



FORREST T. JONES CONSULTING COMPANY

APPOINTMENT REQUEST FORM

Please appoint the following agent or agency with Fidelity Security Life Insurance Company for Vision Care Benefits:

Agent Name: _____
Last First Middle

Agency Name: _____

Contract Date: _____
Date Agent Data Sheet Signed

Appointment In: Resident State Non-Resident State of _____

Commissions: _____ % of Premiums

Enclosures:

- 1) Fully completed Agent Data Sheet.
- 2) Copy of Agent/Agency License Resident Non-Resident
- 3) Check payable to Fidelity Security Life for the appointment fee (see fee list).

NOTE: If the agent/agency already has an active appointment with Fidelity Security Life, in the appropriate state, an additional fee is not required.

Requested By: _____ Date: _____
Select Networks