OXFORD LIFE INSURANCE COMPANY®
PERSONAL DATA SHEET

1. Name: _____
First Middle Last

2. Spouse: _____
First Middle Last

3. Business Name: _____

4. Business Address (Street Address Only): _____
Street County

_____
City State Zip

5. Resident Address (Street Address Only): _____
Street County

_____
City State Zip

6. Date of Birth: _____ Birth Country: _____ Birth State: _____

7. Tax ID No.: _____ Social Security No.: _____

8. Business Telephone: _____ Residence Telephone: _____

Mobile Telephone: _____ Carrier: _____

Fax Number: _____

E–Mail Address: _____

9. Are you a U.S Citizen or Permanent Resident? ☐ Yes ☐ No

10. Current Lines of Authority: ☐ Life ☐ Health ☐ Disability ☐ NASD ☐ Property and Casualty

11. Resident State: _____ Producer License No.: _____

12. Commission Payable to: ☐ Individual ☐ Business Is Business: ☐ DBA ☐ Partnership or LLP ☐ C-Corp ☐ S-Corp ☐ LLC

13. Direct Deposit Information: ☐ Checking ☐ Savings Routing#: _____

Bank Name: _____ Account#: _____

14. Do you want to receive Advance Commissions?

Life Insurance ☐ Yes ☐ No ☐ 50% (6 months) ☐ 75% (9 months)

Medicare Supplement ☐ Yes ☐ No ☐ 75% (9 months)

15. How do you prefer to receive correspondence from us: ☐ Email ☐ Text Messaging

16. Route supplies and policies to: ☐ Residence ☐ Business

****Please Describe any "Yes" answers from questions 17 through 21 (use separate sheet)****

17. Have You ever pled guilty or "nolo contendere" to or been found guilty of a misdemeanor or felony? ☐ Yes ☐ No

18. Have You ever declared Bankruptcy? ☐ Yes ☐ No

19. Have You ever been refused a surety or fidelity bond? ☐ Yes ☐ No

20. Have You ever had, or do You in the near future, anticipate any disciplinary action from any insurance department or other state or federal regulatory authority? ☐ Yes ☐ No

21. Do You have any unpaid debit balances, or other debts with any other insurance company, including any of Oxford Life's subsidiaries, that:

a. are being paid off by your renewals? ☐ Yes ☐ No

b. are not being paid by you and may or may not be in the collection process? ☐ Yes ☐ No

22. How much premium do You expect to produce for Oxford Life during the first year? _____

23. Do You currently have individual E&O coverage? _____ with what company? _____

24. Are you interested in purchasing E&O coverage sponsored by Oxford Life? ☐ Yes ☐ No

As part of this application for appointment as a Producer, I understand that an inquiry may be made regarding my character, reputation, and business ethics. I hereby give permission for an investigative consumer report, which may include federal and/or state background checks. Upon written request, information as to the nature and scope of the report, if one is made, will be provided.

The information furnished herein is accurate to the best of my knowledge. I understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for refusal or termination at the sole discretion of Oxford Life.

_____ _____
Producer's Signature Date