

# VARIABLE ANNUITY APPOINTMENT REQUEST



FINANCIAL REPRESENTATIVE NAME:

REP#

Please list the Variable Insurance Companies you would like to be licensed with and we will forward the appropriate licensing paperwork.

PLEASE ATTACH A COPY OF YOUR INSURANCE LICENSE.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Please don't hesitate to contact Tracy Williams at [tracy@ccsmadison.com](mailto:tracy@ccsmadison.com) or at 608-221-4545 with any questions.