



Appointment Application Applicant Page

American General Life Insurance Company
The United States Life Insurance Company in the City of New York
P.O. Box 9978, Amarillo, TX 79105-5978 • Fax 1-877-484-3142

Individual

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

If at above address for less than 1 year, indicate previous address:

Business Address: _____

Phone Number: _____
Business Number: _____
Fax Number: _____
Email Address: _____

Check the below box if you are the principal/officer of the Corporation:

I am an officer of the Corporation.

Corporation

TIN: _____
Corporate Name: _____
Corporation Type: Corporation Partnership LLC
Corporate Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

Indicate below Additional Signers who are authorized to sign on behalf of the principal/officer of the corporation:

Additional authorized signers for the corporation:

Background Information Required on All Applicants

	YES	NO
1. Have you at any time, 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:		
a. been declared bankrupt or been party to a bankruptcy or receivership proceeding.....	<input type="checkbox"/>	<input type="checkbox"/>
b. 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, broker-dealer, or insurer 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, proceeding or investigation by any self-regulatory body, securities commodities, insurance regulatory body/organization, employer or insurer?.....	<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"/>
9. Have any of American General Affiliates ever declined to appoint you, refuse to contract you or terminated your contract?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a bonding company ever denied, paid out on or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been the subject of an AML investigation or disciplined for involvement or facilitation of money laundering with or for a client?	<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.

REMARKS SECTION: Please provide details of all "yes" answers above. Be sure to include the date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.

Agent Name: _____

SSN / FEIN: _____

Licensing and State Appointment Request

AGL Only: Please submit appropriate fees for nonresident appointments. Corporate License must be submitted. USL does not appoint outside the state of NY.

In which states do you want to be appointed? _____

FLORIDA residents must specify the Florida county where their business office is located: _____

NON-RESIDENT FLORIDA agents soliciting in Florida must list the county(s) in Florida in which they intend to personally solicit: _____

Variable Licensing Section

Please complete the following ONLY when requesting variable appointment:

Who is your Broker/Dealer: _____

CRD Number: _____

Circle all current FINRA licenses that you hold: 6 7 22 24 26 63 Other: _____

Independent Wholesaler Election:

Some broker-dealers may permit third-party wholesaling firms to offer certain services and support to registered representatives in order to facilitate sales of VUL products. In order for registered representatives to sell AGL's VUL products utilizing the services of a wholesaling firm, a wholesaling agreement must be in place and your broker-dealer must be informed that you will be working with the wholesaling firm's independent wholesaler (IW). If you wish to obtain support through an IW, please indicate your election below.

IW Election: I will be utilizing a third party IW for variable support.

Name of IW: _____
(Please confirm information from the BGA / IW office processing your life insurance business.)

IW Code: _____

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

Direct Deposit (EFT) Authorization Section - REQUIRED

Electronic Funds Transfer (EFT): Please complete the following section for Electronic Funds Transfer information. Does not apply to registered representatives (variable business), traditional fixed life agents on Life Sales Agreements or those with Collateral Assignments.)

Financial Institution _____ Phone _____

Address _____ City _____ State _____ Zip _____

Bank Identification Number <i>*Cannot begin with the number 5</i> 	Account Number _____	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a VOIDED CHECK or Savings Account Deposit Slip</i>
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AUTHORIZATION STATEMENT

I authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.

Signature _____ Date Signed _____

For USL/NY fixed life business, GA signature authorizes Producer to receive compensation directly.

GA Signature _____ Date Signed _____

Agent Name: _____

SSN / FEIN: _____

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 American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL") (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, FINRA/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 American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL") 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 American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL"), 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

Agent Name: _____

SSN / FEIN: _____

Fair Credit Reporting Act

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 Background Services Corp. Consumer Center is located at P.O. Box 105292, Atlanta, GA 30348 or by calling 1-800-845-6004. 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.

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 below-described address directing that this information not be disclosed or shared with affiliates.

Send your request to:
Licensing and Contracting Department
P.O. Box 9978
Amarillo, TX 79105-5978

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.

Minnesota: You have the right in most circumstances to submit a written request to the Consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

New York: If you contact the consumer reporting agency listed above, you have the right to know if the Company ordered a consumer report about you. You also have the right to contact the consumer reporting agency to inspect or receive a copy of any such report.

Agent Name: _____

SSN / FEIN: _____

Recruiter Section – UPLINE ONLY

CHOOSE ONLY ONE BOX.

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

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

Use Recruiter Business Address. Recruiter Agent Code: _____

Optional for commission mailing:

Commission Information Only:

Agency Name: _____ Agency Code: (TIN if pending) _____

OR

Business Address: _____ City _____ State _____ Zip _____

LIFE BROKERAGE CHANNEL (Required for Life Brokerage Set-Ups)

Life Brokerage: AGL Contract Level

Contract Level Requested: Life Sales/Solicitor Agent/Producer GA 2 GA 1 GA
 Recruiting GA1 Recruiting GA BGA

Life Brokerage: Commission Level

AGL	USL
Recruiter/Upline Number: _____	USL Contract Level: <input type="checkbox"/> Solicitor <input type="checkbox"/> Agent/Producer
Life First Year Level _____	<input type="checkbox"/> GA 2 <input type="checkbox"/> GA 1 <input type="checkbox"/> GA
Life Renewal Level _____	Recruiter/Upline Number: _____
Specialty Products _____	GA = Set Compensation
AGL Annuity _____	GA1 = EAP _____% Override _____%
A & H First Year Level _____	GA2 = EAP _____%
A & H Renewal Level _____	Prod = Set Compensation

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

Policy Number: _____ Proposed Insured Name: _____

Life Brokerage: Override / Productivity Bonus

Prior Home Office Approval Required (must submit Organization Profile AGLC100809)

Override: _____ Productivity Bonus: _____

PARTNERS GROUP CHANNEL (Required for Partners Group / Special Rep Set-Ups)

Level	Agent Name	Agent ID

Agency Name and Number _____

Signature of Recruiter

The undersigned [recommending representative or BGA] by executing recommends the applicant to American General Life Insurance Company ("American General") and/or The United States Life Insurance Company in the City of New York ("US Life") as a suitable person to represent the companies. The recommending individual or BGA also agrees to supervise and assume responsibility for the applicant, if appointed by American General Life Insurance Company ("American General") and/or The United States Life Insurance Company in the City of New York ("US Life"), in accordance with the terms of his/her Contract.

Signature _____ Date: _____ / _____ / _____
Signature of Recruiting Agency

Print Name: _____ Agency Code # _____ (TIN if pending)
Print name of Recruiting Agency