

Life just got Easier.



American Equity
APPOINTMENT CHECKLIST

Outside NY

INDIVIDUAL (SEE PAGES 1-7): Individual Agent, Paying Commissions to Yourself

- Agent Appointment Application
- Agent Contract
- Consumer Report Authorization
- EFT is Optional (Sign Up Requires Submission of a Voided Check)

CORPORATION (SEE PAGES 1-8): Principal of Corporation, Paying Commissions to the Business

- Same Information as for an Individual
- Corporate Agent's Contract Guarantee

SOLICITOR (SEE PAGES 1, 9-11): Individual Agent, Paying Commissions to a Corporation (license Only)

- Agent Appointment Application
- Consumer Report Authorization
- Agent's Appointment Agreement

REQUIRED DOCUMENTS

- State License (Copy For Each State Requesting Appointment)
- AML Certificate of Completion (If Completed Through UAMRA, Provide DATE of Completion)
- Voided Check (Copy for EFT Set-up)
- SUITABILITY TRAINING:** Must Be Completed Prior to Writing Business or Applications Will Need to Be Redated.
 - Go To: <https://agent.american-equity.com/StateProductTraining.asp>
 - Enter: License Number
 - Enter: Last 4 Digits of Social Security Number

NOTES: _____



P.O. Box 71216
 Des Moines, IA 50325
 888-221-1234
 Fax 515-221-0138
 www.american-equity.com

Solicitor Contracting
Agent Appointment Only Application

(PLEASE PRINT, FILL IN ALL INFORMATION)

1. Name _____
 (as it appears on your license - please attach current copy)

2. If currently licensed as Partnership or Corporation, give name, address, Tax ID No. (please attach current copy of license)

Name	Street	City	State	Zip
3. Residence Address (required)				
Street	City	State	Zip	How Long
4. Business Address				
Street: NESTEGG BUILDERS CORP		City: Hopewell Junction	State: NY	Zip: 12533

5. Residence Phone (_____) _____
 6. Business Phone (_____) _____
 7. Fax # (_____) _____
 8. Preferred Mailing To: Residence or Business
 9. E-Mail _____
 10. Female Male
 11. Date of Birth _____
 12. Taxpayer Identification Number _____
 13. Social Security Number _____
 14. Resident License Number _____

15. For which states do you wish non-resident appointments?
 (attach copy of current licenses; fees required for non-resident appointments)
 16. Do you have a Securities License? Yes No (If Yes, complete the Broker Dealer Declaration Form #3013-BD)
 17. Do you have a Debit balance as a result of the sale of any insurance related product or activity? Yes No If Yes, give name of company and explanation _____ Balance \$ _____

18. If you answer "Yes" to any of the questions below, please write details on a separate sheet and attach to this application.
 a. Have you ever had your insurance or securities license suspended or revoked?..... Yes No
 b. Have you ever had a complaint filed against you or been investigated with an insurance department or the NASD?..... Yes No
 c. Has any claim ever been made against you, your surety company, or errors and omissions insurer or have you been refused surety bonding?..... Yes No
 d. Have you ever been convicted of a crime, felony or misdemeanor including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law?..... Yes No
 e. Have you ever been involved in any litigation, including bankruptcy?..... Yes No
 f. Are there any unsatisfied judgements/liens outstanding against you?..... Yes No
 19. Errors and Omissions Coverage? Yes No If Yes, amount \$ _____
 20. Antimoney Laundering (AML) Certification? Yes No If Yes, check one box LIMRA OTHER (if "other" please enclose a copy of your certificate of completion.)

AGENT'S DECLARATION AND AUTHORIZATION

(1) I hereby certify that all my answers to the above questions are true. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination for cause at the sole discretion of the Company. Agent agrees that by signing below, he/she acknowledges and certifies that he/she has read and accepts all of the terms and conditions of the Agent's Appointment Agreement Form 3002, a copy of which is attached hereto and incorporated herein by reference. By signing this Agent Appointment Application I hereby consent to receive facsimiles and E-mails to the above fax number and E-mail account. The Company shall be allowed to fax and email me in connection with our business relationship.
 (2) I authorize the Company and individuals to give, at any time, any information regarding my character, general reputation, personal traits, employment and any other information they have, whether or not in their records, and release the Company and individuals from all liabilities for any damage whatsoever for issuing this information. I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.
 (3) **Certification** - Under penalties of perjury, I certify that:
 a. The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
 b. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature of Applicant _____ Date _____



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CONSUMER REPORT
Authorization

American Equity agents are required to have acceptable credit histories at the time of appointment while under contract with American Equity. Before an agent is appointed, or an agency contract is renewed, or at any appropriate time, American Equity may review the individual's credit history in order to verify compliance with said company's policy.

Information you provide below will be used to access your consumer credit report.

Printed Name

Resident Address

City, State, Zip

Social Security Number

Date of Birth

Applicant - Please read carefully and sign below:

I UNDERSTAND THAT TO BE ELIGIBLE FOR APPOINTMENT WITH AMERICAN EQUITY, MY CREDIT HISTORY MUST BE IN GOOD STANDING. I AUTHORIZE AMERICAN EQUITY TO OBTAIN A CONSUMER CREDIT REPORT ABOUT ME BOTH BEFORE AND (IN THE EVENT I AM APPOINTED) AFTERWARDS FOR THE PURPOSE OF EVALUATING MY APPLICATION FOR AN AGENCY CONTRACT OR ANY RENEWAL OF MY AGENCY CONTRACT. I UNDERSTAND THAT A COPY OF MY CREDIT REPORT AND A SUMMARY OF MY RIGHTS AS A CONSUMER WILL BE PROVIDED TO ME BEFORE ANY DECISION ADVERSELY AFFECTING MY AGENCY CONTRACT IS MADE IF THE DECISION IS BASED ON MY CONSUMER CREDIT REPORT.

Signature

Date

Phone Number

Solicitor Contracting



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ATTN: Licensing Department
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Agent's Appointment Agreement

American Equity Investment Life Insurance Company

AN AGREEMENT BETWEEN AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY AND

(Agent Name)

You are requested to make application to the Department of Insurance of my State for the issuance of an appointment authorizing me to solicit applications on behalf of the Company.

I hereby agree that your consent to the issuance for such appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

- 1. That I shall be an agent assigned to, and under the jurisdiction of the Agent listed below.
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my Agent who has agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Company; and
4. That I shall comply with the rules, regulations, and rate books of the Company, the laws of my State or States in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
5. That I shall not alter, modify, waive, or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company, in any respect; and
6. That I shall promptly remit to my Agent or the Company any and all monies or securities received by me on behalf of the Company, full or partial payment of first year or renewal premiums, or any other item whatsoever; and
7. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
8. That the Company may, without liability to me whatsoever, upon request of my Agent or upon its own initiative, cancel this appointment at any time.
9. I acknowledge receipt of your privacy policy regarding use of policyholder information and I agree to comply with the terms of such policy, as applicable.

I request an Insurance Appointment for the State of _____.

FOR HOME OFFICE USE ONLY
This Agreement, effective the _____ day of _____, 20_____.

Signature of Agent

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my Agent's contract with the Company and this Agreement.

Signature of Sponsoring Agent

The Company approves the above agreement subject to all provisions herein.

By: _____
Authorized Home Office Signature