

**Confidential Data Sheet
Prudential Appointment Application**



Licensee Information: (Check Type of Appointment Request)		<input type="checkbox"/> Individual	<input type="checkbox"/> Firm/Agency*	<input type="checkbox"/> Solicitor
Please select what product line you wish to sell or service:	<input type="checkbox"/> Group Life & Disability	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> GVUL	<input type="checkbox"/> TOLI/COLI/BOLI
Last Name:	First Name:	Middle Name:		
AKA or Maiden Name(s):				
SS# or Tax ID:	Date of Birth:	Registered Rep's FINRA CRD #:		
Resident License #:	E-mail	Address:		
Commissions Address:				
(City)	(State)	(Zip)		
(Office Phone)	(Office	Fax Number)		
Resident Address:				
(City)	(State)	(Zip)	(Phone)	
Has this been your residence for the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", you must complete 7 year residency information including dates (month and year) at each residence.				
1st Prior Resident Address:		From (MM/YYYY)	To (MM/YYYY)	
(City)	(State)	(Zip)	/	/
2nd Prior Resident Address:		From (MM/YYYY)	To (MM/YYYY)	
(City)	(State)	(Zip)	/	/
3rd Prior Resident Address:		From (MM/YYYY)	To (MM/YYYY)	
(City)	(State)	(Zip)	/	/
State(s) to be appointed in – attach copies of all licenses:				
Please list Florida counties (non-resident appointments only):				
E&O coverage:	Prudential Group Insurance requires a minimum of \$1 Million in Errors and Omissions (E&O) Insurance Coverage.			
	A. Coverage Amount \$	B. Policy Number	C. Carrier Name	

Choose Below:

<input type="checkbox"/> Firm/Agency:	Name:	Tax ID:
Commissions Address:		
Phone:	Fax:	
AND/OR		
<input type="checkbox"/> Broker/Dealer (For GVUL/TOLI/COLI/BOLI appointments only):		
Name:	Tax ID:	

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, A LETTER OF EXPLANATION MUST BE ATTACHED TO THIS FORM.
***For Firm/Agency appointments, the term "you" refers to the firm, and Question 2 and 7 are not applicable**

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 permitted to resign, been discharged or terminated after you were accused of fraud, theft, or failure to supervise in connection with insurance or investment related activities or other wrong doing?	<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 of the above referenced 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 crime that would disqualify me from association with Prudential under the Violent Crime Control Act and/or Employee Retirement Income Security Act.

Licensee's Signature	Licensee's Name (Please Print)	Date (mo/day/yr)
Signature and date are required on both pages of this form.		
<small>*For a Firm/Agency or Broker/Dealer appointment request, an Officer must complete and sign this form on behalf of the Firm.</small>		

