



## **Agent Contracting**

**Please complete the following contracting package and FAX to  
866-866-2232 (toll-free) or 732-792-9777**

**AnnuityCommissions.com  
28 Harrison Ave., Suite D209  
Englishtown, NJ 07726**

**If you have any questions or changes to existing contracts, please contact  
Hersh Stern at 866-866-1999 (toll-free) or 732-792-1011.**

NATIONWIDE FINANCIAL  
LICENSING SERVICES DIVISION PRODUCER INFORMATION FORM



**ALL INFORMATION IS REQUIRED UNLESS NOTED AS "If Applicable"** (Please print legibly or type)

Will you sell **PRIMARILY** in a bank, credit union or savings and loan?  Yes  No If Yes, Name: \_\_\_\_\_

Please indicate which products you will sell:  Individual Annuities  Individual Life  Fixed Only  Group Annuities  Group Retirement Trust

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
EXACTLY AS SHOWN ON LICENSE

Date of Birth: \_\_\_\_\_ National Producer Number: \_\_\_\_\_

State(s) where business will be sold: \_\_\_\_\_ (Note: Broker Dealer/Firm must be licensed/appointed in the state(s))

Broker/Dealer Name: **WEBANNUITIES INS. AGY., INC** NASD U-4 Status Report CRD Number: **N/A**

Agency Name: **WebAnnuities Dealer # H05572572** Fixed Firm: **WEBANNUITIES INS. AGY., INC**  
IF APPLICABLE IF APPLICABLE

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

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

Business Telephone:(\_\_\_\_\_) \_\_\_\_\_ Business Fax:(\_\_\_\_\_) \_\_\_\_\_

Business Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Business E-mail Address: \_\_\_\_\_

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

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

Resident Telephone:(\_\_\_\_\_) \_\_\_\_\_

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

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?  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

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

Have you ever been suspended, disqualified or disciplined by any state, federal or self-regulatory agency?  Yes  No

I, \_\_\_\_\_, hereby authorize Nationwide and its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those mandated by both public and private organizations 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.

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

**NATIONWIDE LIFE INSURANCE COMPANY**  
**MAILING ADDRESS**  
LICENSING SERVICES DIVISION RR1-07-F3  
NATIONWIDE INSURANCE ENTERPRISE  
PO BOX 182021  
COLUMBUS OH 43218

**EXPRESS MAILING ADDRESS**  
LICENSING SERVICES DIVISION RR1-07-F3  
NATIONWIDE INSURANCE ENTERPRISE  
5100 RINGS RD  
COLUMBUS OH 43017

**LICENSING FAX NUMBER**  
**866-866-2232**

