



## AGENT DATA FORM

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For use with Advanced Series Variable Annuities.

1. AGENT INFORMATION											
Investment Professional Full Name:						Social Security Number:					
E-mail Address:						Date of Birth: MM/DD/YYYY					
Broker/Dealer Name:						Rep Code with Broker/Dealer:					
Broker Dealer Tax ID#						Please check off the type of office from which you work: <input type="checkbox"/> Wirehouse <input type="checkbox"/> Independent Broker Dealer <input type="checkbox"/> Bank					
Business Telephone Number: (       )						Residence Telephone Number: (       )					
Investment Professional Business Street Address:						City, State, Zip:					
Investment Professional Residence Street Address:						City, State, Zip:					

2. APPOINTMENT REQUESTS
Please indicate the state(s) in which you are requesting an appointment: _____
If selecting a non-resident appointment in Florida, please indicate county(ies): _____
<b>Please supply a copy of all insurance licenses for the state(s) in which you are requesting an appointment.</b>

**Annuity Service Center**  
1-800-752-6342  
8:00AM–7:00PM ET, Monday–Thursday  
8:00AM–6:00PM ET, Friday  
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