

The PensionSpecialists, LTD

Broker Licensing & Contracting Verification Form

The purpose of this form is to ensure that you (the broker) are properly licensed and contracted to sell the product listed below:

1. Name of Insurance Company: _____

2. Name and description of investment product to be proposed: _____

3. Broker's Full Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Toll-Free Number: _____ E-Mail Address: _____

4. State in which sale is to be made: _____

5. Broker/Dealer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Toll-Free Number: _____ E-Mail Address: _____

6. Agent/Broker Number with above Broker/Dealer: _____

7. Is this broker insurance licensed in the state the sale is to be made? Yes No

If yes, please attach copy of State Insurance License.

8. Does the broker feel that he is already appointed to sell in the state indicated? Yes Yes

INTERNAL USE ONLY:

Date information verified by TPS: _____

Verified by: _____

Is person already appointed: _____

If yes - Agent's Number: _____

If no - date appointment forms mailed to agent: _____

Date appointment papers received back from broker: _____