

## Broker-Dealer or Agency Adviser Appointment (69) Data Form Annuities

## Please print all answers

## Instructions

Please complete and provide the following information for each Adviser. Photocopies are acceptable.

- Copy of FINRA Broker Check
- Copies of Resident and Non-Resident Insurance Licenses for All Lines of Business (Adviser is responsible for fees associated with all non-resident appointments requested)

Check made payable to Penn Mutual for sum of all non-resident appointment fees (PML & PIA)				
Broker Information				
Broker-Dealer or Agency Name Highland Capital Brokerage				
Adviser Name (as appears on license)				
Social Security #	Date of Birth (mm/dd/yyyy) / /	Sex ☐ Male ☐ Female		
Resident Address Street	City	State Zip		
Business Address Street	City	State Zip		
Home Phone	Business Phone ( )	Cell Pl	Cell Phone ( )	
Business Fax ( )	Email Address		NPN#	
Contact Information				
Contact for Questions and Appointment Confirmation				
Phone Number ( )	Fax Number ( )	Email Address		
<ul> <li>Completed forms for resident appointments are to be emailed to CLR-ProducerServiceTeam@pennmutual.com</li> <li>If emailing is not possible, then faxes will be accepted at 215-956-8541</li> </ul>				
Mailing Information				
If Adviser requires non-resident appointments, completed form should be mailed along with check for non-resident appointment fees payable to:				
Penn Mutual Life Insurance Company Contract, Licensing & Registration – IBD Team 600 Dresher Road, Mail Code: C2F Horsham, PA 19044				
For any questions, please call 1-800-818-8184, option 6, option 1.				