

# Group Employee Benefits

## Producer Appointment Form Personal Data Sheet

Regular Mail:  
Capital Benefits Group  
5006 Lyndale AVE S  
Minneapolis, MN 55419



Exhibit to Sales Agreement  
CBG Cases



AXA Equitable Life Insurance Company\*  
MONY Life Insurance Company of America\*

For Assistance Call 888.327.8880

Email completed agreement to: [info@capitla-benefits.com](mailto:info@capitla-benefits.com)

This form must be submitted to AXA Distributors, LLC ("AXA Distributors") in order to obtain appointment with AXA Equitable Life Insurance Company ("AXA Equitable") and/or MONY Life Insurance Company of America ("MLOA" and, together with AXA Equitable, the "Companies").

### Appointment Procedure:

- The Personal Data Sheet is used to obtain necessary information to become appointed with AXA Equitable and/or MLOA. If you are requesting an appointment for only the producer, then only the producer fields must be completed. If the appointment request includes the agency, all fields need to be completed.
- The applicant must be licensed in the state for which the appointment is being requested.

For "**pre-appointment**" states, which are listed below, the producer must be licensed and appointed with AXA Equitable and/or MLOA prior to the customer application being executed.

Pre-Appointment States: **Pennsylvania, Puerto Rico, Vermont, Wisconsin**

For all other states, the appointment request must be made no later than AXA Distributors' receipt of the customer application.

**Email (preferred):** [ebaccounservice@axa.us.com](mailto:ebaccounservice@axa.us.com)

**Phone:** 1-866-274-9887

Please check and complete as applicable:

Broker     Agency     Both     Other: \_\_\_\_\_

### 1. Broker

Broker Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

Broker Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Agency\*: \_\_\_\_\_

Business Fax: \_\_\_\_\_

\*If you are an independent broker, please write "independent"

\* "AXA" is the brand name of AXA Equitable Financial Services, LLC and its family of companies, including AXA Equitable Life Insurance Company (AXA Equitable) located at 1290 Avenue of the Americas, New York, NY 10104 and MONY Life Insurance Company of America (MONY America) located at 2999 North 44<sup>th</sup> Street, Suite 250, Phoenix, Arizona 85018.

# NEW AGENT AXA APPOINTMENT CHECKLIST

Please see that the following are submitted with all new requests for appointment.

- Complete **Request for Appointment of Insurance Producer Packet**
- Include copy of **E&O**.
- W-9 Form
- Include copy of current **individual and corporate licenses** for all states in which you do business.

## **SUBMIT ALL FORMS TO:**

Capital Benefits Group  
5006 Lyndale AVE S. Minneapolis, MN  
1-888-327-8880  
speters@capital-benefits.com

## 2. Agency

Agency Name: \_\_\_\_\_

Officer Social Security Number: \_\_\_\_\_

Agency Officer Name: \_\_\_\_\_

Officer State & License Number: \_\_\_\_\_

Agency Business Address: \_\_\_\_\_

Agency Officer Email Address: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP

Agency Tax ID Number: \_\_\_\_\_

Agency PO Box (if applicable): \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

## 3. Licensing

*Broker*

*Agency*

Broker National Producer Number (NPN): \_\_\_\_\_

Agency National Producer Number (NPN): \_\_\_\_\_

In which state(s) would you like to be appointed?  
\_\_\_\_\_

In which state(s) would you like to be appointed?  
\_\_\_\_\_

*\*To access your NPN, the National Insurance Producer Registry (NIPR.com) offers an instant look up on their website\**

## 4. Background Information

**Please review and check an answer for each question below.**

**Yes No**

1. Do you have any prior affiliation with AXA Equitable, MLOA, AXA Advisors LLC or any of their affiliates?

If yes, please indicate which company: \_\_\_\_\_

2. Are you covered under your agency's Errors and Omissions (E&O) policy?

If not, please attach the declaration page of your E&O policy.

**If any question below is answered in the affirmative, a written explanation is required. Please send a separate attachment along with this Producer Appointment Form. Failure to provide supporting evidence and/or an explanation will prolong your appointment process.**

3. Have you ever been convicted of any felony?

If said felony conviction was related to dishonesty or breach of trust, have you received, subsequent to such conviction, written consent from an authorized insurance regulator that you may be employed in the insurance industry?

If yes, attach a copy of such consent.

## 4. Background Information (Continued)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 4. Has FINRA or any Federal or state regulatory agency ever:   |                          |                          |
| (a) found you to have made a false statement or omission or been dishonest, unfair, or unethical?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) found you to have been involved in a violation of insurance-related statutes or regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) found you to have been a cause of an insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) entered an order against you in connection with insurance-related activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with an insurance-related business, or disciplined you by restricting your activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) revoked or suspended your license as an attorney, accountant, or federal contractor?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to fraud?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been or are you currently the subject of an insurance-related or consumer-initiated complaint?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been discharged or permitted to resign because you were accused of:   |                          |                          |
| (a) violating insurance-related statutes, regulations, rules or industry standards of conduct?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) fraud or the wrongful taking of property?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any contracts that you held with any insurance companies been cancelled for cause (not including productivity)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or renewal refused?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had any of the following: sought protection from creditors, declared bankruptcy, been subject to an assignment for the benefit of creditors, had a lien or judgment, had a creditor charge off an account/payables as bad debt or uncollectible, or had any other problems in your credit history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you under any legal order/judgment to make monetary payments to another person or business entity or have you ever had your wages garnished?   | <input type="checkbox"/> | <input type="checkbox"/> |

## 5. Background Check Disclosure

**Disclosure:** I hereby authorize AXA Distributors to obtain an investigative consumer report on me. I further authorize any employer, credit bureau, consumer reporting agency or any other custodian or financial, personal or professional information regarding me to release to AXA Distributors any and all data respecting my duties, personal and professional behavior, credit and financial information. A photocopy of this authorization shall be deemed as valid as the original and this authorization shall remain in full force and effect for a time period of two years from the date hereof. I acknowledge that I have read and understand the notices in this paragraph.

**I hereby authorize AXA Distributors to query my record.**

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Witness:** \_\_\_\_\_

## 6. Acknowledgement and Authorization

I hereby certify that I have read and understand the items on this appointment form and that my answers are true and complete to the best of my knowledge.

I agree to conduct my business in accordance with applicable laws and standards set forth by AXA Distributors, AXA Equitable and/or MLOA, as the case may be.

**Broker:**

**Signature of Broker:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Broker:** \_\_\_\_\_

**If Agency (Officer Please Sign Here):**

**Signature of Agency Officer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Agency Officer:** \_\_\_\_\_

## 7. Summary of Consumer Rights

### **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The Federal Fair Credit Reporting Act ("FCRA") is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" ("CRA"). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA 15 U.S.S. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

### **YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU.**

Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

### **YOU CAN FIND OUT WHAT IS IN YOUR FILE.**

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving notice of the action. You also are entitled to one (1) free report every twelve (12) months upon request if you certify and (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

### **YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA.**

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within thirty (30) days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

### **INACCURATE INFORMATION MUST BE CORRECTED OR DELETED.**

A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information.

**YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error. **OUTDATED INFORMATION MAY NOT BE REPORTED.** In most cases, a CRA may not report negative information that is more than seven (7) years old, ten (10) years for bankruptcies.

**ACCESS TO YOUR FILE IS LIMITED.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business. **YOUR CONSENT IS REQUIRED FOR REPORTS THAT ARE PROVIDED TO EMPLOYERS, OR REPORTS THAT CONTAIN MEDICAL INFORMATION.** A CRA may not give out information about you to your employer or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

### **YOU MAY CHOOSE TO EXCLUDE YOUR NAME FROM CRA LISTS FOR UNSOLICITED CREDIT AND INSURANCE OFFERS.**

Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely. **YOU MAY SEEK DAMAGES FROM VIOLATORS.** If a CRA, user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.