



400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

Registered Rep: Complete form and return to your Broker-Dealer.

Broker-Dealer: Verify and submit to Columbus Life Licensing Department, 221 E. Fourth Street, Suite 300, Cincinnati Ohio 45202. Fax (513) 362-8318

For assistance in completing this form, call 1-800-677-9696, Option 4

<input checked="" type="checkbox"/> APPOINTMENT REQUEST		<input type="checkbox"/> INFORMATION UPDATE	
Producer		Email	Other Names Known By (i.e. maiden)
Residence Address			Phone Number
Social Security Number		Date of Birth	Place of Birth
Business Address		Phone Number	Fax Number
Broker-Dealer Name Money Concepts International (CL00090320)		Manager	
Broker-Dealer Rep Phone Number		Broker-Dealer Rep #	

**STATE REQUESTS**

Please mark "X" by the state in which you wish to obtain an appointment. You must also be NASD registered in that state.

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AR | <input type="checkbox"/> AZ | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY |                             |

Please attach copy of your Insurance license for each state requested and your FINRA status report.

Please check appointment requested:

- Fixed Products  
 Variable Products

I hereby certify that the above information is true to the best of my knowledge. I fully understand and authorize Columbus Life Insurance Company, as the exclusive underwriter of Columbus Life products to conduct an investigative report on my behalf to license or appoint as requested. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession in connection with this request. I also certify that I have never been convicted of a felony involving dishonesty or breach of trust. I am willing that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand that this authorization is to be part of the written appointment request which I now sign.

Signature <b>X</b>	Date
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**FOR HOME OFFICE USE ONLY (Do not write in this area)**

Date Received	
Firm Branch #	
Date Appointment Approved	