



NON-RESIDENT APPOINTMENTS — NON-NEW YORK REQUEST

Agent's Name: _____ Agent's Code: _____ Date: _____

Current Resident State: _____

- Attach a copy of your non-resident license(s) with this form.
- Attach a non-resident Florida counties form if you are requesting a non-resident Florida appointment.
- Please email completed form to: WFGLicenseApps@transamerica.com
- **You must first have an appointment in your resident state before receiving a nonresident appointment.**

If the provider is not listed you are required to submit the appointment electronically.

Indicate which state(s) you would like your non-resident appointment:

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California
<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Florida
<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine
<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi
<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina
<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont
<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Puerto Rico				

Indicate which provider(s) you would like your non-resident appointment:

<input type="checkbox"/> Allianz (PM0098)	<input type="checkbox"/> American General Life (PM0245)	<input type="checkbox"/> Global Atlantic Variable Annuity (P00440)	<input type="checkbox"/> Hartford (PM0091)
<input type="checkbox"/> Jackson National Life (PM0127)	<input type="checkbox"/> Lincoln National Life (P00142)	<input type="checkbox"/> MetLife Investors (P00321)	<input type="checkbox"/> Principal Financial Group (P00284)
<input type="checkbox"/> Prudential Annuities (P00097)	<input type="checkbox"/> Stonebridge Life Insurance Company (P00443)	<input type="checkbox"/> SunAmerica (PM0245)	<input type="checkbox"/> Transamerica Employee Benefits (P00364)
<input type="checkbox"/> Transamerica Retirement Services (P00347)	<input type="checkbox"/> VOYA – Fixed Annuities (P00044)	<input type="checkbox"/> VOYA Life (P00376)	<input type="checkbox"/> VOYA ReliaStar Fixed Annuities (P00382)
<input type="checkbox"/> VOYA ReliaStar Life (P00362)	<input type="checkbox"/> VOYA ReliaStar Life (P00396)	<input type="checkbox"/> VOYA Variable Annuity (P00215)	