

**UNIVERSITY OF HAWAII  
403(b) Tax-Deferred Annuity  
Insurance Agency Application**

\_\_\_\_\_  
**Name of Insurance Agency**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

List the name(s) of the UH authorized insurance service provider(s) and the appointed Designated Representative/Managing Producer at your agency for all service providers offering 403(b) tax-deferred annuity investments through the University of Hawai'i's Tax-Deferred Annuity Program.

Include a photocopy of the **Form 402, Notice of Appointment of General Agent (If issued prior to 07/01/02) OR Form APPT I/P, Notice of Appointment of Producer (If issued on or after 07/01/02)**, issued by the State of Hawaii, Department of Commerce and Consumer Affairs, for the Designated Representative/Managing Producer for each service provider listed below.

UH Authorized Insurance Service Provider(s)	Designated Representative/Managing Producer

\_\_\_\_\_  
Signature of Designated Representative/Managing Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Designated Representative/Managing Producer

**Submit completed form to: Plan Compliance Group, Ltd., 220 S. King Street, Suite 1230, Honolulu, HI 96813**

**Inquiries: Ph: 808-546-5588 or Email: [uhtda@pcgltd.net](mailto:uhtda@pcgltd.net)**