

LICENSE APPOINTMENT REQUEST



PROPOSED LICENSEE/APPOINTEE

1. NAME - Individual (Last, First, Full Middle) or Agency	2. SOCIAL SECURITY/TAX ID NO.
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GENERAL

3. RESIDENT ADDRESS (Of Individual) - STREET				STREET			
CITY	COUNTY	STATE	ZIP	4. BIRTH DATE	5. BIRTH PLACE		
6. BUSINESS NAME (If not given above)							
7. BUSINESS ADDRESS - STREET				STREET			
CITY	COUNTY	STATE	ZIP	8. BUSINESS PHONE ()			

REQUESTED LICENSES/APPOINTMENTS (Do not submit new requests and changes on same form - see reverse side.)

9.	CHECK ONE			CHECK LICENSE TYPE									IS LICENSE CURRENTLY LICENSED FOR LINES & STATE(S) REQUESTED?	
	STATE ABBR.	RES.	NR.	SENTRY COMPANY	PROP.	CSLTY.	LIFE	DIS (A&H)	VA	VUL	CLAIMS	NASD		OTHER
			04			X	X							<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES* <input checked="" type="checkbox"/> AGENT <input type="checkbox"/> BROKER
			04			X	X							<input type="checkbox"/> NO <input type="checkbox"/> YES* <input type="checkbox"/> AGENT <input type="checkbox"/> BROKER
			04			X	X							<input type="checkbox"/> NO <input type="checkbox"/> YES* <input type="checkbox"/> AGENT <input type="checkbox"/> BROKER
			04			X	X							<input type="checkbox"/> NO <input type="checkbox"/> YES* <input type="checkbox"/> AGENT <input type="checkbox"/> BROKER
			04			X	X							<input type="checkbox"/> NO <input type="checkbox"/> YES* <input type="checkbox"/> AGENT <input type="checkbox"/> BROKER

* Attach license copy.

PLEASE CALL 715-346-6695 IF YOU HAVE QUESTIONS.

COMMENTS/SPECIAL INSTRUCTIONS

10.

CONTRACTING FUNCTION/ORGANIZATION (SENTRY ONLY)

11. Which Sentry function or organization has contracted with the proposed licensee and is requesting the above license/appointment?		
<input type="checkbox"/> CLAIMS _____	<input checked="" type="checkbox"/> DIRECT RESPONSE _____	
<input type="checkbox"/> P&C AGENCY _____	<input type="checkbox"/> PARKER STEVENS AGENCY _____	
<input type="checkbox"/> RGA _____	<input type="checkbox"/> LIFE SPECIAL ACCOUNTS _____	
<input type="checkbox"/> NATIONAL ACCTS. <input type="checkbox"/> OTHER _____	<input type="checkbox"/> SALES _____	
Sales Comp: This agent (<input type="checkbox"/> producer <input type="checkbox"/> associate <input type="checkbox"/> broker) should be assigned to		
<input checked="" type="checkbox"/> Broker/Dealer <u>SMIC</u> _____		<input checked="" type="checkbox"/> Sales Code <u>73840334</u> _____
<input type="checkbox"/> General Agent _____		<input type="checkbox"/> Sales Code _____
12. SALES CODE: 73840334	13. SPENDER CODE: 62221	14. Do you agree to pay license renewal fees? <input type="checkbox"/> No <input type="checkbox"/> Yes
15. NAME AND PHONE NO. OF PERSON TO CONTACT IN CASE OF QUESTIONS		PHONE
		DATE SUBMITTED / /
16. SALES TEAM LEADER APPROVAL		PHONE
		DATE SUBMITTED / /

Submit a completed LICENSE/APPOINTMENT REQUEST form for each person or firm to be licensed or appointed.

LICENSE APPOINTMENT CHANGE

LICENSEE/APPOINTEE

1. NAME - (Last, First, Full Middle) or Agency	2. SALES CODE(S)	3. SOCIAL SECURITY/TAX ID NO.
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TERMINATIONS (Do not submit terminations *and* new requests on same form - see reverse side.)

4.	STATE	COMPANY	EFFECTIVE DATE	REASON FOR TERMINATION
A.			/ /	
B.			/ /	
C.			/ /	
D.			/ /	
E.			/ /	

OTHER CHANGES (Specify)

5.
a. Address:
b. Telephone:
c. Other (Specify):

REQUESTING FUNCTION/ORGANIZATION (SENTRY ONLY)

6. Which Sentry function or organization is requesting the above action? (Check appropriate box and, where applicable, specify location, RGA, etc.)	
<input type="checkbox"/> CLAIMS _____ <input type="checkbox"/> P&C AGENCY _____ <input type="checkbox"/> RGA _____ <input type="checkbox"/> NATIONAL ACCTS. <input type="checkbox"/> OTHER _____	<input type="checkbox"/> DIRECT RESPONSE _____ <input type="checkbox"/> PARKER STEVENS AGENCY _____ <input type="checkbox"/> LIFE SPECIAL ACCOUNTS _____ <input type="checkbox"/> SALES _____

7. NAME AND PHONE NO. OF PERSON TO CONTACT IN CASE OF QUESTIONS	PHONE	DATE SUBMITTED
	()	/ /

Submit a completed LICENSE/APPOINTMENT CHANGE form for each person or firm to be changed.