



**APPOINTMENT REQUEST**

*Please print in blue or black ink.*

Appointment State(s)	Date
Company to be appointed under: <input type="checkbox"/> HM Life Insurance Company	

**INDIVIDUAL APPOINTMENT**

Individual Name	E-mail
Complete Residential Address	
Complete Business Address	
Business Telephone Number	Business Fax Number
Social Security Number	Date of Birth

**CORPORATION APPOINTMENT**

Corporation Name	E-mail
Complete Business Address	
Tax ID Number	
Business Telephone Number	Business Fax Number

**Note: Be sure to provide individual appointment information for active producers of the corporation.**

<b>REMARKS</b>

**Note:** Appointments must be processed prior to a sold case effective date.

**Return this completed form along with a copy of your state license(s) to:**

HM Life Insurance Company  
 Commissions Department  
 111 Founders Plaza, Suite 1805  
 East Hartford, CT 06108  
 Fax: (860) 289-8551  
 Telephone: (800) 443-3221  
 E-mail: commissions@hminsurancegroup.com

I hereby certify that I have disclosed to the Commissioner of Insurance of the state(s) in which I am licensed, all prior felonious convictions, if any. I further certify that I have been granted permission to procure/solicit insurance by the Commissioner of Insurance of the state(s) in which I am licensed, upon such disclosure, if applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date