



American National Life Insurance Company of New York

Independent Marketing Group

Contract Checklist

Must be Submitted with Contract to Represent American National Life Insurance Company of New York

Failure to submit Checklist, required documentation, or appropriate Hierarchy will delay appointment.

Applicant Name: \_\_\_\_\_ Region Number: \_\_\_\_\_

Marketing Organization: NESTEGG BUILDERS CORP. Telephone: 845-592-4064

REQUIRED DOCUMENTS FOR CONTRACTING

- Applicable Producer Agreement (Agent, GA, SGA or RGA) Return Signature Page Only
For Solicitor - Solicitor Appointment, Form ANY-9035
Signature Page Signed & Dated
Full Name Printed or Typed
Application to Represent, Form ANY-3779
Production Requirement Agreement (required for RGA and SGA)
Proof of Errors & Omission Coverage - copy of declaration page (not required for Solicitor)
Fair Credit Reporting Act Disclosure, Form ANY-4708 (required by The Fair Credit Reporting Act)
Applicable Compensation Schedule N/A

Please sign and date all applicable Forms.

Anti-Money Laundering - In order to obtain an appointment with the Company, all producers are required to provide proof that they have completed basic AML training within the last 12 months that is acceptable to the Company, and they are required to complete the Company-Specific training course. See Form ANY-1770 for requirement details.
New Business - If New Business is included, list the New Business Application Date:
If New Business is submitted with contract, file must be mailed. Do not Fax New Business.

THE FOLLOWING DOCUMENTS MUST BE GIVEN TO EVERY APPLICANT

- Producer's Code of Conduct, Form ANY-4516
Advertising Guidelines, Form ANY-4512
Notice of Privacy Policy, ANY-4977
Company Guide to Anti-Money Laundering, Form ANY-4475
Direct Deposit, Form ANY-4589 (N/A for Solicitor)
AML Compliance, Form ANY-1770

HIERARCHY MUST BE LISTED (including Applicant)

Table with 2 columns: Name, SSN or Personal Code. Rows for NMD, RGA, SGA, GA.

Agent/Sol: \_\_\_\_\_
PRINT NAME

Fax or mail contract to IMG Contract Clerk, Life Producer Services Department:
Fax: 1-866-568-0449
Mail: American National Life Insurance Company of New York, P.O. Box 1795, Galveston, TX 77553

Home Office Use Only: Business Segment: 77 Responsibility Code: \_\_\_\_\_



American National Life Insurance Company of New York

Independent Marketing Group

APPLICATION TO REPRESENT AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

Full Name First Middle Last

Mr. Mrs. Ms. Social Security # Date of Birth Military Status

Residence Street Address City State 9-Digit ZIP Code

Residence P/O Box or Mail Address City State 9-Digit ZIP Code

Residence Telephone Cell Phone

Business Street Address City State 9-Digit ZIP Code

Business P/O Box or Mail Address City State 9-Digit ZIP Code

NESTEGG BUILDERS CORP. 2424 Rte.52 Ste# 2 Hopewell Junction, NY 12533

Business Telephone Business FAX E-mail Address

800-509-0661 845-592-4067 amundell@nesteggbuilders.com

Send all mail to Residence Street Address Residence P.O. Box Business Street Address Business P.O. Box

Other NOTE\*\*\* Mail ALL policies and client statements to Nestegg Builders Corp.

Is the contract to be in the name of a corporation or partnership? Yes No If Yes, submit corporate license.

If Yes Name City & State

Tax ID No. Partnership Corporation

List all non-resident states you wish to be appointed with through Independent Marketing.

Have you sold insurance through another name or agency in the past five years? Yes No If Yes, provide details.

The Violent Crime & Control Act of 1994 makes it a criminal offense for anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to willfully engage in the business of insurance.

Have you ever been indicted or convicted of any such felony? Yes No

Have you been arrested for any other crime? Yes No

If Yes, please give specifics as to charge, date, jurisdiction and outcome.

Have you ever filed or been declared bankrupt? Yes No

Are you presently indebted to any insurance company or agency? Yes No If Yes, provide details.

To Whom Nature of Debt Amount Payment Terms

- Have you ever had, or now have, any federal, IRS, state tax liens or garnishments?  Yes  No
- Are you currently covered by errors and omissions insurance?  Yes  No  
**Proof of E&O coverage required. Submit copy of declaration page (not required for solicitor).**
- Have you ever filed an errors and omissions claim?  Yes  No
- Have you ever been disciplined by a state insurance department?  Yes  No
- Have you ever been cautioned or disciplined for violating a professional code of ethics in any organization?  Yes  No
- Have you ever been expelled or disciplined by a professional organization such as the NALU?  Yes  No

**Anti-Money Laundering (AML) Certification (Required to issue business)**

- Have you completed AML training within the last 12 months?  Yes  No  
 If Yes, check one box.  LIMRA  Other If Other, attach a copy of your certification of completion.
- Was AML training completed through a Broker/Dealer?  Yes  No  
 If Yes, Broker/Dealer name \_\_\_\_\_ Broker/Dealer CRD \_\_\_\_\_  
 See Form ANY-1770 for American National Life Insurance Company of New York AML Compliance Requirements.

The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with American National Life Insurance Company of New York for the sole purpose or intention principally to solicit or place insurance on the applicant's own life or that of relatives, employers or employees.

I have received, read, understand, and agree to comply with the contents of the Producer's Code of Conduct, the Advertising Guidelines, the Notice of Privacy Policy, and the Company Guide to Anti-Money Laundering Program adopted by American National Life Insurance Company of New York.

Furthermore, each of the undersigned declares for himself/herself, and all other interested parties, that all of the answers in the pages of this application and any supplements to it are full, complete, and true to the best of his/her knowledge and belief. In addition, the undersigned specifically attests that the Social Security Number or Tax Identification Number on the application is the correct number for the entity applying for appointment with American National Life Insurance Company of New York.

**I, the Applicant, have read, on the date shown below, a copy of the above statements as required by law. I have also read, understand, and signed a copy of Authorization Form ANY-4708. I understand that in signing this application and Form ANY-4708, I hereby authorize the Company, at any time, to investigate my background, including my credit history.**

Applicant has the right to make a written request to Company's Home Office within a reasonable period of time for additional, detailed information concerning the nature and scope of the investigation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant



American National Life Insurance Company  
of New York

Independent Marketing Group

# AUTHORIZATION

Required by The Fair Credit Reporting Act

The Federal Fair Credit Reporting Act, as amended, provides that any consumer reporting agency may furnish a consumer report in accordance with the written instructions of the consumer to whom it relates.

In accordance with that provision, the person signing this form as "Applicant" hereby authorizes any person or agency to give, in writing, orally, or in any other form, to American National Life Insurance Company of New York or its designated representatives any information gathered or maintained by a consumer reporting agency bearing on the Applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the Applicant's eligibility for credit, employment or any other purpose authorized under Section 604 of the Act.

Further, the Applicant understands that American National Life Insurance Company of New York may, as part of its normal procedure, request that an investigative consumer credit report be made whereby information on the Applicant's character, general reputation, personal characteristics or mode of living is obtained through personal interviews with business associates, employers, friends, neighbors and others with whom the applicant may be acquainted or who may have knowledge concerning any such items of information. The Applicant authorizes the individual or agency conducting the investigation to give, in writing, orally, or any other form, to American National Life Insurance Company of New York or its designated representatives any information gathered or obtained during this investigation pertaining to Applicant's production, persistency, commissions, earnings, estimated future earnings, commission advances loans, and debts, including, but not limited to, any indebtedness that may have been charged to the Applicant's manager or agency, or which may have been written off.

The Applicant authorizes American National Life Insurance Company of New York or its designated representatives to use the reports furnished in accordance with this authorization in any deliberations which it or they may undertake to determine whether or not American National Life Insurance Company of New York will make an offer of a contract to the Applicant.

\_\_\_\_\_  
(Applicant's Printed Name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**X**

\_\_\_\_\_  
(Social Security Number)

American National Life Insurance Company  
of New York (Company)  
Independent Marketing Group (IMG)  
IMG Web Site: [www.img.anicony.com](http://www.img.anicony.com)

## ANTI-MONEY LAUNDERING COMPLIANCE (AML)

American National Life Insurance Company of New York has implemented an AML program to comply with federal anti-money laundering regulations for insurance companies. The regulations apply to all individual life insurance and annuities (includes individually sold group products), individual registered life insurance and annuities, and group registered variable annuities.

As a result, in order to obtain an appointment with the Company, all producers are **required** to provide proof that they have completed basic AML training within the last 12 months that is acceptable to the Company, and they **must** complete the Company-Specific training course. Producers will be required to receive periodic AML training in order to maintain their appointment.

### Mandatory Training Requirements:

1. **Completion of LIMRA's basic AML training course.** LIMRA's training course is offered at no cost to producers appointed with the Company at [www.aml.limra.com](http://www.aml.limra.com). If a producer has completed LIMRA training, confirmation will be provided to the Company by LIMRA a few days after appointment is processed.

Or

**Provide valid certification that the producer has completed AML training through an alternate Company approved course.** If AML training has been completed through an alternate Company approved course, producers must provide a valid certification of that training with their contracting paperwork. Such certification should include their name, name of the training course completed, and the date training was completed. A list of approved courses is also available at IMG's Web site. The Company will make the final determination as to whether a specific training course will satisfy basic AML training requirements.

2. **Completion of the Company-Specific training course** (Company Guide to Anti-Money Laundering Program). This requirement can be met by completion of **one** of the following options:
  - Submission of Form ANY-3779 (Application to Represent with an effective date of 1/1/10 or later) at the time of contracting. New producers must be given a copy of Form ANY-4475 (Company Guide to AML Training Program) at the time of contracting.
  - Submission to Company of the version of Form ANY-4475 that includes a Receipt and Acknowledgement section.
  - Through E-Agent, which is available at IMG's Web site (in order to access E-Agent, producers will need their Company Personal Code, which is assigned at the time of appointment).

Information regarding AML Training Requirements is available at IMG's Web site under the following tabs; Compliance, Anti-Money Laundering Information.

Questions regarding AML compliance requirements should be directed to your marketing organization or IMG's Field Support Center, 1-877-755-2667.

*American National Life Insurance Company of New York **will not issue business** for applicable products until all AML requirements are satisfied.* Applies to all individual life insurance and annuities (includes individually sold group products), individual registered life insurance and annuities, and group registered variable annuities

## American National Life Insurance Company of New York Company Guide to Anti-Money Laundering Program

As an insurance producer, your skills and services help our clients achieve financial success and security. Since you are on the front lines of a multi-billion dollar industry, you are in a unique position not only to serve our clients, but also to serve this country by helping prevent money laundering and the financing of terrorist activities.

To comply with new federal anti-money laundering regulations for insurance companies, our family of companies is implementing a detailed anti-money laundering program. You have an important role to play in that program. You may often be in a critical position to obtain information regarding the customer, the customer's source of funds for the products we sell, and the customer's reasons for purchasing an insurance product.

That in selling individual annuities and life insurance, the Company's anti-money laundering program requires you must:

- Ensure that all information requested on the product application and associated documents is accurate and complete, including the USA PATRIOT Act Notification and Customer Identification Verification form for all non-variable business.
- **Contact the appropriate Anti-Money Laundering (AML) compliance officer if a customer resists providing information.** (See contact information further in this document.)
  - Records of this information must be retained as long as the contract remains in force and for five years thereafter.
- Notify the appropriate AML compliance officer if you detect any money laundering red flags, so that the Company can determine whether a suspicious activity report (SAR) must be filed with the U. S. Department of the Treasury or any agency thereof.

Possible Red Flag Activity (*for a comprehensive list of red flag activity, contact the AML officer*)

- The purchase of a product that appears to be inconsistent with a customer's needs
- The purchase or funding of a product that appears to exceed a customer's known income or liquid net worth
- Any attempted unusual method of payment, particularly by cash or cash equivalents, such as money orders or cashier checks
- Payment of a large amount broken into several smaller amounts
- Little or no concern by a customer for the performance of an insurance product, but much concern about the early termination features of the product
- The reluctance by a customer to provide identifying information, or the provision of information that seems fictitious
- Any other activity which you think is suspicious

### AML Contact Information

#### Report Suspicious Activity To

**Contact:** Judith L. Regini (Judy), Assistant Vice President, Corporate Compliance, Chief Compliance Officer for Anti-Money Laundering

**Mail:** P.O. Box 1896, Galveston, Texas 77553-9902

**Phone:** (800) 933-5975

**Fax:** (409) 621-3885

**Email:** [AMLCompliance@anico.com](mailto:AMLCompliance@anico.com)

---Continued on Reverse Side---

Please cut at dotted line and return completed Receipt and Acknowledgment section to Life Producer Services at 1-866-568-0449.

### AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK COMPANY GUIDE TO ANTI-MONEY LAUNDERING PROGRAM

#### RECEIPT AND ACKNOWLEDGMENT

I have received, read and understand the Company Guide to Anti-Money Laundering. I agree to comply with the requirements of such policies and understand that failure to do so will lead to disciplinary action, up to and including termination and appropriate legal sanctions.

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

Signature: \_\_\_\_\_

Personal Code: \_\_\_\_\_

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

### Types of Payments Accepted

Advise customers that only the following types of payment may be accepted:

- Personal checks and pre-authorized check payments.
- Cash (currency or coin) in amounts less than \$1,000. *(Cannot accept cash for variable contracts.)*
- Cash equivalents (money orders, cashier's checks, traveler's checks, bank drafts).
  - Cash and cash equivalents must be reported to the IRS and FinCEN on Form 8300 when payments received by the Company in a single transaction or in two or more related transactions total more than \$10,000. Related transactions occurring within any 12-month period would be aggregated for reporting purposes even if individually they are less than \$10,000. [Agents may have independent reporting obligations and should check their Company's website for additional information.]
  - Limited to \$500 for variable contracts.

- *If a customer provides a form of payment that is not permitted, do not accept the payment and notify the appropriate AML compliance officer if it is in an amount greater than \$1,000.*

**NOTE:** *An employee, agent or broker must not, under any circumstances, disclose that he has reported suspicious activity or red flags to the Company. It is the sole responsibility of the Company's AML officer to determine whether a SAR is filed with the Dept. of Treasury. The AML officer and the Company are prohibited from disclosing to the agent and any other person that a SAR has been filed.*

The Company and its producers share an important responsibility to comply with the Company's program and all applicable anti-money laundering laws. A failure to do so will constitute grounds for discipline, up to and including termination. In addition, violation of anti-money laundering laws may expose those responsible to substantial penalties under federal law.

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For more details on each of these requirements, contact the AML officer of American National Life Insurance Company of New York.



American National Life Insurance Company  
of New York

## Independent Marketing Group

### Producer's Code of Conduct

**As a representative of American National Life Insurance Company of New York I recognize my responsibility to:**

Conduct myself in the highest character with *honesty, integrity, and fairness* at all times.

Provide information to clients in a professional manner which is *honest, relevant, and designed to meet the client's needs*.

*Understand* and accurately *represent* the Company's products and services.

Ensure my *personal interests do not conflict* with those of clients or the Company.

Render *prompt and quality service* both before and after the sale to clients and their beneficiaries.

*Learn* and *follow* all Company policies and procedures related to my role as a producer.

*Keep informed* with respect to applicable laws and regulations and to observe them in the practice of my profession.

*Replace* a life insurance, health insurance, or a financial product of a client, only when it is in the client's interest.

Foster *good will, courtesy, and consideration* in the treatment of policyowners and the general public, while maintaining *respect* for the Company.

*Meet* all continuing education requirements.

**Endorse and support the Insurance Marketplace Standards Association's (IMSA's) Principles of Ethical Market Conduct.**

- Conduct business according to high standards of honesty and fairness and to render that service to its customers which, in the same circumstances, it would demand for itself.;
- Provide competent and customer-focused sales and service;
- Engage in active and fair competition
- Provide advertising and sales materials that are clear as to purpose and honest and fair as to content;
- Provide for fair and expeditious handling of customer complaints and disputes;
- Maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

## **NOTICE OF PRIVACY POLICY**

### **American National Life Insurance Company of New York**

American National Life Insurance Company of New York is committed to providing insurance and annuity products and services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information about you that we may receive. We have prepared this notice to advise you what information we collect, how we use it, and how we protect it.

#### **What Information We Collect**

As an essential part of our business, we obtain certain personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications or other forms, and may include information you provide during visits to our Web site. We may also receive information from physicians, testing laboratories and other health providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information, current and past medical history and financial information, including information about transactions with other financial institutions.

#### **What Information We Disclose**

We do not disclose nonpublic personal information about our current or former customers to any non-affiliated entity, except as permitted by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance or annuity product that you requested or authorized; disclosures made with your consent or at your direction; disclosures made to your legal representative; disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority; disclosures made to comply with federal, state or local laws and to protect against fraud.

#### **Our Privacy Protection Procedures**

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide products and services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintain procedures to comply with all state and federal laws and regulations regarding the security of personal information.



American National Life Insurance Company  
of New York

**Statement Of Policy On Producer Developed Advertising  
American National Life Insurance Company of New  
York (Company)  
Independent Marketing Group (IMG)**

**General Advertising Guidelines**

Agents, Brokers, Marketing Organizations, Broker-Dealers, Registered Representatives of Broker-Dealers and other Producers appointed with the Company through IMG are required to secure written Home Office approval prior to the use of all advertising or promotional materials not furnished by the company. These materials include any advertisement that is targeted to clients, potential clients, current agents and prospective agents.

The Company must review and approve any advertisement that:

- Refers to the Company
- Refers to the Company's industry ratings and/or financials
- Refers to any Company product
- Refers to policy or operational/administrative procedures of the Company
- Describes features of a Company product, or the features of any product, in such detail that it can be identified as a Company product
- Targets current or potential agents (recruiting ads) if the advertisement has any of the features listed above
- Is attached to or a part of any mailing or distribution of an approved Company ad
- Is used on any web site

**WHERE TO SUBMIT ADVERTISING**

Agents, Brokers and other Producers should submit advertisements to their Marketing Organization for review, approval and forwarding to the appropriate IMG marketing representative. Registered Representatives of Broker-Dealers should submit advertisements to their Broker-Dealer. The Broker-Dealer should forward such advertisements, including any developed by the Broker-Dealer, to the NASD for review if applicable. Once reviewed by the NASD, the Broker-Dealer should forward such advertisements to the appropriate IMG marketing representative, along with the NASD comment letter.

**APPROVAL PROCESS**

An advertisement is **not** approved by the Company unless the Marketing Organization or the Broker-Dealer has received final, written approval from IMG. An advertisement that is returned to the Marketing Organization or Broker-Dealer for correction(s)/changes is **not** considered approved until all correction(s)/changes have been made as indicated by the Company. Once all correction(s)/changes have been made and the advertisement has been re-submitted to IMG final, written notification will be sent to the Marketing Organization or Broker-Dealer who should notify the Agent, Broker, Producer, or Registered Representative that the advertisement has been approved by the Company. A final copy of the advertisement in the form it is to be used must be provided to IMG.

**ADVERTISING VIOLATIONS**

Failure to comply with the procedures as defined above and detailed in IMG's published guidelines is a direct violation of the contract or selling agreement of such agent with the company and state laws and regulations. It is the Company's policy upon discovery of the first violation to impose a penalty ranging from a formal warning to termination, depending upon the nature of the infraction. The penalty for repeat violations could result in the termination of the appointment, contract or selling agreement of the Agent, Broker, Producer, Marketing Organization or Broker-Dealer.



American National Life Insurance Company of New York

Solicitor Appointment

In consideration of my appointment by American National Life Insurance Company of New York ("Company") to solicit applications for American National Life Insurance Company of New York, I hereby agree:

- 1. That my contract is with NESTEGG BUILDERS CORP. (hereafter referred to as Recruiting Organization); and
2. That the Company has no obligation to me for commissions, expense allowances, or any other form of compensation whatsoever; and
3. That I shall comply with the rules and regulations of the Company and all applicable state laws and regulations; and
4. That I shall not alter, modify, waive, or change any of the terms, rates or conditions of any advertisement, receipt, policy, or contracts of the Company; and
5. That I shall promptly remit to Recruiting Organization or the Company any and all monies received by me on behalf of the Company; and
6. That I shall hold harmless and indemnify the Company for any liability that it may incur as a result of any actions taken by me; and
7. That the Company may, upon request of Recruiting Organization or upon its own initiative, cancel this appointment at any time; and
8. That I will forfeit all compensation, if any, to which I would otherwise be entitled after termination, in the event I shall attempt to influence any policyholder or agent to terminate their contract with the Company and I also agree that since neither the Company nor Recruiting Organization has an adequate remedy at law for such use of influence, either may institute proceedings to enjoin me from further such attempted use of influence.
9. I have received, read, understand and agree to comply with the contents of the Producer's Code of Conduct, the Advertising Guidelines, the Notice of Privacy Policy and the Company Guide to Anti-Money Laundering adopted by the Company. Furthermore, each of the undersigned declares for himself/herself, and all other interested parties, that all of the answers on this appointment and any supplements to it are full, complete and true to the best of his/her knowledge and belief. In addition, I specifically attest that the Social Security Number or Tax Identification Number on this appointment is the correct number for the entity applying for appointment with the Company.
10. I understand that in signing this form, I hereby authorize the Company to investigate my background including my credit history at any time. (See Form ANY-4708.)
11. The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/ appointment with the Company for the sole purpose or intention principally to solicit or place insurance on the applicant's own life or that of relatives, employers or employees.
12. I understand that the Violent Crime and Control Act of 1994 makes it a criminal offense for anyone who is engaged in the business of insurance to willfully permit anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to participate in the business of insurance.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Applicant (Please Print) X Applicant (Signature)

I hereby recommend the appointment of this applicant, subject to the terms of my contract with the Company.

NESTEGG BUILDERS CORP. X Recruiting Organization (Please Print) Recruiting Organization (Signature)

Date Office Code Personal Code

For Home Office Use Only

Approved by American National Life Insurance Company of New York Effective Date