Prudential

Prudential Annuities
New Appointment Request Cover Sheet

Thank you for your interest in becoming appointed with Prudential Annuities. As part of the application process, please find attached the following documents: (1) Disclosure Statement & Authorization under the Fair Credit Reporting Act; (2) A Summary of Your Rights Under the Fair Credit Reporting Act ("Summary of Rights"); (3) Disclosure of Rights in the State of Washington - Notice of Rights – State of Washington, Fair Credit Reporting Act ("Washington Disclosure Document"); (4) Disclosure of Rights in California ("California Disclosure Document"); and (5) Additional Disclosures under Federal and State Law in connection with the Procurement of Consumer Report / Investigative Consumer Reports ("Additional Disclosures Document"). To complete your application for appointment, you are required to complete and return each of the separate documents outlined below:

(1) The fully completed Confidential Data Sheet - Prudential Appointment Application (following page); (2) the Disclosure Statement & Authorization Under the Fair Credit Reporting Act; and (3) the separate Additional Disclosures Document.

Follow these instructions:

1. Confidential Data Sheet - Prudential Appointment Application: Complete, sign, and print name and current date.
2. All Appointees must **carefully read** and then sign, print name, and date the separate one-page document entitled "Disclosure Statement & Authorization under the Fair Credit Reporting Act."
3. All Appointees must carefully review the separate four-page Summary of Rights Document.
4. All Appointees must carefully review the separate three-page Washington Disclosure Document and the two-page California Disclosure Document, as they are or may be applicable to the states in which you market products.
5. All Appointees must carefully review the separate two-page Additional Disclosures Document.
    a. If you market products in California, Minnesota, New Jersey, or Oklahoma: check the "Yes" Box on page 10 of 11 if you wish to receive a copy of the consumer report.
    b. All Appointees must sign and print name and current date on the last page (page 11 of 11) of the Additional Disclosures Document.

Completed appointment application forms can be faxed or mailed to:
Fax: (800) 576-1217
Prudential Financial, Attn: Broker Services
PO Box 7960
Philadelphia, PA 19176

- **In Good Order appointment submissions must include the following requirements:**
    - ❑ Fully completed, signed and dated, Confidential Data Sheet (CDS)
    - ❑ Letter of explanation for any "Yes" answers from background information section of the Confidential Data Sheet (see instructions within the CDS)
    - ❑ Fully completed and signed, with printed name and date, separate document entitled "Disclosure Statement & Authorization under the Fair Credit Reporting Act"
    - ❑ Fully completed and signed, with printed name and date, separate Additional Disclosures document (pages 10 and 11 of 11)

Failure to return all forms may result in the delay of this appointment request.

From: _____ Office: _____

Phone: _____ E-mail: _____

Confidential Data Sheet
Prudential Appointment Application

Prudential

Licensee Information: (Check Type of Appointment Request)	☐ Individual	☐ Firm/Agency*	
Annuities Only:	**Reason for Appointment:** ☐ Sales ☐ Service If "**Service**" please include Annuity contract number:		
	Please select what product line you wish to sell or service: ☐ **Pruco** ☐ **PICA** ☐ **PALAC**		

Last Name: **First Name:** **Middle Int:**

SS# or Tax ID: **Date of Birth:** Registered Rep's FINRA CRD #:

External Agent ID: E-mail Address:

Office Address:

(City) (State) (Zip)

(Office Phone) (Office Fax Number)

Resident Address:

(City) (State) (Zip)

State(s) to be appointed in – attach copies of all licenses:

Please list Florida counties (non-resident appointments only):

Broker/Dealer: Name: **Oakwood Capital Securities, Inc** Tax ID **41-1589846**

Phone **952-935-4601** Please check off the type of office from which you work: ☐ Wirehouse ☑ Independent Broker Dealer ☐ Bank

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, A LETTER OF EXPLANATION MUST BE ATTACHED TO THIS FORM.
***For Firm/Agency appointments, the term "you" refers to the firm, and Question 2 and 7 are not applicable**

1. Have you ever been subject to an insurance or investment related consumer initiated complaint or proceeding that alleged or found fraud, sales practice violation, forgery, theft, misappropriation or conversion?	☐ Yes ☐ No
2. Have you ever been convicted of, pled guilty or nolo contendere to, or are you currently under indictment for any criminal felony or misdemeanor?	☐ Yes ☐ No
3. Do you currently have any unsatisfied judgments or liens against you?	☐ Yes ☐ No
4. Have you ever filed for personal bankruptcy or been declared bankrupt?	☐ Yes ☐ No
5. Have you ever had an insurance license or appointment or a securities registration suspended or revoked or been disqualified or disciplined as a member of any profession?	☐ Yes ☐ No
6. Are you currently party to any litigation or the subject of any investigation?	☐ Yes ☐ No
7. Have you ever been discharged, terminated or permitted to resign, or have you ever voluntarily resigned while under internal review?	☐ Yes ☐ No

I hereby:

- Release Prudential, its authorized agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities,claims or lawsuits in regards to the information obtained from any and all of the above referenced sources.
- Certify that all of the information contained in this application is true and correct. I further understand that any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by Prudential whenever discovered.
- Understand that I am obligated to report immediately any event that would change any of the information, in any manner, that I have provided in this application.
- Certify that I have not been convicted of a crime that would disqualify me from association with Prudential under the Violent Crime Control Act and/or Employee Retirement Income Security Act.

Licensee's Signature **Licensee's Name (Please Print)** **Date (mo/day/yr)**

****Signature and date are required on this form, and on the Background Check Authorizations – Annuities document ****

*For a Broker/Dealer appointment request, an Officer must complete and sign this form on behalf of the Firm.

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