

Agent Data Form



Copy of current insurance license must accompany this form.

NOTE: Hartford Life may perform an investigative search into an agent's character and criminal history, as required by state insurance regulations.

Completed Forms may be faxed to the Attention of Licensing at (860) 392-3346

Questions?

Investment Professionals
Call 1-800-862-7155, Option 4

Online
www.hartfordinvestor.com

Section A - Business Line Information

Select only the business line(s) in which you plan to conduct business:

- Individual Variable Annuity (IVA)
 Individual Fixed Annuities (non-registered)
 Group Pension - Corporate (GP-Corp)
 Group Pension - Institutional Solutions Group (ISG)
 Group Variable Annuity (GVA-Government)
 Individual Life (ILH)

Section B - Agent Information (you must complete this section)

Writing Agent	Social Security Number	NPN Number	
Date of Birth	CRD Number (for FINRA registered agents)		
Agent Business Street Address	City	State	Zip Code
Residence Street Address	City	State	Zip Code
Telephone Number	Fax Number	Email	

Section C - Firm Information (you must complete this section)

Name of Firm or Agency	Firm or Agency Tax ID Number		
Firm Mailing Address	City	State	Zip Code
Firm Telephone Number	Fax Number		

Comments:

Have you....

- completed section A and checked all that apply?
- completed section B and C and provided your telephone number in case we need to call you for additional information or to clarify your instructions?

**For standard mail delivery,
please mail this form to:**
Hartford Life Global
Operations & Technology
Attention: Licensing Department
PO Box 5085
Hartford, CT 06102-5085

**For private express mail,
please mail this form to:**
Hartford Life Global
Operations & Technology
Attention: Licensing Department
1 Griffin Road North
Windsor, CT 06095-1512