Protective

Appointment Form

Fax completed form to (205) 268-6472 or email to producer.services@protective.com.

Attach state license(s) and FINRA registration (if applicable)

For inquiries, call 800-444-2658.

Representative (Rep) Name:	DOB:	SSN:
Rep Office Address:		
Rep Home Address:		Rep Home Phone:
Rep Office Phone:		Rep Fax:
Rep Email Address:		
Broker Dealer:: Oakwood Capital Securities, Inc.		
Appointment requested in the following state(s), (License copies must be included):		

BGA Name (If applicable):	BGA #:	Sub-BGA Name (If applicable):	Sub-BGA # (If applicable):

I hereby authorize Protective Life Insurance Company, its affiliates, or its legal representative to obtain any information from former or current employers, criminal justice agencies, credit reporting agencies, governmental or regulatory agencies, or individuals, relating to my background or activities. This information may include, but is not limited to achievement, performance, attendance, personal history or credit history and conviction records. I hereby direct you to release such information upon request to Protective Life Insurance Company or its legal representative. I understand that Protective Life Insurance Company or its legal representative may be required by law to release information obtained to governmental agencies.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. A photocopy of this release shall be as valid as the original.

_____

Signature of Representative Date

Recommended By: _____

Signature of BGA Date