



EQUITABLE

APPOINTMENT INSTRUCTIONS

- **Licensing:** You must be licensed in a state before you can solicit business in that state.
- **New Appointment:** We strongly recommend that all first appointments with Equitable Financial Life Insurance Company ("Equitable Financial") or Equitable Financial Life Insurance Company of America (Equitable America) be submitted before the first application is taken, however, you may submit the required appointment paperwork at the same time as the application.

If you are a new agent to Equitable Financial and/or Equitable America and are seeking an appointment for **variable annuity** business, please contact your broker dealer or our L&C Department located in Secaucus, New Jersey for correct licensing and appointment instructions/documentation: Equitable/500 Plaza Drive Secaucus, NJ 07094
Phone#: 800-789-7771

• **Appointment Paperwork:** Please complete the following forms listed below if you are a new agent and are seeking an appointment for **life** business. It is important to note that Form B is **not** required **if** your General Agent has agreed with Equitable Distributors, LLC (Equitable Distributors) to receive all commissions.

- Agent Profile: Form A
Please note the agent's resident street address and signature **are required** in order to conduct a background check.
- Agent Profile: Form B

The required forms may be scanned documents attached to an email, faxed or mailed:

Group Email Address: lifelicensing@equitable.com
Fax # 800-657-2911

Mailing Address: Equitable
PO Box 1047
Attn: Licensing Department
Charlotte, NC 28201-1047

Phone # 866-262-6669 Option # 3, Option # 2



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CHECK-LIST

Firm Code: _____

Firm Name: _____

Sub Firm Code: _____

Sub Firm Name: _____

Has a New Business Application Been Submitted? ☐ Yes ☐ No

Application Signed State: _____

Insured Name: _____

Product Type: _____

LTC Rider: ☐ Yes ☐ No (if yes, a Health license and Continuing Education requirements may be required)

Appoint this agent with **Equitable Financial** in the following state(s): _____

Appoint this agent with **Equitable America** in the following state(s): _____

☐ **Completed Agent Appointment Paperwork Form A**

- ☐ A CRD number and FINRA exam information are provided for Registered Representatives
- ☐ Agent answered no to questions #1-7 or provided adequate information for all questions answered yes

☐ **Completed Agent Appointment Paperwork Form B* (Assignment of Commissions)**

- ☐ N/A - Skip to the next section if your agent will be paid directly **OR** if the firm will receive all commissions directly from Equitable Distributors
- ☐ Provided Legal Name of Corporation
- ☐ Provided Corporation Tax ID

☐ **Provided current sub-producer schedule (ONLY if required by firm)**

☐ **Direct Deposit Enrollment Form (Optional)**



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AGENT APPOINTMENT PAPERWORK-FORM A

Equitable
PO Box 1047
Attn: Licensing Department
Charlotte, NC 28201-1047

Contact Information:

Group Email: lifelicensing@equitable.com
Toll Free: 866-262-6669
Fax: 800-657-2911

Name: _____ Date of Birth: _____
Social Security Number: _____ National Producer Number (NPN): _____ E-mail Address: _____
Resident Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Telephone Number: _____ Mobile Telephone Number: _____
Business Address: _____
City: _____ State: _____ Zip: _____ County: _____
Business Telephone Number: _____ Business Fax Number: _____

Form B of the Agent Appointment Paperwork is required if checks are made payable to a Sub-Producer Corporation, Wirehouse or Broker Dealer. Checks are payable to the:

☐ Firm ☐ Agent ☐ Other (Sub-Producer Corporation, Wirehouse, Broker Dealer)

Please review and circle an answer for each question. If yes, please provide details.

Are you licensed/registered with FINRA? YES NO If yes, please provide CRD #: _____

Broker Dealer Affiliation: _____

Please circle your current registration(s) if applicable: 5 6 7 22 24 26 52 53 56 66 Other(s): _____

Have you ever held or currently hold, a Equitable America or Equitable Financial contract? YES NO Termination Date: _____

If yes, please provide a producer number _____ and/or agency number _____

Please review and circle an answer for each question. If yes, a written explanation from the agent is required. Please send a separate attachment with the Agent Appointment Paperwork. Failure to provide supporting evidence and/or an explanation will prolong your appointment process.

YES NO #1 Have you ever had your insurance license or securities registration suspended or revoked?
YES NO #2 Are there any outstanding or pending judgments or liens filed against you?
YES NO #3 Are you involved in any pending or current litigation, investigations or Errors and Omissions claims?
YES NO #4 Have you had any Errors & Omissions claims in the past 3 years?
YES NO #5 Within the past 5 years, have you ever initiated bankruptcy proceedings or been declared bankrupt?
YES NO #6 Within the past 10 years, have you ever had a complaint filed against you?
YES NO #7 With the exception of routine traffic violations, have you ever been convicted of or plead guilty or nolo contendere (no contest) in court to a misdemeanor a felony?

The agent's signature is required below in order for Equitable Financial and/or Equitable America to obtain an identity, financial, criminal, and state insurance background verification from First Advantage Corporation. Any disputes regarding background check results need to be addressed to the following:

First Advantage Corporation
2600 Stanwell Drive/ Suite #100
Concord, CA 94250
Phone #1-800-232-0247

I hereby authorize Equitable Financial and/or Equitable America to obtain an investigative consumer report on me. I further authorize any employer, credit bureau, consumer reporting agency or any other custodian or financial, personal or professional information regarding me to release to Equitable Financial and/or Equitable America any and all data respecting my duties, personal and professional behavior, credit and financial information. A photocopy of this authorization shall be deemed as valid as the original and this authorization shall remain in full force and effect for a time period of two years from the date hereof. I acknowledge that I have read and understand the notices above.

☐ **By checking this box, I agree to waive my right to receive a copy of any public record obtained pursuant to this section.**

Signature _____ Date _____



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AGENT APPOINTMENT PAPERWORK-FORM B

Equitable
PO Box 1047
Attn: Licensing Department
Charlotte, NC 28201-1047

Contact Information:

Group Email: lifelicensing@equitable.com
Toll Free: 866-262-6669
Fax: 800-657-2911

Agent Appointment Paperwork Form B is required if commissions are made payable to a Sub-Producer Corporation or Broker Dealer/Warehouse. Please note a tax id is also required in order for the entity to receive commissions.

Pay Commissions to the agent's: ☐ Sub-Producer Corporation ☐ Broker Dealer/Warehouse

Company Name: _____

Company Tax ID: _____

Company Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Telephone Number: _____ Business Fax Number: _____

☐ Selecting this box confirms the check will be mailed to a different address other than the company address listed above:

Commissionable Address: _____

C/O: _____

City: _____ State: _____ Zip: _____ County: _____

Please provide the Company Name and Company code below, if your agent is affiliated with an existing Sub-Firm:

Sub-Firm Code: _____

Sub-Firm Name: _____



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Direct Deposit Enrollment Form

Type of Direct Deposit Enrollment Forms:

☐ Initial Enrollment ☐ Change of Account ☐ Stop Direct Deposit

Pay Commissions to:

☐ SELF Broker Name: _____
Social Security #: _____

OR

☐ CORPORATION Corp. Name: _____
Tax ID #: _____

I elect to have Direct Deposit to one of the following accounts:

- ☐ Checking - Attached is a voided check confirming to deposits funds to my checking account
☐ Savings - Attached is a deposit slip confirming to deposits funds to my savings account

Instead of paying me directly each commission period, I authorize and direct the Equitable Distributors to deposit an amount equal to my net commissions, less any indebtedness to Equitable Financial, Equitable America or Equitable Financial Subsidiary, to the account I have selected. This direction will continue until either I have given Equitable Distributors written notice to terminate this agreement, or Equitable Distributors has notified me that it is terminating this service to me or my bank account has been closed. If I wish to change depository banks or terminate this arrangement, I understand that Equitable Distributors may continue this direct deposit arrangement until they have had reasonable time within which to honor my instructions. I authorize Equitable Distributors to debit my account to adjust for any over deposits which they have made to my account for any reason. I agree not to hold Equitable Financial, Equitable America, Equitable Distributors, or the bank liable for such erroneous deposits or adjustments.

Broker Signature: _____ **Date:** _____

Send a completed form to our Licensing Department via one of the following:

Email: lifelicensing@equitable.com

Fax: 800-657-2911

Mailing Address:

Equitable

PO Box 1047

Attn: Licensing Department

Charlotte, NC 28201

Interoffice Only:

- ☐ Broker ID _____ ☐ Corporation ID: _____
☐ Employee ID (if avail.) _____
☐ Information tracked ☐ Compensation Hierarchy Complete
☐ Providing my initials confirms the interoffice information is accurate and complete

Initials: _____ Date: _____

Summary of Consumer Rights

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer-reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA 15 U.S.S. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU.

Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

YOU CAN FIND OUT WHAT IS IN YOUR FILE.

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify and (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA.

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

INACCURATE INFORMATION MUST BE CORRECTED OR DELETED.

A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information.

YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error. **OUTDATED INFORMATION MAY NOT BE REPORTED.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.

ACCESS TO YOUR FILE IS LIMITED. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business. **YOUR CONSENT IS REQUIRED FOR REPORTS THAT ARE PROVIDED TO EMPLOYERS, OR REPORTS THAT CONTAIN MEDICAL INFORMATION.** A CRA may not give out information about you to your employer or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

YOU MAY CHOOSE TO EXCLUDE YOUR NAME FROM CRA LISTS FOR UNSOLICITED CREDIT AND INSURANCE OFFERS. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely. **YOU MAY SEEK DAMAGES FROM VIOLATORS.** If a CRA, user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.