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**Instructions:**

- Step 1: Please read the Policy section at the bottom of this page.
- Step 2: Go to Page 2 of the Instructions and check the boxes next to the carriers with which you need to be appointed.
- Step 3: • Complete Sections 1 – 4, *typing* the answers on your Truist desktop using Adobe Acrobat.  
• Complete all questions in the Background Information section and **provide explanations and/or documentation where required for any “yes” answers. No appointments can be accepted with unexplained “yes” answers.**
- Step 4: Review all information *before* printing the material; then print, sign and date both pages.
- Step 5: Transmission Instructions: Scan and email all materials to **Insurancelicensing@truist.com** and indicate the state(s) in which you need to be appointed.

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Please keep the original copy for your records.

**Policy:**

It is the licensed individual's responsibility to be lawfully and appropriately authorized to sell the insurance products being offered to customers. Before a licensed individual engages in activities involving the solicitation, negotiation or sale of an insurance and/or securities product, the individual and Truist Investment Services, Inc. (TIS) must be properly insurance licensed and/or securities registered for that product as required by state and federal laws and duly appointed with TIS approved insurance carriers. Activities covered under this rule include face-to-face meetings, telephone contact or correspondence by any means, including e-mail, letter, or fax. Under no circumstances will individuals be permitted to sell insurance products, or receive or share in compensation for insurance products sold without first acquiring all requisite licenses, appointments and registrations and appropriately maintaining them.

**Procedure:** Individuals must meet state insurance licensing requirements by fulfilling all of the following:

- Applying for an insurance license in their resident state;
- Obtaining non-resident agent licenses in those additional states where they conduct and/or close insurance transactions; and
- Becoming duly appointed with all insurance carriers whose products may be sold by agreement with TIS. All appointments must be obtained through the Truist Compliance Department.

# Insurance Carriers with Truist Agreements

For one-off appointments, please check the box next to the appropriate carrier name.

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## Annuity Carriers

### Approved Carriers – (New Sales):

**Corebridge** (AIG)

**Allianz**

**Athene**

**Brighthouse**

**CUNA**

**Delaware Life**

**Eagle Life**

**Equitable**

**Global Atlantic**

**Mass Mutual Ascend**  
(Great American)

**Jackson National**

**Lincoln Financial**

**Nationwide**

**New York Life**

**Pacific Life**

**Prudential**

**Reliance Standard**

**Symetra**

**Transamerica**

**Liberty National**

**The Standard**

### Servicing Carriers:

**Allstate**

**American National**

**Hartford**

**John Hancock**

**MetLife**

**Protective**

**Riversource**

**United American**

### LTC Carriers: Include LTC Partnership Completions Certificate

☐

**Lincoln Financial**

☐

**Pacific Life**

☐

**State Life (One America)**

### **Producer Information – Required Field**

Non-Bank/Bank Sales: For relationship management and distribution channel purposes, please tell us how you market the majority (greater than 50%) of your insurance products (✓ those that apply):

☐ In a bank/credit union lobby      ☐ Through non-bank relationships

**Please allow 7 – 10 business days for appointment processing with carriers. If business is pending, please be sure to indicate this information as well.**

IMPORTANT: 1) Be sure that you do not have an existing appointment with a carrier before submitting a request to be appointed. (2) Please do not select all carriers arbitrarily, but only the carriers with which you intend to submit or service business in a timely manner. (3) Please contact your ROM if you are unsure about your current appointments. (4) Please complete all questions on the following page.

**Truist Investment Services, Inc.**  
**UNIVERSAL AGENT/PRODUCER APPOINTMENT FORM**



**1. Appointment Information**

Check all that apply: ☐ Life ☐ LTC ☐ Fixed ☐ Variable (Finra registration required) ☐ Fixed Indexed

State(s) in which to be appointed (Licensing & Registration must have a valid license on file): Resident: \_\_\_\_\_

Non-Resident: \_\_\_\_\_

**2. Agent/Producer Information**

Broker/Dealer: **Truist Investment Services, Inc.** Tax ID: **58-1648698** NFS 3-digit Rep Code: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

First Middle Last

Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F

mm/dd/yyyy

Social Security #

FINRA CRD #

National Producer #

Gender

Place of Birth

Residential Address:

Primary Business Address:

Street

Street

City State Zip Code

City State Zip Code

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_@Truist.com

**3. Five Year Employment History** (attach extra page if necessary)

Company	Address	Dates Employed	Reason for Leaving
Truist Investment Services			N/A

**4. Background Information** If you answer "yes" to **ANY** of the following; attach signed, written explanation and supporting documents.

Have you ever.....	Yes	No
1. Been sanctioned, censured, fined, penalized, or subject to disciplinary action from any legal or regulatory body?	<input type="radio"/>	<input type="radio"/>
2. Had an insurance license or appointment, or a securities registration, or an application for such, cancelled, denied, restricted, revoked, suspended, or terminated?	<input type="radio"/>	<input type="radio"/>
3. Been charged with, indicted for, been convicted of, or plead "no contest" to any legal offense other than a minor traffic violation?	<input type="radio"/>	<input type="radio"/>
4. Made a compromise with creditors, filed bankruptcy petition or been declared bankrupt in the past 10 years?	<input type="radio"/>	<input type="radio"/>
5. Been or currently involved in ANY litigation of ANY kind, or subject to ANY investigation?	<input type="radio"/>	<input type="radio"/>
6. Had a complaint filed against you or been fined by an insurance department, FINRA, or any regulatory agency?	<input type="radio"/>	<input type="radio"/>
7. Been subject to insurance or investment related consumer initiated complaint or proceeding?	<input type="radio"/>	<input type="radio"/>
8. Been permitted to resign, been discharged or terminated from any insurance company, insurance agency, broker/dealer, financial institution or other financial services employer after you were accused of wrong doing?	<input type="radio"/>	<input type="radio"/>
9. Had and/or currently have any outstanding debt(s) to any insurance company?	<input type="radio"/>	<input type="radio"/>
10. Within the past 10 years, had any E&O carrier deny, pay claims, or cancel your coverage?	<input type="radio"/>	<input type="radio"/>
11. Are you in violation of the 1994 Crime Act if you act as an insurance agent?	<input type="radio"/>	<input type="radio"/>

Notes/Remarks: \_\_\_\_\_

**5. Authorization**

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

**Truist Investment Services, Inc.**  
**UNIVERSAL AGENT/PRODUCER APPOINTMENT FOR**



**AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATIONS**

I hereby authorize the Company/Carrier to investigate my background, including my credit history. As part of this investigation, I authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish any and all information in their possession regarding me in connection with an application for employment, agent contract, license, or appointment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written authorized request. I understand this authorization is to be part of the written employment/contract application which I sign.

I authorize the report of information about earnings and debt balances to any credit bureau or similar organization.

All authorizations contained herein are irrevocable, continuing, and survive the termination of my appointment with the company. Furthermore, I authorize that any background, licensing, applicant data, and other information about me be shared with any insurance company affiliate, which I may seek appointment in the future.

I have been given a stand-alone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or for eligibility for a license/appointment required by law to consider an applicant's financial responsibility.

**For Maine Applicants Only:** Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer-reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**For New York Applicants Only:** You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer-reporting agency furnishing the report.

**For Washington Applicants Only:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer-reporting agency a summary of your rights and remedies under state law.

**For California\*, Minnesota, and Oklahoma Applicants Only:** A consumer credit report will be obtained through Business Information Group, Inc., P.O. Box 541, Southampton, PA, 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Initial in the blank:

Yes \_\_\_\_\_ No \_\_\_\_\_

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Initial in the blank:

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

**THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994**

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator.

THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

**FAIR CREDIT REPORTING ACT DISCLOSURE**

This is to inform you that as part of our procedure for considering your application for appointment, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others 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. Subsequent consumer reports may be requested to update our files. You have the right to make a written request within thirty calendar days to the Company for a complete and accurate disclosure or additional information concerning the nature and scope of the investigation.

I understand that to process my application and to evaluate me for licensing purposes, initial state appointment or renewal of state appointments, I may be the subject of an investigative consumer report ordered by the Company. The investigative report may consist of credit reports; criminal record reports; regulatory inquiries such as state insurance, banking or securities department inquiries; SEC or NASD inquiries; and interviews with and inquiries to third parties such as former employers, financial sources and others.

I authorize the Company to conduct any or all of these inquiries and prepare these investigative reports. I authorize all persons, firms, and entities having information available about me to give the Company any and all information that it requests, and I release from liability all persons, firms, or entities supplying such information to the Company, and agree to hold the Company harmless from and indemnify it against any liability which it may incur as a result of conducting any of these inquiries. I authorize the Company to use these investigative reports and to provide them to its affiliates or third parties where its or its affiliates' legal interests or obligations are involved, and I authorize the affiliates or third parties to use these investigative reports. I also authorize the Company to provide any financial, business, legal or tax information regarding me that it receives from third parties or its affiliates that is not a part of the investigative report to its affiliates or third parties, including but not limited to agents or agencies that assume my debit balance responsibilities. I have been informed that the Company subscribes to a credit reporting service and I authorize the Company to provide information concerning any past-due debts owed to the Company to that service. All authorizations contained herein are irrevocable, continuing and survive the termination of my appointment with the Company.

I hereby certify that I have reviewed this application and the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment in the sole discretion of the insurance company. The Company retains sole authority to terminate any appointment subject to applicable laws and regulations.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(for identification purposes only)

If name changed (through marriage or otherwise) print former name here: \_\_\_\_\_