

Please return this form to Prudential National Service Office either via mail or fax. Be sure to include a completed Confidential Data Sheet (CDS) including any additional information requested and copies of all applicable licenses.

*Overnight or Direct Mail to:*  
**Prudential Financial, Inc.**  
**Attn: Brokerage Licensing**  
**13001 County Rd. 10**  
**Plymouth, MN 55442**

*Or Fax to:*  
**(800) 875-5965**

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

**Is There a New Business Case Pending? Yes  No**

In CONCURRENT SUBMISSION states, all appointment paperwork must be submitted with the new business application.

Producer Information

Name: \_\_\_\_\_  
Contract #: \_\_\_\_\_  
SS#: \_\_\_\_\_

BGA Information

Name: \_\_\_\_\_  
Contract #: \_\_\_\_\_

State Appointment(s) Requested

Attach all applicable license copies

\_\_\_\_\_  
\_\_\_\_\_

Firm/Broker Dealer Information

Name: \_\_\_\_\_  
Tax ID#: \_\_\_\_\_

Lines of Business Requested

- Life
- Variable
- Long Term Care

Please indicate the status of the following appointment requirements:

<u>Included</u>	<u>Requirement</u>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Confidential Data Sheet (pages 1 & 2)
Yes <input type="checkbox"/> No <input type="checkbox"/>	License Copies – Individual, Life, Resident
Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter of Explanation for any “Yes” answers (if applicable)
Yes <input type="checkbox"/> No <input type="checkbox"/>	State specific appointment forms (if applicable)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (LTC Edu. Cert) _____

From: \_\_\_\_\_

Office: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_