

# American General

## LIFE INSURANCE

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### **APPOINTMENT CHECKLIST**

#### **Agent Contracting Includes:**

- Appointment Application
- Signature and Authorization
- Fair Credit Reporting Act
- Recruiter Page
- Agency Agreement
- Copy of W-9

#### **Send with completed paperwork:**

- Copy void check
- Copy of State Insurance License
- Copy of E&O Certificate, Mandatory (\$1 Mil. Minimum)

#### **Optional:**

- 50% or 75% advance
- Transfer Release signed by current Top level with written request to transfer away from current hierarchy. Note that Dual appointments are allowed by AIG.

#### **Please send (via fax, email or mail) to:**

American Group Insurance Services, Inc.

12700 Park Central Drive

Suite 460

Dallas, Texas 75251

1-800-882-1488

972-960-6058 Fax

[contracting@americangroupinsurance.com](mailto:contracting@americangroupinsurance.com)

[www.americangroupinsurance.com](http://www.americangroupinsurance.com)

**States that require a Corp to be licensed to receive overrides:**

CA, FL, GA, KY, LA, MT, NM, NY, PA, TX, UT, VA, WV

[Anti-Money Laundering \(AML\)](#)

**Must be completed by one of the following approved vendors:**

LIMRA, <https://aml.limra.com>

- RegEd, <https://secure.reged.com>
- SuccessCE, <https://www.successce.com>
- FastrackCE, <https://www.fastrackce.com>

[BACKGROUNDS](#)

**Agent will be Declined for the following:**

- **SHORT TERM DEBT SECURITIES FRAUD**
- **VIOLATION OF SECURITIES REGULATIONS**
- **MISDEMEANOR ASSAULT & BATTERY**



# 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. ....	<input type="checkbox"/>	

**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*



**American General Life Insurance Company**

*A member of American International Group, Inc (AIG)*

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This Supplement is made, entered into, and effective the date hereinafter specified by and between American General Life Insurance Company, a Texas-domiciled, stock life insurance company (hereinafter called the Company) and the Representative signing this agreement (hereinafter called the Representative).

It is agreed by and between the parties as follows:

1. This Supplement shall be an endorsement to the Appointment Application and Agency Agreement entered into between the Representative and the Company.
2. This Supplement supersedes and cancels all previous annualization agreements and/or supplemental agreements.
3. The Company will prepay seventy-five percent (75%) of first year commissions due on life policies, issued after the effective date of this supplement. The twenty-five percent (25%) remaining first year commission will be paid on an earned basis upon receipt of the tenth month premium.
4. Annualization of first year commissions (hereinafter "Annualization") is available on individual life insurance, excluding annuities, single premium life insurance, controlled business (all family members and business partners) and additional deposits received in conjunction with the sale of individual life insurance and annuity policies (hereinafter called "New Business"), payable on premiums paid under a monthly preauthorized check plan, a monthly salary savings plan or monthly government allotment modes of payment. All advances will be made upon full payment of the first modal premium and the cash payment of said advance will become a loan to the Representative to the extent of the amount advanced.
5. Annualization on Universal Life policies is limited to seventy-five percent (75%) of the premium collected, but will in no event exceed seventy-five percent (75%) of the Benchmark premium. The twenty-five percent (25%) remaining first year commission will be paid on an earned basis upon receipt of the tenth month premium.
6. List Bill premiums are not eligible for Annualization.
7. Annualization payment is limited to \$7,500 for any one case, and the total unearned amount outstanding under this supplement can not exceed \$50,000 at any time.
8. It is understood that any prepayment of monies or commissions advanced by Annualization shall create indebtedness by the Representative to the Company. If payment in full is demanded, or if a repayment schedule is implemented under any provision above, the Representative agrees to pay interest on the unpaid balance of the loan at a rate of prime plus two percent (2%) annually, calculated from the date the funds were originally advanced to the date the balance is repaid, provided repayment shall not exceed a duration of twelve (12) months, with a minimum repayment of \$250 per month.
9. If repayment is not made as provided in Paragraph No. 8 of this Supplement, the Representative acknowledges that the Company can accelerate the debt owed without notice and authorizes an attorney, selected at the Company's discretion, to appear before any court of record in the United States, which has subject matter and personal jurisdiction over this matter, and confess judgment against said Representative in favor of the Company for the unpaid balance due under this loan agreement, including interest, costs and attorney's fees.
10. The Representative specifically recognizes that the confession of judgment provision in the Paragraph No. 9 of this Supplement will constitute an assignment against his personal assets and earnings from any source whatsoever.
11. The Company shall have the right, with or without cause, to terminate this Supplement at any time by written notice to the last known address of the Representative. Should this Supplement or the Agreement to which it is endorsed be cancelled, then an amount equal to any and all unearned prepaid commissions will be immediately, and on demand, payable to the Company.
12. Only policies paid after the date of Home Office approval of this Supplement are eligible for Annualization payments.
13. The Representative, by this Supplement, agrees that the Company shall have first lien on the Representative's commission account and that the Company has prior right of offset to the extent of any and all unearned prepaid commissions.
14. The Company retains the right to modify this Supplement and its procedures from time to time, by written or electronic notice to the Representative. Both the Representative and the undersigned Sponsor/Recruiter agree to comply with the modifications.
15. Termination of this Supplement does not of itself terminate the Agreement to which it supplements. However, termination of the Agreement terminates this Supplement and notice is specifically not required, provided that Paragraph Nos. 8 and 9 of this Supplement shall survive such termination of this Supplement.



16. This Supplement replaces the vesting provisions of the Agreement to which it supplements. The new vesting provisions are as follows:

(A) If the Agreement is terminated by death, and subject to the provisions and rules of the Company, all first year and renewal commissions shall be paid as they accrue.

(B) All such payments shall be made to the surviving spouse, and at the date of death of the surviving spouse, to the estate of said spouse. If the Representative dies leaving no surviving spouse, such monies will be paid to the estate of the Representative; provided, however, that if the Appointment Application was signed on behalf of a corporation, a partnership or other legal entity then all such payments will be paid to said legal entity.

(C) If this Supplement, or the Agreement to which it is a supplement, shall be terminated for any reason other than death of the Representative, then continuation of first year and renewal commissions shall depend upon in force policy count.

17. An annualization fee equal to four percent (4.0%) of the commission paid under this Supplement will be automatically deducted, and recorded on your commission statements.

18. Policies for which the Company receives insufficient payment and reissued policies are not eligible for annualization and any commissions will be credited on an earned basis.

19. This Supplement shall not be effective until it is approved, signed and dated in the Home Office of the Company.

20. Forbearance or failure of the Company to insist upon performance of this supplement or to enforce its rights hereunder, shall not constitute a waiver of its rights or privileges hereunder or of its subsequent right to insist upon such performance.

21. This Supplement shall be governed by and construed in accordance with the laws of the State of Texas.

**Representative**

\_\_\_\_\_ Code # \_\_\_\_\_  
Print name of Representative                      Signature of Representative

**Sponsor/Recruiter**

The Sponsor agrees to assume any and all responsibility for its request to place Representative on this Supplement, including all financial responsibility with respect to any annualization repayment pursuant to Paragraph No. 8 of this Supplement which is not made by the Representative. This Supplement is in addition to, but is not intended to supercede or replace, any obligations contained in the Sponsor's Agency Agreement with the Company.

\_\_\_\_\_ Code # \_\_\_\_\_  
Print name of Sponsor/Recruiter                      Signature of Sponsor/Recruiter

**American General Life Insurance Company**  
*A member of American International Group, Inc (AIG)*

Effective Date (to be completed by Home Office) \_\_\_\_\_

Home Office Authorized Signature \_\_\_\_\_