

Please return the completed and signed AML Certification to Oxford Life's Licensing Department

Oxford Life Insurance Company
Producer AML Certification

I represent and warrant that I completed an AML training course and have specified the date of training and vendor below to satisfy my obligation to take an AML training course every two years.

Agent Name: _____

Oxford Life Producer Number: _____

Date of Most Recent AML Training: _____

AML Training Provider: _____

Signature: _____

Date: _____

Upload Via the Agent Portal

"My Tools"

"Upload Document"

Fax

1-877-584-2777

Email

contracting@oxfordlife.com

Mail

2721 N Central Avenue
Phoenix, AZ 85004