



**GREAT AMERICAN SUPPLEMENTAL BENEFITS GROUP
NON-RESIDENT STATE APPOINTMENT ADDITION(S) FORM**

To add a new non-resident state appointment please fill out the following:

Name: _____ Date: _____

Agent Number(s): _____

Be sure to include all current agent numbers from all companies you are requesting.

Telephone Number: _____

Fax Number: _____ Email: _____

Non-Resident state(s) that you wish to add: _____

For Which Company:

- | | |
|---|---|
| <input type="checkbox"/> Central Reserve Life Insurance Company | <input type="checkbox"/> Loyal American Life Insurance Company® |
| <input type="checkbox"/> Continental General Insurance Company | <input type="checkbox"/> Provident American Life & Health Insurance Company |
| <input type="checkbox"/> Great American Life Insurance Company® | <input type="checkbox"/> United Teacher Associates Life Insurance Company |

State Appointment Fees:

- Debit my bank account to pay for my state appointment fees.
- Enclosed is a check to pay for my state appointment fees (If you are faxing this form but writing a check for your appointment fees please include a copy of this form along with your check).

Please fax or mail this form AND copies of your non-resident licenses for the states you are requesting to add to:

MAIL TO:

ATTN: Licensing Department
P.O. Box 26580
Austin TX 78755-0580

FAX TO:

ATTN: Licensing Department
888-832-4154
Total Number of Pages Faxed: _____

If you have any questions at all please contact our Licensing Department at 866-459-4272 opt 2.