Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Business Entity License/Registration

(Please Print or Type)

New Application Additional Line(s) of Authority Demographic Information Incorporation/Formation Date (month) (alay) (veat)					-,	н ог тур		(1100				Resident Li Non-Reside	neck ap
Demographic Information									t	ome State License #	Identify Horication	New Applie	
DBusiness Entity Name Incorporation Formation Date (month)					on	Informati	raphic)emos		Authority	Line(s) of A	Additional	_
① If applicable, FINRA Firm Central Registration Depository (CRD) ② It assigned, National Producer Number (NPN) ② If applicable, FINRA Firm Central Registration Depository (CRD) ③ State of Domicile ② Country of Domicile ③ Country of Domicile ③ It is the business or intend to do business. ② Is the business entity affiliated with aM s SSN - NPN Name SSN - NPN Title SSN/FEIN - D.O.B Owner: Yes /No % of ownerst Name Title SSN/FEIN - D.O.D.B Owner: Yes /No % of ownerst Name Title SSN/FEIN - D.O.D.B Owner: Yes /No % of ownerst Name		EIN	e ③F	ation Date			шрик	remog			ame	ess Entity Na	Busin
List any other assumed. fictitious, alias or trade names under which you are currently doing business or intend to do business. Is the business entity affiliated with aM s SSN - NPN Name SSN - NPN Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersl Name Title SSN/FEIN - D		-		(year)	_(day)((month)							
SSN		ý (CRD)	ion Depositor	Registratio	m Central R	e, FINRA Fii	applicab	③ If		er Number (NPN)	nal Producer	gned, Nation)If assi
SSN		y of Domicile	8 Countr	nicile	State of Don	y 0:	current	ı you ar	names under which				
SSN	try		"			,				ted with aM s	ntity affiliated	e business en) Is the
SSN													
SSN		I)	1			0		(6))		
SSN													ne
Name					NPN_	-	-	1	SSN				_
Owners, Partners, Officers and Directors Didentify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited line. Name							_						_
Didentify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited line. Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners! Name Title SSN/FEIN D.O.B Owner: Yes / No % of owners!								`					
Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh				rs	Director	ficers and	ers, O	Partr	Owners,				
Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh	iability company:	rs of a limited l	ers or manage	or membe	ess entity, o	s of the busin	d directo	ficers an	iterest, partners, off	interest or voting in	s with 10% ii	fy all owners	Identi
Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersl Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersl Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersl Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersl Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersl	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	_		SSN/FEIN	Title			Name _
Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	-		SSN/FEIN	Title			Name _
Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - - D.O.B Owner: Yes / No % of ownersh	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	-	-	SSN/FEIN_	_Title			Name _
Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh Name Title SSN/FEIN - D.O.B Owner: Yes / No % of ownersh	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	-		SSN/FEIN	_Title			Name _
NameTitleSSN/FEIN D.O.BOwner: Yes / No % of ownersh	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	-		SSN/FEIN	Title			lame _
	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	-		SSN/FEIN	Title			lame _
	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	-		SSN/FEIN	_Title			lame _
NameTitleSSN/FEIN D.O.BOwner: Yes / No % of ownersh	hip interest	% of owners	er: Yes / No	Owner		_ D.O.B _	-		SSN/FEIN_	Title			Name _

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at	

