

## **INSTRUCTIONS FOR COMPLETING THIS FORM:**

1. Complete form in full.
2. Sign and Date as 'Representative' on page 2.
3. Attach the following items:
  - ✓ Current license copies for states in which you want to be appointed.
  - ✓ Current screen print of your Registrations with Current Employers (available at [www.nasdr.com](http://www.nasdr.com))
4. Fax or mail the Appointment Data Sheet and attachments to your Broker/Dealer for their authorization and signature.

Your Broker/Dealer will forward the completed paperwork to Minnesota life for processing.

Minnesota Life Insurance Company • 400 Robert Street North • St. Paul, MN 55101-2098 • Fax: 651-665-7256

**GENERAL INFORMATION**

NAME (First, Middle, Last) INDICATE YOUR FULL LEGAL NAME AS IT APPEARS ON YOUR INSURANCE LICENSE

RESIDENCE ADDRESS - REQUIRED (Number, Street Name and Apartment or Unit Number)

CITY		STATE	ZIP CODE	RESIDENCE PHONE ( )
SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH DATE (Mo/Day/Yr)	SOCIAL SECURITY NUMBER		BUSINESS PHONE ( )
BUSINESS ADDRESS - REQUIRED (Number, Street Name and Unit Number)				BUSINESS FAX ( )
CITY			STATE	ZIP CODE
REPRESENTATIVE'S E-MAIL ADDRESS				CRD NUMBER

**STATE APPOINTMENTS**

List all states where you would like to be appointed: \_\_\_\_\_

Florida non-residents, list counties in which you will be doing business: \_\_\_\_\_

**A valid license must be held in each state. Appointment is required before first solicitation occurs in many states.  
Copies of your insurance license(s) and securities registrations must accompany this form.  
Minnesota Life will pay for your resident appointment and one non-resident appointment.**

**FAIR CREDIT REPORTING ACT DISCLOSURE**

This is to inform you that as part of our procedure for processing your appointment request, an investigative consumer report will be made which may include information as to your background, mode of living, character, general reputation, and personal characteristics. By completing and signing this appointment request, you are indicating that you understand and specifically authorize our procurement of this investigative consumer report.

**PLEASE COMPLETE ALL QUESTIONS ON NEXT PAGE**

**REPRESENTATIVE DECLARATION**

If you answer "Yes" to any of the questions below, please provide specific documentation and full disclosure of the incident or situation (i.e., legal documentation, etc.) on a separate sheet.

		YES	NO			YES	NO			
A. Have you, or an organization over which you exercised management or policy control, ever:	1. Declared bankruptcy, filed a bankruptcy petition or been declared bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>	F. Have you ever had a complaint filed against you involving insurance products or securities?	<input type="checkbox"/>	<input type="checkbox"/>				
	2. Had earnings garnished?	<input type="checkbox"/>	<input type="checkbox"/>		G. Have you ever been involved with, or a party to, any litigation with any insurance company or any entity which is engaged in the sale, marketing or administration of insurance or securities?	<input type="checkbox"/>		<input type="checkbox"/>		
	3. Made a compromise with creditors?	<input type="checkbox"/>	<input type="checkbox"/>			H. Have you ever been involved with, or a party to, any litigation which involved issues of misrepresentation, fraud, or misappropriation of funds?		<input type="checkbox"/>	<input type="checkbox"/>	
	4. Been charged with a felony or misdemeanor in a domestic or foreign court?	<input type="checkbox"/>	<input type="checkbox"/>					I. Have you ever been discharged or permitted to resign because you were accused of:		
B. Do you have any satisfied or unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>	1. Violating investment or insurance related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>	2. Fraud or the wrongful taking of property?	<input type="checkbox"/>		<input type="checkbox"/>	
C. Has a bonding company denied, paid out or revoked a bond for you? (i.e., your E & O coverage?)	<input type="checkbox"/>	<input type="checkbox"/>	3. Failure to supervise in connection with investment or insurance-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>		J. Are you now the subject of any complaint, investigation or proceeding that could result in a "Yes" answer to any part of this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>	
D. Have you ever voluntarily or involuntarily surrendered any professional license?	<input type="checkbox"/>	<input type="checkbox"/>	E. Has any federal regulatory agency or any state regulatory agency ever:							
1. Found you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>		1. Found you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>					<input type="checkbox"/>
2. Found you to have been involved in a violation of regulations or statutes?	<input type="checkbox"/>	<input type="checkbox"/>			2. Found you to have been involved in a violation of regulations or statutes?					<input type="checkbox"/>
3. Found you to have been a cause of a business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>			3. Found you to have been a cause of a business having its authorization to do business denied, suspended, revoked or restricted?		<input type="checkbox"/>			<input type="checkbox"/>
4. Denied, suspended or revoked your registration or license, or otherwise prevented you from associating with any business, or disciplined you by restricting your activities?	<input type="checkbox"/>	<input type="checkbox"/>	4. Denied, suspended or revoked your registration or license, or otherwise prevented you from associating with any business, or disciplined you by restricting your activities?		<input type="checkbox"/>	<input type="checkbox"/>				

**REPRESENTATIVE AUTHORIZATION AND SIGNATURE**

I authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to Minnesota Life Insurance Company and/or their authorized representatives. I release and agree to hold each harmless from all liability and responsibility for doing so.

Public Law 91-508 requires that we advise you that a routine inquiry may be made during processing which will provide applicable information concerning the Central Registration Depository (CRD) system through the NASD. Upon written request, additional information as to the nature and scope of inquiry, if one is made, will be provided. Your signature below will enable us to access this information and gather your applicable information.

I hereby certify that my answers to the questions appearing in this Appointment Data Sheet are true and complete.

I agree to abide by the rules set forth by my Broker/Dealer relating to the Minnesota Life products.

I agree to adhere to the IMSA standards of business conduct.

I agree that a photographic copy of this authorization shall be as valid as the original.

REPRESENTATIVE SIGNATURE X	DATE
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**BROKER/DEALER AUTHORIZATION AND SIGNATURE**

*The undersigned officer of the Broker/Dealer verifies that a background investigation has been conducted on the named Registered Representative and that the findings of this investigation were favorable. A copy of the investigation will be made available to Minnesota Life upon written request.*

*The Broker/Dealer certifies that the named Registered Representative has Errors & Omissions coverage currently in force and that this coverage will be maintained as long as the Representative is affiliated with their firm.*

*The Broker/Dealer further attests that the Registered Representative has maintained high standards of integrity and professionalism in the conduct of his/her business, and will continue to do so when conducting business on behalf of Minnesota Life.*

PRINTED NAME OF AUTHORIZED OFFICER	TITLE
SIGNATURE OF AUTHORIZED OFFICER X	DATE
BROKER/DEALER NAME	BROKER/DEALER TAX ID NUMBER