



# BROKERS NATIONAL LIFE ASSURANCE COMPANY

P O Box 150129  
Austin, Texas 78715  
800-798-1125

Email us at [BrokersChoice@bnlac.com](mailto:BrokersChoice@bnlac.com)

## APPOINTMENT INFORMATION DATA SHEET

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City County State Zip

Provide complete address for UPS delivery \_\_\_\_\_

Tax ID # (if applicable) \_\_\_\_\_ Business phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City County State Zip

Email Address \_\_\_\_\_ State License # \_\_\_\_\_ Circle one: Life Health/Disability

\*FOR COMMISSIONS TO BE PAID BY ELECTRONIC TRANSFER:  
(Circle one) Checking Savings

Bank Name and address \_\_\_\_\_

Bank Routing Number (9 digit number on bottom left of check) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

\*If you have an assignment, this information needs to be from assignee.

### ASSIGNMENT OF COMMISSIONS

Assign commissions to: \_\_\_\_\_  
(Note: commission statements/checks will read however this line reads!)

Tax Identification number: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Information about Brokers National Life was received from:

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