



AIG Life Brokerage

A division of the American International Companies.®

Part 1 Individual and Principal of Corporation. This is Required Information.

Please Print Clearly

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Last Name First Name Middle Initial

Date of Birth: \_\_\_\_\_ Sex: [ ] Male [ ] Female
month day year

Resident/Home: \_\_\_\_\_ Physical Address

City State Zip

Resident/Home Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Address: \_\_\_\_\_ Physical Address City State Zip

Business Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

[ ] I am an officer of the below corporation.

Part 2 Corporate Applicants Required Information.

Please Print Clearly

Individual Applicants Do Not Complete This Section

Tax ID Number \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City State Zip

Corporate Phone Number: \_\_\_\_\_ State Incorporated: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Officer for Corporate Records: \_\_\_\_\_

Background information reported on page – should provide information for the Officer of the corporation.

Part 3 Recruiter Section - IMO/BGA Only. Complete ONLY when address used is NOT the above business address

Primary mailing address, phone contact, e-mail and faxes will be communicated to the following:

[ ] All Home Office Mail and other Communication will be directed to other than the above. Please direct to:

Agency Name: \_\_\_\_\_ Agency Code Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Commission Address: \_\_\_\_\_

City State ZIP City State ZIP

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ [ ] Please check when commission check is mailed directly to agent's business address.

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**Part 4 Licensing and State Appointment Request**

Attach copies of licenses for all requested state appointments. Provide appropriate fees for nonresident appointments.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Licensed for:  Life  Health Contracted as:  Individual  Agency

Resident State: \_\_\_\_\_ Resident License Number: \_\_\_\_\_

Nonresident Appointment State(s): \_\_\_\_\_

Attach applicable fees and licenses for states listed above.

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 5 Variable Licensing - Complete ONLY when variable appointment is requested.**

Please complete the following ONLY when requesting variable appointment.

Who is your Broker/Dealer? \_\_\_\_\_

CRD Number: \_\_\_\_\_

Circle all current NASD 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 American General Life Insurance Company (AGL) variable universal life products. These firms are referred to by AGL as Independent Wholesalers (IW). In order for you to sell AGL's variable universal life insurance products through an IW, an IW agreement must be in place with the BGA/IMO and your broker-dealer must be informed, pursuant to NASD Rule 3030, of your IW election. Additionally, this IW Election Form must be submitted to AIG Life Brokerage, which documents your IW election. If you wish to obtain support through an IW, please indicate your election below.

IW Election: \_\_\_\_\_  
(Name of IW Firms and Code Number)

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**Part 6 Background Information Required On All Applicants**

If this is a corporate application, the questions should be answered by and about the agency principal.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CONFIDENTIAL HISTORY/BACKGROUND INFORMATION**

Please provide complete details for any "yes" answers in the Remarks section. Attach additional documentation as necessary.

- 1. Have you ever been convicted of or plead guilty or no contest to:
  - a. Any Felony?  Yes  No
  - b. Any Misdemeanor?  Yes  No
  - c. A violation of federal or state securities or investment related regulations?  Yes  No
- 2. Are you currently under investigation by any legal or regulatory authority?  Yes  No
- 3. Do you now owe money to any life or health insurance company?  Yes  No
- 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 judgements against you?  Yes  No
- 5. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reason other than lack of sales?  Yes  No
- 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?  Yes  No
- 7. Has a bonding company ever denied, paid out on or revoked a bond for you?  Yes  No
- 8. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?  Yes  No
- 9. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities?  Yes  No

If you are a resident of CA, OK, or MN and would like a copy of the background report obtained, please check here.

**REMARKS SECTION: Details of "yes"**

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**Part 7 Signature of Individual -or- Principal of Corporation**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 that I have requested appointments with (hereinafter collectively referred to as the "American General Affiliates") 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 Part 7 change, I will notify, in writing, American General Affiliates within 10 business days of the incident which would cause an answer to change. 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 further authorize American General Affiliates, to verify my previous employment and securities registration history through the CRD system. I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I have received and reviewed the "Compliance Manual" for the American General Life Companies, and/or "Operations Manual" 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 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 American General Life or affiliated company contract is active. 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.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_  
Signature of Individual -or- Principal of Corporation

**Part 8 Signature of Recruiter**

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

Signature: \_\_\_\_\_  
Signature of Recruiter

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name: \_\_\_\_\_  
Print Name of Recruiter

Agent/Agency Code # \_\_\_\_\_  
Required

**Part 9 Home Office Section**

Signature: \_\_\_\_\_  
(Additional signatures, if required, RVP)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name: \_\_\_\_\_

Regional Code Number \_\_\_\_\_

Home Office Approval: \_\_\_\_\_  
(If required)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Remove and leave Part 10 with applicant.

**Part 10 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 appointing process, each company with which you have requested an appointment may request an investigative consumer report which may include information related to your character, general reputation, personal characteristics, and mode of living. 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 St. Milwaukee, WI 53204. Disclosure information must be in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request. 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.

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**Part 11 Upline Data - To be completed by individual recruiting applicant.**

Applicant Name: \_\_\_\_\_ Applicant Social Security Number: \_\_\_\_\_  
Please Print

Direct Upline Name: \_\_\_\_\_ Agency Code Number: \_\_\_\_\_  
Please Print

**Part 12 AGL Commission Section - Must be completed.**

Contract Level Requested  IMO/BGA  MGA  MGA 1  GA  GA 1  GA 2  Agent/Producer

**Commission Level for American General Life**

Life Products: First Year Level: \_\_\_\_\_ *If First Year is selected, Renewal Level must also be indicated.*  
Renewal Level \_\_\_\_\_  
(HO Approval) Productivity Bonus Level \_\_\_\_\_

Specialty Products: First Year/Renewal Level \_\_\_\_\_  
(Street Max = J)

AGL Annuity Deferred & Immediate: First Year/Renewal Level \_\_\_\_\_

A & H: First Year Level \_\_\_\_\_ *If First Year is selected, Renewal Level must also be indicated.*  
Renewal Level \_\_\_\_\_

United States Life - Please attach appropriate signed Commission Schedules & Contract

**PLEASE NOTE:** Commission level changes will affect policies with an application-signed date **later** than the effective date of the commission change.

Contract Level Requested:  GA  GA1  GA2  Producer

GA1: Override \_\_\_\_\_% GA2: ERA \_\_\_\_\_%  
ERA \_\_\_\_\_%

Mail Commission Statements to:  GA  GA1  GA2  Producer

**Part 13 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.

**Appointment, Bonus and Annualization require Home Office Approval.**