

**UNIVERSITY OF HAWAI‘I
TAX DEFERRED ANNUITIES – INSURANCE ANNUITIES
APPLICATION FOR 403(b) SERVICE PROVIDERS**

(Name of Insurance Company)

Criteria	Yes/No
1. Is the insurance company licensed to do life insurance business in the State of Hawai‘i? Attach a copy of the Certificate of Authority issued by the State of Hawai‘i, Department of Commerce and Consumer Affairs.	
2. Is there a general agent appointed by the insurance company at the local agency/company? Attach a copy of Form 402, Notice of Appointment of General Agent issued by the State of Hawai‘i, Department of Commerce and Consumer Affairs.	
3. Does the insurance company provide policies, which conform to and provide all the advantages of the applicable laws and regulations pertaining to IRS Code 403(b)?	
4. Does the insurance company or the local agency train the local insurance agents to properly implement IRS Code 403(b) including the calculation of the Maximum Allowable Contribution?	
5. Does the insurance company or the local agency provide appropriate forms and educational information to properly implement IRS Code 403(b)? Attach samples of forms and educational information to be provided to University of Hawai‘i Tax-Deferred Annuity Plan participants.	
6. Does the insurance company have a rating from A.M. Best Company? Attach a current copy of the insurance company's rating, the relative financial strength and operating performance as determined by A.M. Best Company. Include available ratings from other rating firms, such as Weiss, Moody, and Standard & Poor.	
7. Does the insurance company or local agency have insurance agents in Hawai‘i to provide advice and administrative services to University of Hawai‘i Tax-Deferred Annuity Plan Participants?	

Employee’s payroll contributions must be sent directly to the following address:

Company Name

Address

City, State, Zip Code

(Complete certification on reverse side)

**UH TDA-INSURANCE ANNUITIES
APPLICATION FOR 403(b) SERVICE PROVIDERS
CERTIFICATION**

This is to certify that the information provided on this form is accurate and complete.

Certified at the Service Provider Home Office:

Print/Type Name	Signature	Date
Title	Company Name	
Home Office Address	City, State, Zip Code	
(____) _____ Area Code & Telephone Number	E-mail Address	

Certified by the Local General Agent:

Print/Type Name	Signature	Date
Title	Company Name	
Local Office Address	City, State, Zip Code	
(____) _____ Area Code & Telephone Number	E-mail Address	

Sub Agent/Solicitor Name (if applicable):

Print/Type Name	Signature	Date
Title	Company Name	
Office Address	City, State, Zip Code	
(____) _____ Area Code & Telephone Number	E-mail Address	

Submit completed original form and required documents to:

**Plan Compliance Group, Ltd.
220 S. King Street, Suite 1230
Honolulu HI 96813**

Phone: (808) 546-5588 or E-mail: uhtda@pcgltd.net