

Advertising Review Form

Please complete and submit this **Advertising Review Form** with each item you wish to have reviewed. If the item is to be made available through electronic, video and/or audio mediums, provide a written copy of the entire text and any charts. These items will be maintained in our files. To comply with regulatory requirements, maintain the approved piece in your advertising file along with a copy of this form. When submitting website we require that it be printed, in .pdf (Adobe Acrobat) format, or in .doc (Microsoft Word) format.

AGENT INFORMATION

Name: _____ HBW Code #: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____ **(Confirmation & Tracking # sent via Email)**

Mailing Address: _____ City/State/Zip: _____

Please Select Your HBW Level: Life Rep. AM AVP EVP NDA Other _____

Are you life licensed? Please check Yes No

DESCRIPTION OF ITEM	SUBMISSION DATE: _____
_____	_____
_____	_____
_____	_____
_____	_____

1. **Previous Approval Information:** Has this item been previously approved? No Yes
 Were any changes made since last approval? No Yes If yes, please mark the item(s) to show changes.
2. **Review Times:** Please plan ahead and be patient. We make our best effort to review submissions within 7-10 working days. Actual turn around time may vary depending on department work load.
3. **Status Requests:** Please submit Status Requests via Email to louise@hbwinc.com and type "Advertising Review Status Request" in subject line.

SUBMITTAL INFORMATION:
 HBW Insurance & Financial Services, Inc. -- **Advertising Review Department**
 E-Mail Address: louise@hbwinc.com
 Fax (800) 480-4404