



# **NATIONWIDE LICENSING & CONTRACTING**

**PLEASE COMPLETE THE ATTACHED APPOINTMENT  
PAPERWORK AND MAIL, FAX OR EMAIL TO:**

**United Producers Inc  
1100 East 6600 South, Suite 505  
Salt Lake City, UT 84121**

**Fax Toll Free: 888-888-7449**

**Email: [kirby@uproducers.net](mailto:kirby@uproducers.net)**

**Please send a copy of the following with your appointment paperwork:**

- **Copy of Insurance License**
- **Copy of E&O Coverage**
- **Anti-Money Laundering Completion Certificate**



**Nationwide**  
On Your Side

# Nationwide Financial Brokerage Agent Data Sheet

Full Name: \_\_\_\_\_ EXACTLY AS SHOWN ON LICENSE Date of Birth: \_\_\_\_\_

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

State(s) to be Appointed in: \_\_\_\_\_ Resident License State: \_\_\_\_\_

Business Address: \_\_\_\_\_ STREET ADDRESS OR P O BOX

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ OPTIONAL

Resident Address: \_\_\_\_\_ STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY

Resident Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ OPTIONAL

Will you be receiving commissions directly?  Yes  No **If Yes, an additional agreement is required and will be sent to you. If no, the Agency will be paid commissions.**

If you are receiving commissions directly but not participating in Direct Deposit, what address would you like your check mailed to?

Mailing address: \_\_\_\_\_  
Street City State Zip

**MUST BE COMPLETED BY AGENT: (Please attach a detailed letter of explanation for any "Yes" answer to the following questions)**

AML Training conducted via external vendor?  Yes  No  
Name of External Vendor: \_\_\_\_\_

AML Training conducted in-house?  Yes  No  
In-house training contained explanations of regulations and rules related to AML, identification and/or examples of "suspicious activity"?  Yes  No

Have you ever been convicted of, pled no contest to, or are currently under indictment for any criminal felony or misdemeanor (excluding minor traffic violations) including but not limited to any activity involving the financial services industry?  Yes  No

Are you the subject of any investigation, pending complaint, arbitration, or civil or criminal charge that has not already been disclosed to any securities, banking or insurance authority on the Form U-4, U-5 or any other required document?  Yes  No

Have you ever been suspended, disqualified, disciplined, or terminated for cause by any former employer / organization, state, federal or self-regulatory agency?  Yes  No

Have you ever had an appointment canceled by an insurance company for reasons other than lack of production?  Yes  No

Have you filed a bankruptcy petition, been declared bankrupt or insolvent within the past ten years?  Yes  No

Are you currently indebted to any insurance company or do you now have or have you ever had any unsatisfied judgments, liens, or garnishments against you?  Yes  No

I, \_\_\_\_\_, hereby authorize Nationwide, its affiliates and subsidiaries including its agents, to make an independent investigation of my background, references, character, past employment, education, criminal or police records, disciplinary matters including those mandated by public and private organizations, the Central Registration Depository ("CRD"), the Investment Adviser Registration Depository ("IARD"), and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment.

I release Nationwide and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I affirm that all of the information provided on the foregoing statement is true, accurate and complete to the best of my knowledge. Should any of the information change, I will promptly notify Nationwide in writing.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAX Completed form to 614-249-5512**