

**Agent Data Form  
(Appointment  
Request)**

**For Standard Mail Delivery:**  
Hartford Life  
Attn: IPS – Licensing Department  
PO Box 5085  
Hartford, CT 06102-5085

**For Private Express Mail Carriers:**  
Hartford Life  
Attn: IPS – Licensing Department  
200 Hopmeadow St.  
Simsbury, CT 06089



**Forms may be faxed to (860) 392-3346 Attn: Licensing  
Questions? Please call 1-800-862-7155, option 4**

**Copy of current insurance license(s) must accompany this form. Please print.**

Select A or B below (required field).

A. List the applicable Hartford Life field office \_\_\_\_\_ SFO Code, if known \_\_\_\_\_  
Field office contact \_\_\_\_\_ Phone number \_\_\_\_\_

B. List the broker/dealer or bank \_\_\_\_\_  
Firm or bank contact \_\_\_\_\_ Phone number \_\_\_\_\_  
Firm or bank tax identification number \_\_\_\_\_

Check all that apply:

Individual Variable Annuity (IVA)     Individual Life (ILH)     Group Life (GLH)     Special Risk (SRH)  
 Group Pension – Corporate (GP-Corp)     Group Variable Annuity (GVA- Govt)     Group Pension ILF (GP-ILF)

Writing Agent:\* \_\_\_\_\_ Soc. Sec. #: (for identification purposes only) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRD Number (for NASD-registered agents): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency or Firm: \_\_\_\_\_ Tax Identification #: \_\_\_\_\_ Producer Code: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**NOTE: Hartford Life may perform an investigative search into an agent's character and criminal history, as required by state insurance regulations.**

Comments \_\_\_\_\_  
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