



American National Insurance Company - Independent Marketing Group Contract Checklist - Must be submitted with Contract

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

Applicant Name: _____ Region Number: _____
 Marketing Organization: NestEgg Builders Telephone: 845-592-4064

REQUIRED DOCUMENTS FOR CONTRACTING

- Applicable Producer Agreement - Return Signature Page Only
- For Solicitor - Solicitor Appointment, Form 9035 (Rev. 12/19)
 - Signature Page Signed & Dated
 - Full Name Printed or Typed
- Application to Represent American National, Form 3779 (Rev. 12/19)
- Proof of Errors & Omission Coverage - copy of declaration page (not required for Solicitor)
- Fair Credit Reporting Act Disclosure, Form 11145-NM (required by The Fair Credit Reporting Act)
- Applicable Compensation Schedule
- For Florida appointment** a list of all counties in which applicant will solicit business (non-resident appointments only)
- For Virginia appointment** a copy of signed Insurance Activities Requiring Persons to Be Licensed in Virginia, Form 939-A-M
- Anti-Money Laundering** - If applicant has taken an AML basic training course through a vendor other than LIMRA, applicant should submit a copy of certification of completion. If applicant **has not** taken a basic training course, upon appointment, ANICO will register the applicant with LIMRA and applicant must access LIMRA's Web site (aml.limra.com) to complete the basic training course. (**Financial Institutions** - submission of completed Form IMG FIM 001 will satisfy AML basic training course requirement.) See Anti-Money Laundering Compliance, Form 1770 (Rev.05/15)
- Product Specific Annuity Suitability Training** - Required training prior to submitting an application for any annuity business with ANICO. Go to www.img.anicoweb.com, Annuities, Sales Support, select Annuity Suitability
- New Business** - If contract is for Simultaneous Submission State and 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**

Please sign
and date all
applicable
Forms.

THE FOLLOWING DOCUMENTS MUST BE GIVEN TO EVERY APPLICANT

- Producer's Code of Conduct, Form 4516 (Rev. 04/15)
- Advertising Guidelines, Form 4512 (Rev. 04/15)
- Notice of Privacy Policy, Form 4977
- Company Guide to AML, Form 4475 (Rev. 05/15)
- Direct Deposit, Form 4589 (Rev. 04/15) (n/a for Solicitor)
- AML Compliance, Form 1770 (Rev. 05/15)

APPLICANT CONTRACT CODE AND UPLINE INFORMATION (Must be listed)

Applicant Info:

Name: _____ SSN/TaxID: _____

Life Contract Code: NA Annuity Contract Code: A000

Applicant's Immediate Upline Info (i.e. directly above applicant in the hierarchy):

Name: NestEgg Builders Personal Code: DNNC - H6809

Fax or mail contract to IMG Contract Clerk, Life Producer Services Department:
 Fax: 1-866-568-0449; Mail: American National Insurance Company, LPS Department, P.O. Box 1762, Galveston, TX 77553-1762

Home Office Use Only: Business Segment: _____ Responsibility Code: _____



APPLICATION TO REPRESENT AMERICAN NATIONAL INSURANCE COMPANY
Independent Marketing Group
 Galveston, Texas

Full Name First Middle Last

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

Residence Street Address City State 9-Digit ZIPCode

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

Residence Telephone Cell Phone

Business Street Address City State 9-Digit ZIPCode

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

Business Telephone Business FAX E-mail Address

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

• 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. _____

• If being appointed non-resident in Florida, please provide all counties soliciting business. _____

• 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 #1770 for American National Insurance Company AML Compliance Requirements.

The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with American National Insurance 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.

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 Insurance Company.

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 Insurance Company.

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 11145-NM. I understand that in signing this application and Form 11145-NM, 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 Signature



**DISCLOSURE REGARDING CONSUMER REPORTS
AND INVESTIGATIVE CONSUMER REPORTS UNDER THE FCRA**

The Federal Fair Credit Reporting Act (the "Act"), as amended, provides that any consumer reporting agency may furnish a consumer report in accordance with certain permissible purposes, including the written instructions of the consumer to whom it relates and/or for employment or contracting purposes.

In accordance with those provisions, American National Insurance Company and its subsidiaries and affiliates (together "the Company"), or their designated representatives, may obtain – in writing, orally, or in any other form – any motor vehicle records, public records, or information gathered or maintained by a consumer reporting agency bearing on your creditworthiness, 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 your eligibility for credit, employment, or any other permissible purpose authorized under Section 604 of the Act.

The Company may obtain information on your credit history, as permitted by law, at any time after you sign the authorization and throughout the term of your appointment. The Company may obtain information about other aspects of your background (such as criminal history and motor vehicle information), as permitted by law.

Further, the Company may request that an investigative consumer report be made whereby information on your character, general reputation, personal characteristics or mode of living is obtained through personal interviews with business associates, employers, friends, neighbors, and others with whom you may be acquainted or who may have knowledge concerning any such items of information. You have the 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. Should you choose to exercise this right, please direct your written request to MLAdisclosures@americannational.com. You also have a right to a written summary of your rights under the Act.

**ACKNOWLEDGMENT AND AUTHORIZATION
REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS**

I hereby authorize American National Insurance Company and its subsidiaries and affiliates (together "the Company"), or their designated representatives, to obtain consumer reports and/or investigative consumer reports at any time after I sign this authorization and throughout the term of my appointment, to the extent permitted by law, and to use the reports furnished in accordance with this authorization in any deliberations which the Company or its designated representatives may undertake to determine whether or not the Company will make any offer of a contract and other related decisions for the duration of my appointment with the Company.

I understand that Reports may include information about my prior employment or military record, education, credit worthiness and history, character, general reputation, personal characteristics, criminal record (including the state of Georgia) and mode of living. I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates.

In accordance with this authorization, I hereby authorize any consumer reporting agency, law enforcement agency, administrator, state or federal agency, institution, school, university (public or private), information service bureau, employer, or insurance company to furnish consumer reports, investigative consumer reports, and/or any and all background information requested by Interstate Background Research Inc, other designated representatives, and/or the Company in accordance with certain permissible purposes, including the written instructions of the consumer to whom it relates and/or for employment or contracting purposes.

By signing below, I also acknowledge receipt of the (1) Disclosure Regarding Consumer Reports and Investigative Consumer Reports Under the FCRA, (2) the Disclosure Regarding Consumer Reports and Investigative Consumer Reports Under State Law, and (3) the Summary of Your Rights Under the Fair Credit Reporting Act.

New York applicants or employees only: By signing below, you also acknowledge receipt of ARTICLE 23-A of the New York Correction Law

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Minnesota applicants or employees only:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

First Name: _____

Middle Name: _____

I do not have a middle name

Last Name: _____

Date of Birth: _____

Signature: _____

Date Signed: _____

I understand that entering my name above constitutes my electronic signature and is intended by me to have legally binding effect. I acknowledge and agree that any misstatements or omissions in this application will be grounds for termination of the application process or revocation of appointment. I understand that in signing this form I hereby authorize the Company to investigate my background, including, but not limited to, my credit history, criminal records and any public records, including motor vehicle records, prior to and up to, termination of my contract/employment with American National Insurance Company and its affiliates.



Producer's Code of Conduct

As a representative of the American National family of companies 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.



NOTICE OF PRIVACY POLICY

American National Insurance Company

**One Moody Plaza
Galveston, Texas 77550**

American National Insurance Company 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.



INDEPENDENT MARKETING SOLICITOR APPOINTMENT



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

1. That my contract is with Nest Egg Builders Corp (hereafter referred to as Recruiting Organization); and
2. That American National 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 American National 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 American National; and
5. That I shall promptly remit to Recruiting Organization or American National any and all monies received by me on behalf of American National; and
6. That I shall hold harmless and indemnify American National for any liability that it may incur as a result of any actions taken by me; and
7. That American National 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 American National and I also agree that since neither American National 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 American National Insurance 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 American National Insurance Company.
10. I understand that in signing this form, I hereby authorize American National Insurance Company to investigate my background including my credit history at any time. (See Form 11145-NM.)
11. The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with American National Insurance 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 _____, _____.

_____ **X** _____
 Applicant (Please Print) Applicant (Signature)

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

Nest Egg Builders / Robert Lock **X** _____
 Recruiting Organization (Please Print) Recruiting Organization's (Signature)

_____ Date _____ Office Code _____ Personal Code _____

For Home Office Use Only

_____ DA Behrens _____
 David A. Behrens Effective Date
 Independent Marketing Group

American National Insurance Company One Moody Plaza Galveston, Texas 77550-7999



**American National Insurance Company (ANICO)
Independent Marketing Group (IMG)
IMG Web Site: www.img.anicoweb.com**

ANTI-MONEY LAUNDERING COMPLIANCE (AML)

Effective May, 2006, ANICO 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 ANICO, all producers are **required** to provide proof that they have completed basic AML training within the last 12 months that is acceptable to ANICO, and they are **required** to complete ANICO's 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 ANICO at www.aml.limra.com. If a producer has completed LIMRA training, confirmation will be provided to ANICO by LIMRA a few days after appointment is processed.

Or

Provide valid certification that the producer has completed AML training through an alternate ANICO approved course. If AML training has been completed through an alternate ANICO 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. ANICO will make the final determination as to whether a specific training course will satisfy basic AML training requirements.

2. **Completion of ANICO's 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 to ANICO of Form 3779 (Application to Represent ANICO with a revision date of 03/15 or later) at the time of contracting. New producers must be given a copy of Form 4475 (Company Guide to AML Training Program Rev. 05/15) at the time of contracting.
 - Submission to ANICO of the version of AML Training Guide Form 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 ANICO Personal Code, which is assigned at the time of appointment).

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

Questions regarding AML compliance requirements should be directed to your marketing organization or IMG's Field Support Center, 1-888-501-4043, option 1.

ANICO 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 Insurance Company Company Guide to Anti-Money Laundering

As an insurance producer, the services you provide 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 nation by helping to prevent money laundering and the financing of terrorist activities.

To comply with federal anti-money laundering (AML) regulations for insurance companies, American National and its subsidiaries ("Company") has implemented a comprehensive AML 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.

In selling individual annuities and permanent life insurance, the Company's AML program requires you to:

- 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.
- **Contact an AML Compliance Officer if a customer resists providing information.**
- Maintain appropriate records of this information as long as the contract remains in force and for five (5) years thereafter.
- Notify an 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 possible red flag activity, refer to the AML Red Flags information on your marketing portal.*)

- 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

Types of Payments Accepted

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

- Personal checks and pre-authorized check payments.
- Cash equivalents (money orders, cashier's checks, traveler's checks, bank drafts).
- Acceptance of cash (coin and currency) is not permitted.

A Registered Representative should follow the instructions of their Broker/Dealer.

If a customer provides a form of payment that is not permitted, do not accept the payment and notify an AML Compliance Officer of any suspicious activity

AML Contact Information

Report Suspicious Activity To:

Stacey L. White
Chief Compliance Officer for AML/OFAC
Corporate Compliance

AML Compliance
Email: AMLCompliance@AmericanNational.com

Mail: Corporate Compliance Department
P.O. Box 1896, Galveston, Texas 77553

Toll Free: (800) 933-5975

Fax: (409) 621-3885

IMPORTANT: *An employee, agent, or broker must not, under any circumstances, disclose that he or she has reported suspicious activity or red flags to the Company. Any inquiries regarding the subject matter of any SAR must be directed to an AML Compliance Officer. It is the sole responsibility of the Company's Chief Compliance Officer for AML/OFAC to determine whether a SAR is filed with the U.S. Department of the Treasury. The Chief Compliance Officer for AML/OFAC and the Company are prohibited from disclosing to the agent and any other person that a SAR has been filed.*

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

For more information on the Company's AML program, please contact AMLCompliance@AmericanNational.com or an AML Compliance Officer.



Certification of Completion – Anti-Money Laundering Training
AGENTS – COMPLETE SECTIONS ONE THROUGH THREE

Section One: Agent Information

Agent's Name: _____ Social Security No: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: (daytime) _____ (evening) _____

Section Two: Training Information

Title of training program _____

Date training program completed _____

Training was delivered by: (Check all that apply)

Insurance company: (please specify full name and contact information)

Broker Dealer: (please specify full name and contact information)

Bank: (please specify full name and contact information)

Vendor: (please specify full name and contact information)

Other (please specify full name and contact information and attach outline of training program if available)

Section Three: Agent Affirmation of Anti-Money Laundering Training Program Completion

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the insurance company's AML Guide and (ii) that I am knowledgeable about my obligations under the regulation.

Signature of Agent _____ Date: _____

SECTION FOUR IS FOR BROKER-DEALERS, BANKS, AND INSURANCE COMPANIES ONLY

Section Four: Attach a certificate documenting the contents of the training program or complete and execute the items below (please check all that apply).

Training program covers the ACLI Core Elements for an AML Course

Training program is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011)

I affirm that the above referenced agent completed the above referenced training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

Entity Delivering Training: _____

Name _____ Title _____

Signature: _____ Phone number: _____

Email Address: _____

Instructions for Certification of Completion Anti-Money Laundering Training

Effective May 2, 2006, Insurance Companies are required to establish and maintain Anti-Money Laundering programs for covered products, in accordance with USA PATRIOT Section 352 (US 31 CFR 103.137). Agents and brokers must be integrated into these programs and receive anti-money laundering training. This form was developed to provide you with a convenient means to verify, to the various companies with whom you do business, that you have completed this training.

Agent or Broker: You should complete Sections One and Two and execute the affirmation in Section Three. If your training was provided by an insurance company, broker-dealer or bank, that entity must either provide a certificate including an outline of the training program or complete and execute Section Four.

Section One – Agent Information

Please complete this section in its entirety. Make sure that you include at least one telephone number where you can be contacted to verify the information you have submitted.

Section Two - Training Information

Please provide the name of the training program, the date you completed it, and the name of the entity providing the training, including a contact person. If you received training from an entity other than an insurance company, broker-dealer, bank, or vendor, you must attach an outline of the training program.

Section Three – Agent Affirmation

You must complete and sign this form before you submit it to an insurance company as proof that you have completed training.

Section Four – Training program Content and Affirmation (Insurance Companies, Banks, and Broker-Dealers Only)

If the training was delivered by an insurance company, bank, or broker-dealer, that entity must either provide a certificate (including an outline of the training program) or complete Section Four, certifying that the training program covers the ACLI's "Recommended Core Elements for an AML Training Program for Life Insurance Agents and Brokers" and/or that the training program is in Compliance with regulations issued under the USA PATRIOT Act.

The ACLI Core Elements are posted on the internet at the following site:

<http://www.acli.com/ACLI/Issues+nonmembers/AML+Resources%3a+Integrating+Agents+and+Brokers.htm>

If the training was delivered by an insurance company, broker-dealer, or bank, this form will not be accepted unless the firm performing the training provides a certificate of completion or executes this affirmation.

Insurance companies, broker-dealers and banks are subject to AML requirements imposed by regulations issued under Section 352 of the USA Patriot Act (31 CFR 103.137 and/or NASD Rule 3011). If your training was provided by a vendor or an entity not subject to these regulations, the insurance company you represent will need to verify the content of the training.

Contact Information

If you have any questions, please contact your AML Officer.