CALannuityCE™

Your gateway to California's annuity training requirements.

FAX ORDER FORM
RETURN TO
603-804-7676

Personal Information

Name:_____
First Middle Last

Agency Name:_____

Phone:(_____)_____-_____ Fax:(_____)_____-_____

E-mail Address:_____@_____

Social Security #:_____ ← Required To Report Scores To California Dept. Of Insurance.

California Department Of Insurance License #:_____

Address:_____

City:_____ State_____ Zip Code_____

Receive Related Mail? ☐ Yes ☐ No

Course Selection

Which Version Do You Prefer? ☐ Online Version ☐ Paper Version

If You Selected Online Version, Please Select Your Password_____

If You Selected Paper Version, Indicate Ship To Address:

☐ Same Address As Personal Information

Shipping Address_____

City:_____ State_____ Zip Code_____

Credit Card Information

Select Payment Method ☐ Visa ☐ MasterCard ☐ American Express

Name As It Appears On The Card_____

Card Number_____ Ex. Date_____

Security Code_____ ← MasterCard & Visa Cards - The 3-digit number printed on the signature panel on the back of your card, immediately following the account number. American Express Cards – The 4-digit number printed on the front of the card directly above the embossed account number.

☐ Same Address As Personal Information

Billing Address_____

City:_____ State_____ Zip Code_____

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