

This is a Fillable Form. Press your Tab key to begin. Make sure to save the form when finished.



**Great Lakes Financial Advisors Group Inc.
Agent Information Form**

Agent Information **Date:**

Last Name First Name Middle Name

Greeting DOB SS#

Professional Designations Woodbury 6-digit broker code/RVP Name

Residence Street Address City State Zip

Business Street Address City State Zip

Home Phone Business Phone Cell Phone

Fax # E-Mail Email Phone Fax
Communication Preferred

Assistant's Name & E-mail

Licensing – Please attach copies of all state licenses and E & O certificate

Resident License State: _____ License # _____

Anti-Money Laundering Course: LIMRA Other _____

If other, please attach a copy of your Anti-Money Laundering Certificate

***If planning to sell LTC products or LTC riders please attach a copy of your LTC Continuing Education Certificate if applicable in your state. Training must be completed before you write business. Please go to www.ClearCert.com if unsure about your state requirements.**

New Business

Who should order exams? Great Lakes Broker

Who should have access to cases? _____

Please fax to 800-711-3683 or e-mail to licensing@lakesadvisors.com