## Pre Hire Confidential Questionnaire

			Date	received:	
Name:			DOB:		
Referred by:		Soci	al Security Number:		
Email:					
Home Addre	ess:				
Business Na	Street me and Add		State	ZIP	_
Telephone: Business (		City Home ( )	State Fax ( )	ZIP	
Are you cur			e you been within the last		
Please indica	ate any other		ne from broker dealer \$indexed annuities (if not in		r dealer
*ATTACH	VERIFICA	TION (copies of For	m 1099, W-2's etc.)		
Mutual Fund Traditional I	ds% V Life Ins./Fixe	ariable Life% ariable Life% ariable Life%	e of time spent in the various Variable Annuities% Other Non Investment	DPP/LP	_%
Are you curr	rentiy iicense	ed as an insurance age	nt? Yes No		

## PRE-HIRE AUTHORIZATION FORM TO ACCESS CRD HISTORY

The purpose of reviewing this information prior to processing any U-4 submitted is to determine

- 1. If the licensing transfer may be delayed due to disciplinary history or delinquent continuing education status.
- 2. If special supervision or training needs exist due to employment or disciplinary history, pursuant to FINRA Notice to Members 97-19.

Area to be accessed include, but may not be limited to, disciplinary history, employment history, and regulatory elements continuing education status as found on the WEBCRD. All information obtained will be used for hiring, licensing and compliance purposes only.

You will be notified by the Variable Investment Advisors, Inc. back office of any anticipated transfer delays.

The undersigned individual understands the foregoing and hereby authorized Variable Investment Advisors, Inc. to access his/her history on WEBCRD.

Full Name (print)	
Signature	
Date of Birth	Social Security Number
Today's date	CRD # (if known)
Comments:	