

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 or fax to (858) 202-8350.

Please note: Your appointment may remain Pending at the carrier(s) for Just in Time states until new business is submitted.

- Carrier selection checkboxes: Allianz, Athene, Brighthouse, Corebridge, CUNA Mutual, Delaware Life, Eagle Life, Equitable, Global Atlantic/Forethought, Jackson National, John Hancock, Lincoln, Mass Mutual Ascend, Mass Mutual, MetLife (Servicing only), Nationwide, New York Life, Pacific Life, Protective, Prudential, Sammons/Midland, Securian, Symetra, Talcott Resolution, Transamerica, 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 National Producer 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: 1. any criminal felony or 2. 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? Yes No
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

