EQUITABLE

Equitable Distributors, LLC
For Assistance Call 888-517-9900

Equitable's
Variable Annuity Series and Variable Life Appointment Form

Mail Forms To:
Equitable Financial Life Insurance Company
Equitable Distributors, LLC
Attn: Licensing Department
P.O. Box 1547, 500 Plaza Drive, 7th Floor
Secaucus, NJ 07096
Fax Number:
816-701-8038

Four Easy Steps to an Equitable Appointment

1. Complete the Personal Data Sheet

The Personal Data Sheet is used to obtain information necessary to establish a file on the agent requesting an appointment with Equitable.

2. Attach a Copy of Your Resident State Insurance License

Agent should have been issued a certificate (license) when he/she passed his/her resident state insurance exam. If you do not have a copy of this certificate, please contact your resident state and have a duplicate license issued and mailed to you.

3. Attach Your Non-Resident State Insurance License

If an agent is going to be soliciting clients in a state(s) other than his/her resident state, he/she must obtain the appropriate securities license and state registration(s) as well as an insurance license(s) with the proper line(s) of authority (varies by state). Please contact your Broker/Dealer home office for assistance in obtaining non-resident licenses.

4. Attach Your Form U-4 Status Report

Your Form U-4 Status Report (CRD) is maintained at your Broker/Dealer's Home Office; please contact your licensing department to obtain a copy.

Appointment Processing Procedures with Equitable

Agent procedure:

All completed documents need to be forwarded to the Licensing Department at your Broker/Dealer.

You will be considered to be in Pre-Appointed status until your first new business application is submitted, we will validate that the application falls within the state's solicitation period and immediately appoint with the appropriate state(s).

Personal Data Sheet

Please check one: ☐ Broker/Dealer ☐ Financial Institution ☐ Wirehouse

Please check one: ☐ Variable Annuity ☐ Variable Life ☐ Both

If applicable, please specify if you are interested in products for any of the following Employer Sponsored markets – 401(k), 401(a), 403(b), 457. ☐ Yes ☐ No

Registered Representative Name _____

Resident Address _____
(city, state, zip)

Branch Office Address _____
(city, state, zip)

Branch Office Phone _____ Branch Number _____

Business Address _____
(city, state, zip)

Phone Number _____ Email Address _____ Fax Number _____

Date of Birth _____ Social Security Number _____

Broker/Dealer Name Oakwood Capital Securities Inc Broker/Dealer Tax ID Number 411589846

Representative Number at Your Firm (required) _____

National Producer Number (NPN) (required) _____

Resident State License Number (a copy of the license must be sent along with this form) _____

Non-Resident State License Number(s) (a copy(ies) of the license(s) must be sent along with this form) _____

Notification of Appointment To Be Sent To _____

Fax Number _____

Broker/Dealer-General Agent hereby certify that the Registered Representative/Agent is not subject to any statutory disqualification and that all other personal qualifications (other than the appointments being sought) described in Sales Agreement in effect among Equitable Distributors, LLC, the Broker/Dealer and the General Agent have been satisfied.