



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

Type of Contract - Please check applicable boxes.

Individual (Include signed Broker Agreement)

Selling on behalf of a firm, complete firm information, "Section "C"

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#
Business Address		
City	State	Zip
Business Telephone		Fax 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 – Complete this section only if contracting as an individual.

Do you carry individual Errors & Omission coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number
Amount of coverage	Carrier Name

**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
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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?

Yes Name of proposed insured: _____ State: _____

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.

***** Signature and date are required on Page 2 and Page 3 of this appointment application. *****

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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Broker Dealer

H. Background Information Section – All questions must be answered.

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, A LETTER OF EXPLANATION MUST BE ATTACHED TO THIS APPOINTMENT APPLICATION.

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 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.

X

Licensee's Signature	Licensee's Name (Please Print)	Date (MM/DD/YYYY)
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***** Signature and date are required on Page 2 and Page 3 of this appointment application. *****

DISCLOSURE STATEMENT UNDER THE FAIR CREDIT REPORTING ACT

By this document, The Prudential Insurance Company of America (the "Company") discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character, general reputation, personal characteristics, and/or mode of living, may be obtained from personal interviews or other sources in connection with your application for appointment or for any appointment purpose at any time during your appointment. The nature and scope of the information that Prudential may request include criminal, credit, education, employment, fingerprint, military and Department of Motor Vehicles records; social security number trace; regulatory reporting history; and address history. A consumer and/or investigative report will be ordered from Business Information Group, 1105 Industrial Highway, Southampton, PA 18966, 800-369-2612. Upon your written request, it will be confirmed to you whether an investigative report was requested with the name and address of the consumer reporting agency to whom such request was made and a complete and accurate disclosure of the nature and scope of the report.

ACKNOWLEDGMENT AND AUTHORIZATION UNDER THE FAIR CREDIT REPORTING ACT

In connection with my application for appointment with The Prudential Insurance Company of America, or any of its subsidiaries or divisions ("Prudential"), I authorize Prudential to procure consumer reports and/or investigative consumer reports for appointment purposes, including, without limitation, reports regarding my finances, credit worthiness, employment history, background, character, general reputation, personal characteristics, and/or mode of living. The nature and scope of the information that Prudential will be requesting and reviewing may include: criminal, education, employment, military, fingerprint and Department of Motor Vehicles records; social security number trace; regulatory reporting history; and address history. Prudential will be obtaining this report from Business Information Group at the address listed in the above Disclosure Statement.

I understand that this authorization shall remain on file and shall serve as a continuing authorization for Prudential to procure consumer reports and/or investigative consumer reports for appointment purposes at any time during my appointment by Prudential, to the maximum extent permissible by law. This authorization shall be valid in original, faxed or photocopied form. This authorization shall expire upon termination of my appointment with Prudential.

By signing this document immediately below, I authorize Prudential to procure the consumer and/or consumer investigative reports described on this page. I also acknowledge that I have received and read the Disclosure Statement contained on this page, and that I understand it.

X

Licensee's Signature **Licensee's Name (Please Print)** **Date (MM/DD/YYYY)**

Minnesota, California or Oklahoma:

Check here to receive a copy of the consumer report/investigative consumer report.

Massachusetts candidates may receive a copy of the report upon request.

New York candidates have a right to receive and inspect their reports by contacting the consumer-reporting agency.

Send requests for information on consumer reports obtained by Prudential as noted above to the following address:

Prudential Financial
Attn: Compliance - Prehire Manager
One New York Plaza, 16th Floor
New York, NY 10292

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

Prudential National Service Center
13001 County Road 10, Plymouth, MN 55442
Fax: (800) 875-5965

E-mail: brokerage.appointment@prudential.com

***** Signature and date are required on Page 2 and Page 3 of this appointment application. *****