

Uniform Agent Data Sheet

Instructions

We understand your time is valuable and completing the form in its entirety will ensure timely processing. The purpose of this document is to provide best practices to ensure a successful appointment submission.

Key to an Effective Submission

1. **Completeness:** All information on form must be completed and match your FINRA record. To confirm your information visit <https://finpro.finra.org> and review your current Form U4 information.
2. **Form Quality:** Type all information to ensure legibility upload original forms only as copies degrade text and may be rejected by carriers. Photos of forms are more likely to be rejected by carriers as illegible.
3. **Signature:** Form must be signed and dated after your state insurance license(s) issue date. Wet signature is required by carriers and electronically signed forms will not be processed.

Important Information

- **Appointment Selections**
 - Request ONLY states and carriers you will be doing business within 2-3 months in the "State(s) to be Appointed In" field.
 - Please note, carriers may terminate Pending/Just In Time appointments without activity within 2-3 months.
- **Agent Information**
 - Include full legal name, residence license state (personal residence state, may be different than office location), date of birth, social security number, CRD and NPN numbers.
 - **Business and Resident Addresses**
 - Addresses must match the information currently reported to FINRA as a branch office location/residential address and include all address details (suite/apt, etc.). Please check your [FinPro](#) account to confirm your information is up to date.
 - **Institutional/Bank Advisors:** Financial Institution Advisors/Agents must include bank/credit union name.
 - **Phone Numbers:** At least **one** contact phone number is required.
 - **LPL Email Address Only** (john.doe@lpl.com)
 - DBA or other business email addresses are not accepted.
- **Disclosure Questions**
 - All disclosures questions must be answered.

Next Steps: What Happens After My Form is Submitted?

- **Incomplete/incorrect "Not In Good Order" (NIGO) forms**
 - Will be given a status of NIGO and the advisor will be sent a notification in ClientWorks with details of items to be corrected/completed before the appointment(s) can be requested.
- **Forms in good order (IGO)**
 - Will be processed and will appear as **Pending** in ClientWorks Advisor Profile Tool in approximately 3 business days.
 - **Instructions for viewing your licenses and appointments on Advisor Profile:**
 - Navigate to ClientWorks > Menu > Compliance > Advisor Compliance Tool (ACT).
 - Select the Advisor Profile link in the upper-right hand corner.
 - Scroll to the bottom of the screen for more information on State Insurance Licenses and Appointments by clicking the state links in each section.
- **Carrier Processing**
 - Times vary and may take up to **10 business days to process**.
 - The majority of appointment requests will remain **Pending** or "Just in Time" at the carrier, meaning business can be submitted and the carrier will not complete the appointment until after business/change of BD is submitted.
 - PA is not a 'Just in Time' state and you will need to confirm the appointment is **Approved** prior to submitting new business.
 - **Please note:** Additional requirements may apply to complete your appointment and vary by carrier.

For additional assistance, please contact the Registration Service Center at 1 (844) 610-0009 opt. 1.



Uniform Agent Data Sheet

APT

Master Rep ID

Instructions: This is a request to be appointed under LPL Financial for Variable & Fixed Annuities, Fixed Index, and Variable Life business. Check carriers for whom you're requesting an appointment and will have business with in the next 60-90 days.

Please email completed form to repimaging.email@lpl.com or fax to (858) 202-8350.

New to LPL? Please forward your form to your Onboarding Partner for review and submission.

- | | | | | |
|--------------------------------------|--|--|---|---|
| <input type="checkbox"/> Brighthouse | <input type="checkbox"/> Corebridge | <input type="checkbox"/> CUNA/TruStage | <input type="checkbox"/> Delaware Life | <input type="checkbox"/> Eagle Life |
| <input type="checkbox"/> Equitable | <input type="checkbox"/> Global Atlantic/Forethought | <input type="checkbox"/> John Hancock | <input type="checkbox"/> Mass Mutual Ascend | <input type="checkbox"/> MetLife (Servicing only) |
| <input type="checkbox"/> Nationwide | <input type="checkbox"/> Pacific Life | <input type="checkbox"/> Protective | <input type="checkbox"/> Sammons/Midland | <input type="checkbox"/> Securian |
| <input type="checkbox"/> Symetra | <input type="checkbox"/> Talcott Resolution | <input type="checkbox"/> United Life | <input type="checkbox"/> Western Southern/Integrity | |

- Your appointment may remain Pending at the carrier(s) for Just in Time states until new business or a change request is submitted.
- Additional carriers cannot be added to this form. Visit ClientWorks>Resource Center>Investment & Planning Solutions>Annuities>Appointment Central for additional forms.

1. All Information is Required (Please print or type)

Will you sell **EXCLUSIVELY** in a bank or credit union? ☐ Yes ☐ No If Yes, Name:

Full Name (must match License) Date of Birth

State(s) to be Appointed In (must have active insurance license in all requested states) Resident License State

Social Security Number Individual CRD Number National Producer Number

Business & Residential addresses must be complete and match the information reported to FINRA. Log into your FinPro account at <https://finpro.finra.org> to confirm.

Business Address Suite City State Zip Code

Business Phone Number Cell Phone Number LPL Email Address

Resident Address Apt City State Zip Code

Preferred Contact Method: ☐ Mail ☐ Text ☐ Email

2. Must be completed by Agent (Please attach a detailed letter of explanation for any "Yes" answer to the following questions)

- A. Have you ever been convicted of or pled guilty or no contest to, or are you currently under indictment for: ☐ Yes ☐ No
- any criminal felony or
 - a misdemeanor excluding minor traffic violations involving investments or an investment-related business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of the offenses?
- B. Have you filed a bankruptcy petition, or been declared bankrupt or insolvent within the past ten years? ☐ Yes ☐ No
- C. Are you currently indebted to any insurance company, or do you now have or have you ever had any unsatisfied judgments, liens or garnishments against you? ☐ Yes ☐ No
- D. Have you ever had an appointment canceled by an insurance company for reasons other than lack of production? ☐ Yes ☐ No
- E. Have you ever been suspended, disqualified or disciplined by any state, federal, or self-regulatory agency? ☐ Yes ☐ No

I, _____, hereby authorize _____ above-named carrier(s) an independent investigation of my background, reference, character, past employment, education, criminal or police records, including those mandated by both public, and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment.

I release _____ above-named carrier(s) any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I affirm that all of the information provided on the foregoing statement is true, accurate and complete to the best of my knowledge. Should any of the information change, I will promptly notify the company in writing.

Agent Signature (wet signature required) _____

Agent Name (print) _____

Date _____



Member FINRA/SIPC

