction Exemption 84-24, and with respect to each sale of a life insurance policy and/or annuity contract to a qualified plan fiduciary, each producer must disclose in writing to the qualified plan fiduciary all sales commissions and overrides, if any, received in connection with the sale. The discloser must state sales commissions and overrides, if any, paid by the issuer in connection with the sale as a percentage of gross annual premium payments for the first year and for each of the succeeding renewal years. The disclosure must also include a description of all charges, fees, discounts, penalties, or adjustments which may be imposed under the recommended contract in connection with its purchase, holding, exchange, termination or sale.

Pacific Life is obligated to provide information annually to the qualified plan fiduciary regarding all sales commissions and overrides, if any, paid during the plan year with respect to Pacific Life products held by the plan. This information is provided in Schedule A to Form 5500, and will include all sales commissions paid to all producers in connection with the sale of the products, including overrides, if any.

**By my signature below, I hereby certify** that I will deliver to each qualified plan fiduciary written disclosure of all sales commissions and overrides, if any, received in connection with the sale of each life insurance policy and/or annuity contract as required by law, and that I will provide such written disclosure to the qualified plan fiduciary prior to the delivery of the life insurance policy and/or annuity contract. **I also hereby certify** that I will deliver to each qualified plan fiduciary documentation that describes all charges, fees, discounts, penalties, or adjustments that may be imposed under such life insurance policy and/or annuity contract as required by law, and that I will deliver such documentation to the qualified plan fiduciary prior to the delivery of such policy and/or contract.

SIGNATURE OF PRODUCER

DATE (MO/ DAY/ YR)

TITLE

Please sign and date all sections, and return to:  
Pacific Life Insurance Company • Post Office Box 2109, Omaha, NE 68103-2109  
Fax to Imaging: 866-964-4861