

CARRIER: AXA/EQUITABLE
PACKET CURRENT AS OF: 3-25-04

**CARRIERS REQUIRE ALL
PAGES OF THE
LICENSING PACKET BE
SUBMITTED IN ORDER TO
COMPLETE YOUR
CONTRACTING – THEY NEED
THE ENTIRE
CONTRACT/AGREEMENT AND
ALL RELATED DOCUMENTS.**

**EVERY PAGE NEEDS TO BE
REVIEWED, COMPLETED, OR
SIGNED – THANK YOU FOR
MAKING SURE TO RETURN
EVERY PAGE OF THE PACKET
WE SEND TO YOU, BACK TO
US AT CPS.**

equitable

variable and fixed life policies

Brokerage General Agency (BGA)

Appointment Form

Mail forms to:

The Equitable Life Assurance Society of the U.S.
AXA Distributors, LLC
Attn: Licensing Department
P.O. Box 1547, 200 Plaza Drive
Secaucus, NJ 07096
Fax: 201-583-2812



AXA Distributors, LLC
For Assistance Call 800-661-6729

five easy steps to an equitable appointment

1. Complete the Personal Data Sheet

The Personal Data Sheet is used to obtain information necessary to establish a file on the agent requesting an appointment with Equitable.

2. Attach a Copy of Your Resident State Insurance License

Agent should have been issued a certificate (license) when he/she passed his/her resident state insurance exam. If you do not have a copy of this certificate, please contact your resident state and have a duplicate license issued and mailed to you.

3. Attach Your Non-Resident State Insurance License

If an agent is going to be soliciting clients in a state(s) other than his/her resident state, he/she must obtain the appropriate securities license and state registration(s) as well as an insurance license(s) with the proper line(s) of authority (varies by state). Please contact your Broker/Dealer home office for assistance in obtaining non-resident licenses.

4. Attach Your Form U-4 Status Report

Your Form U-4 Status Report (CRD) is maintained at your Broker/Dealer's Home Office; please contact your licensing department to obtain a copy.

5. Attach State Form (if applicable)

Three states (GA, MA, and WV*) have a special form that agents need to complete and sign when requesting an appointment with an insurance company. You may contact our Licensing Department at 800-789-7771 should you need copies of these forms.

*Required only when requesting a non-resident appointment.

appointment processing procedures with equitable

You may submit your appointment request concurrent with your first application in the following states:

Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Virginia, and Wisconsin.

Appointment effective two weeks after receipt of completed paperwork by Equitable:

Georgia, Hawaii and Texas.

Once your Broker/Dealer (or its insurance affiliate) has been appointed with Equitable Life, you may submit your appointment request concurrent with your first application:

Idaho, Montana, Washington, and Wyoming.

Appointment effective upon receipt of confirmation from state:

(You may not solicit business in the following states until receipt of confirmation is received by your Broker/Dealer home office.)

Alabama, Delaware, District of Columbia, Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, New Mexico, Oklahoma, South Carolina, South Dakota, Vermont, and West Virginia.

Agent procedure:

All completed documents need to be forwarded to the Licensing Department at your Broker/Dealer.

personal data sheet

Please check one:

☐ Variable Products

☐ Fixed Products

☐ Both

Agent Name _____

Resident Address _____

Office Address _____

Office Phone _____ Branch Number (if applicable) _____

Business Address _____

Phone Number _____ Fax Number _____

Date of Birth _____ Social Security Number _____

BGA Name CPS INSURANCE SERVICES # 400319

BGA Tax ID Number CPS TAX ID # 953339518

Agent Number at Your Firm (required) _____

Resident State License Number (a copy of the license must be sent along with this form) _____

Non-Resident State License Number(s) (a copy(ies) of the license(s) must be sent along with this form) _____

Notification of Appointment To Be Sent To CPS Licensing Department

Fax Number 949-225-7157

Brokerage General Agency (BGA) hereby certifies that the Agent is not subject to any statutory disqualification and that all other personal qualifications (other than the appointments being sought) described in Sales Agreement in effect among AXA Distributors, LLC, and the BGA have been satisfied.

AGENT COMPENSATION FOR AXA/EQUITABLE

<u>Product</u>	<u>Base First Year Comp</u>	<u>Renewals</u>
Term 144 10 year	50	0
Term 144 20 year	50	0
Term 144 30 year	50	0
Athena UL	50	0
Athena Survivorship UL	50	0

Additional First Year Compensation to be paid (if any) is left to the discretion of the CPS Affiliate Office. No renewals will be paid.

CPS PRODUCER PROFILE

Please complete this form, and return it to us. We must have a completed and signed version of this form on file for each CPS producer.

Agent Name _____

Company/Corporation Name _____

Fax Number _____ Email Address _____

Business Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

Mail to (check one): ☐ Home ☐ Business

Preferred method of receiving correspondence (check one):

☐ email ☐ fax ☐ mail

Business Phone _____ Home Phone _____

Social Security # _____ Tax ID # _____

Insurance License Number _____ Date of Birth _____

Designations: CLU CPCU ChFC RHU CFP LUTC CIC (circle applicable)

Do you carry E&O insurance? ☐ No ☐ Yes, name of carrier _____

Are you securities licensed? ☐ No ☐ Yes (circle applicable) 6 7 22 24 26 63

If NASD registered, what is the name of your broker dealer? _____

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***** Important, please see other side *****

CPS INSURANCE SERVICES / CA LIC.# 0571612
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255
LICENSING DEPARTMENT FAX 949-225-7157

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortious act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Producer

Date

We appreciate your business.

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