

• Please type or print legibly

**To sell The Company's products, an agent/broker must:**

- Be properly licensed and then appointed by The Company
- Be an NASD Registered Representative (if selling variable products)
- Have Errors and Omissions insurance coverage – minimum \$1 Million (required in order to be appointed with The Company)

NOTE: The Company will NOT accept any business until licensing and appointment procedures have been completed and approved by The Company's licensing department. This application for Licensing/Appointment will only be processed if the Firm and/or Broker-Dealer with whom you are affiliated has executed a Selling Agreement with The Company.

**Firm / General Agent Affiliation**

Name:

**I – PERSONAL DATA**

Name: \_\_\_\_\_  
*Last First Middle Initial*

Date of Birth (Month / Day / Year): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Corporate Name (if applicable): \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Number Street Apt. #*

\_\_\_\_\_ *City State Zip Code*

Business Address: \_\_\_\_\_  
*Number Street Suite #*

\_\_\_\_\_ *City State Zip Code*

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

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Professional Designations:  CLU  ChFC  CFP  Other: \_\_\_\_\_

- Do you have Errors & Omissions/Professional Liability Insurance coverage (minimum \$1 Million)?  Yes  No  
If "Yes", please attach a copy of the specifications page for your policy.

If "No", are you covered under your Firm's E & O policy (minimum \$1 Million)?  Yes  No

<b>II – CURRENT LICENSE STATUS</b>						
States in which you will make Manulife sales	Life	Variable	<input type="checkbox"/> State Appointment Form		<input type="checkbox"/> Letter of Certification	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Non Applicable	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Non Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> Non Applicable
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Non Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> Non Applicable

**Please attach current copies of all applicable individual / corporate licenses and letter(s) of certification**

**III – BROKER-DEALER DATA**

Are you NASD Registered?       Yes       No      If "Yes", please provide the following:

Broker-Dealer Name: \_\_\_\_\_

Broker-Dealer Address: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR MOST RECENT NASD/CRD STATUS REPORT**