



# Licensing Questionnaire

**Registered Representative - Please complete (print or type) and forward to your licensing coordinator.**

Registered Representative Name	Social Security Number - -	Date of Birth
Office Address (No., Street, City, State, ZIP Code)		Telephone Number ( )
Home Address (No., Street, City, State, ZIP Code)		Telephone Number ( )
Requesting Appointment in State(s) Of		

**To ensure proper compensation, the following MUST be completed -  
No appointment will be processed without this information.**

Broker/Dealer Assigned Representative Number	Representative's Branch Location Number
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**Broker/Dealer or Insurance Agency Section**

Broker/Dealer Name	Insurance Agency (If different from Broker/Dealer)	
Home Office Address (No., Street, City, State, ZIP Code)		
Licensing Contact Person	Telephone Number	Fax Number
Located At <input type="checkbox"/> B/D Home Office <input type="checkbox"/> B/D Branch <input type="checkbox"/> Insurance Agency	Registered Representative to be Appointed Under <input type="checkbox"/> Corporate <input type="checkbox"/> Individual	Corporate Tax I.D. Number
Corporate Licenses Held (List States)		

**Send These Forms for Each Representative You Want Appointed**

Check Copies Included:

- |   |  |
|---|--|
| <input type="checkbox"/> Licensing Questionnaire  | <input type="checkbox"/> Current NASD Certification          |
| <input type="checkbox"/> Life/Annuity License (for each state requested)  | <input type="checkbox"/> State License Application           |
| <input type="checkbox"/> Countersigned Commission Agreement (Individual Appointment only - No Corporate licenses held in State) | (2 Original Forms and Signatures Required in Certain States) |

**Phoenix Office Use Only**

Date(s) Paperwork Received	Date(s) Additional Paperwork Requested by Rep or B/D	Date Appointment Assumed
Date Sent to State	Date State Appointment Received by Agency	Date Confirmation Notice Sent to B/D & Rep

Return Form(s) to Broker/Dealer  
for Submission to:

Distribution Administration  
Phoenix Life Insurance Company  
PO Box 8027  
Boston MA 02266-8027

1-800-417-4769 FAX 1-816-221-9672