



Check Appropriate Channel: IAG (Independent Agency Group) LBG (Life Brokerage Group)

Individual

Corporation

SSN: _____
 Applicant Name: _____
 Date of Birth: _____ Sex: Male Female
 Resident Address: _____

 Business Address: _____

 Phone Number: _____
 Business Number: _____
 Fax Number: _____
 Email Address: _____
 I am an officer of the Corporation.

TIN: _____
 Corporate Name: _____
 Corporate Address: _____

 Phone Number: _____
 Fax Number: _____
 Email Address: _____
 Additional authorized signers for the corporation:

Background Information Required on All Applicants

	YES	NO
1. Have you ever been convicted of or plead guilty or no contest to:		
a. Any Felony?	<input type="checkbox"/>	<input type="checkbox"/>
b. Any Misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
c. A violation of federal or state securities or investment related regulation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you now owe money to any life or health insurance company?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or a firm in which you were a partner, officer, or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgments against you? ..	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any insurance or financial services employer, or broker-dealer terminated your contract or permitted you to resign for reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, censured, barred, or otherwise disciplined your membership, license, registration, or disciplined you with fines or by restricting your activities?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a resident of CA, OK, or MN and would like a copy of the consumer report obtained on you, please check here.....	<input type="checkbox"/>	

REMARKS SECTION: Details of "yes" answers above. Provide date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.

Licensing and State Appointment Request

Please provide appropriate fees for nonresident appointments.
In which states do you want to be appointed? _____

Variable Licensing – Complete ONLY when variable appointment is requested

Who is your Broker/Dealer? _____ CRD Number: _____

Check one:

I would like to utilize the support services of my intermediary (IW) to service my VUL sales. _____
(IW name/code number)

I do not plan to use the support services of my intermediary for VUL sales.

*An intermediary is an agency or organization that may provide you with one or more of the following: new business application processing, sales support, or other services. American General Life Companies, LLC refers to these intermediaries as 'IMO's', 'MGA's' or 'agencies'. If you currently work with an intermediary for fixed business, this organization may provide similar support for variable sales. When an intermediary is contracted by American General Life Companies, LLC to support sales of variable universal life products, it is referred to as an Independent Wholesaler.

NOTE: You will be assigned a separate agent number for variable business.

Additional Forms Section

Annualization: Please attach annualization form when requesting annualization. (Available on a limited basis.)

Electronic Funds Transfer (EFT): Please attach EFT form and a copy of a voided check when requesting to receive commissions electronically.

Signature and Authorization

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that in signing this form, I hereby authorize the American General Life Companies, LLC (hereinafter collectively referred to as the "American General Affiliates") that I have requested appointments with to investigate my background, including my credit history and interviews with former employers and/or primary insurance company. I authorize the American General Affiliates and individuals named in the application to give the American General Affiliates any information regarding me that they have available. I agree that if any of my answers to the questions in the Background Information Section change, I will notify American General Affiliates in writing within 10 days of the incident. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates to report information about earnings and debit balances to any credit bureau or similar organization. I understand that my signed authorization is valid for an indefinite period of time.

I further authorize American General Affiliates to verify my previous employment and securities registration history, insurance licensing status, or regulatory review information (RIRS) through the CRD, NIPR/PDB and state insurance department systems. I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I will immediately review the "Compliance Manual" for the American General Life Companies, LLC and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

By signing the authorization, I certify that my E&O policy extends coverage to the person or entity requesting contracting and/or appointment. I agree to provide a copy of the E&O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my contract and appointment(s) is active with American General Affiliates. I further understand and acknowledge that this is a minimum level only, and if my E&O coverage needs are in excess of \$1 million, I agree to ensure that my E&O coverage needs are addressed appropriately.

The Department of Treasury's final rule for Anti-Money Laundering Programs for Insurance Companies requires that the company integrate their producers and/or brokers into an anti-money laundering program and to provide training. As a producer or broker appointed with one or more of the American General Life Companies, LLC, I am required to complete an approved AML training course available online through LIMRA.

Date: _____ Signature: _____
Signature of Individual

Print Name: _____
Print Name of Individual –or– Principal of Corporation

**Recruiter Section – UPLINE ONLY
CHOOSE ONLY ONE BOX.**

Primary mailing and commission address: (Commission checks are made payable to the agent, unless an Assignment of Commissions form is submitted)

- Use primary mailing address, phone contact, e-mail and faxes as given on page 1. (Corporate address if completed)
- Use information provided below:

<p>Mail and other communication:</p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>	<p>Commission Information Only:</p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p>
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- Contract Level Requested: Life Sales/Solicitor Agent/Producer GA 2 GA 1 GA
- Associate GA (IAG only) MGA 1 (LBG only) MGA IMO

Direct Upline Agent Code: _____ (TIN if pending)

Independent Wholesaler (IW) Code: _____ (if applicable)

Commission Level for American General Life – Must be Completed

Life Products: First Year Level (Required) _____ Renewal Level (Required) _____

Specialty Products: First Year/Renewal Level _____

AGL Annuity: First Year/Renewal Level _____

A & H: First Year Level _____ Renewal Level _____

(HO Approval) Productivity Bonus Level _____

____ USL: (Signed USL contract(s) must accompany packet.) USL Recruiter/Upline Number: _____

Will any New Business be submitted within the next 30 days? Y / N (circle one)

Policy Number: _____ Proposed Insured Name: _____

Signature of Recruiter

The undersigned [recommending representative or Intermediary] by executing this application recommends the applicant to American General Life Companies, LLC as a suitable person to represent the companies. The recommending individual or Intermediary also agrees to supervise and assume responsibility for the applicant, if appointed by American General Life Companies, LLC, in accordance with the terms of his/her Contract.

Signature: _____ Date: _____

Signature of Recruiter

Print Name: _____ Agent/Agency Code # _____

Print name of Recruiter *(Required)*

Fair Credit Reporting Act – Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointment process, each company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living, from First Advantage or another consumer reporting agency. First Advantage is located at P.O. Box 3367, Seminole, FL 33775 or by calling 1-800-321-4473. You have the right to request, in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Send your request to:
Licensing and Contracting Department
750 W Virginia Street
Milwaukee, WI 53204

Also, each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates, unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.

Additional State Law Notices

California: Under section 1789.22 of the California Civil Code, you may view the file maintained on you by First Advantage upon submitting proper identification during normal business hours. You may obtain a copy of this file upon paying the duplication costs. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. You may also submit a written request by certified mail, along with proper identification, for a copy of this file. You may in the written request ask for the information to be provided by telephone, provided that you pay the costs associated with the telephone call.

New York: You have the right, upon request, to be informed of whether or not a consumer report was requested.