## | RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

2001 Market Street, Suite 1500 Philadelphia, PA 19103 (800)351-7500

APPOINTMENT APPLICATION - Request for appointment to represent Reliance Standard Life Insurance Company TYPE OR PRINT ALL INFORMATION CLEARLY AND PROVIDE A COPY OF YOUR LICENSE(S)

Managing General Agent: <u>Annuity Marketing Services, Inc</u> Reports to: <u>BB&amp;T Securities LLC</u>	Code: <u>IND0013270</u> Code: <u>BDB0003336</u>	Contract Leve Agent: LOA	l For Appointed
I. VITAL STATISTICS:		Pagata Angala	
Name:	Social Security #:		
Appointment Type: Individual Corporate	Tax ID Number:		
Corporation Name:			
Birth Date:	Mailing Preference: ☐Home ☐Busir		
Home Address: State: Zip+4:	Business Address: State:	71-14-	
Previous Home Addresses Last 5 Years:	City: State:	Zip+4:	
From:         To:         Address:           From:         To:         Address:			
Home Phone:	e-mail:		
Business Phone:	e-mail:		
Fax Number:			The state of the s
II, LICENSE - current copies of all licenses listed below MUST be	attached		
State State License Number.		ife	A&H
Resident State:			7.007
AdditionalState:			
III. BUSINESS EXPERIENCE - Employment History, Insurance a	and non-insurance related last three years:		
Employer Location	Position	<u>From</u>	<u>To</u>
N/ 12 to the control of the control			
IV. List other carriers you are currently appointed with:			
	and the second s		
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V. BACKGROUND – Please provide a complete explanation of a			
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<b>FAIR</b>	<b>CREDIT</b>	REPORTING ACT	
DISC	LOSURE	TO PROSPECTIVE	<b>AGENTS</b>

Pursuant to the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.), you are hereby notified that Reliance Standard Life Insurance Company may request an investigative consumer report, which may include information as to your character, general reputation, personal characteristics and mode of living.

You have the right to request, in writing, within a reasonable period of time after your receipt of this notice and authorization, a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under Section 1681d of the Fair Credit Reporting Act.

This additional disclosure from Reliance Standard Life Insurance Company must be in writing and mailed to you, along with a written summary of your rights, within five (5) business days after receipt of your written request.

Please forward your written request to:

Reliance Standard Life Insurance Company ATTN: Agent Licensing Department 2001 Market Street, Suite 1500 Philadelphia, PA 19103

For additional information concerning the Fair Credit Reporting Act, the complete text of the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<a href="http://www.ftc.gov">http://www.ftc.gov</a>).

INVESTIGATIVE AUTHORIZATION	
Applicant's Name:	Birthdate:
Home Address:	
Home Phone Number:	Social Security #:
I hereby authorize Reliance Standard Life Insurance Company ("RSL") to obunder 15 U.S.C. § 1681a of the Fair Credit Reporting Act, which may inclupersonal characteristics and mode of living. I understand that except with resis located in California, RSL may obtain an investigative consumer report at	ude information as to my character, general reputation, spect to individuals whose residence or place of business
Applicant's Signature:	Date: