

FIRST SUNAMERICA LIFE INSURANCE COMPANY
AGENT APPOINTMENT QUESTIONNAIRE

CONTRACTED AGENCY NAME NESTEGG BUILDERS CORP. NESTEGG BUILDERS CORP.

FINANCIAL INSTITUTION N/A

APPLICANT NAME: _____ DATE OF BIRTH: _____ NICKNAME: _____

LAST FIRST M MAIDEN MO DAY YR SEX: M F
Please Circle

RESIDENCE: _____ SOCIAL SECURITY: _____
STREET

CITY STATE ZIP PLACE OF BIRTH: _____

COUNTY HOME TELEPHONE: () _____

BRANCH/BUSINESS NAME BUSINESS TELEPHONE () _____

STREET HAVE YOU EVER BEEN APPOINTED WITH FSA?
YES ___ NO ___

CITY STATE ZIP LICENSE NUMBERS: (RES) NATIONAL PRODUCER #:

TYPE OF APPOINTMENT REQUESTED: LIFE: _____ NPN: _____
() FIXED ANNUITY

STATES FOR WHICH APPOINTMENT IS REQUESTED: NEW YORK ONLY

REQUIRED ATTACHMENTS
FIXED ANNUITY APPOINTMENT:

INSURANCE LICENSE FOR NEW YORK
AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATIONS

I UNDERSTAND NO CONTRACT EXISTS BETWEEN FSA AND ME. ANY CONTRACTUAL AGREEMENT IS BETWEEN THE
AFOREMENTIONED CONTRACTED AGENCY AND ME. ALL COMMISSIONS PAYABLE ARE PAYABLE TO THE CONTRACTED
AGENCY, AND THEY IN TURN ARE LIABLE TO PAY ME ACCORDING TO OUR AGREEMENT.

I AGREE THAT I WILL NOTIFY FSA IN WRITING WITHIN 10 BUSINESS DAYS OF ANY INCIDENT THAT WOULD CAUSE AN ANSWER
TO THE 8 QUESTIONS ON PAGE TWO TO CHANGE.

FIVE-YEAR RESIDENCE HISTORY (IF MOVED WITHIN LAST 5 YEARS):

STREET	CITY	STATE	ZIP	YEAR(S)
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STREET	CITY	STATE	ZIP	YEAR(S)
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FIVE-YEAR EMPLOYMENT HISTORY:

PRESENT	COMPANY NAME	ADDRESS	CONTACT
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YEAR(S)	COMPANY NAME	ADDRESS	CONTACT
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YEAR(S)	COMPANY NAME	ADDRESS	CONTACT
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CONFIDENTIAL HISTORY/BACKGROUND INFORMATION: (WRITE "YES" OR "NO" IN BLANKS--EXPLAIN BELOW)

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|--|--|
| 1. HAVE YOU EVER BEEN KNOWN OR CONDUCTED BUSINESS IN ANY NAME OTHER THAN AS SHOWN ON THIS APPLICATION? _____ | 5. HAVE YOU EVER BEEN DENIED, SUSPENDED, OR HAD REVOKED AN INSURANCE LICENSE IN ANY JURISDICTION? _____ |
| 2. HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY? _____ | 6. HAS ANY SURETY COMPANY OR E&O CARRIER DENIED COVERAGE OR PAID OUT FUNDS ON YOUR COVERAGE? _____ |
| 3. HAVE YOU EVER BEEN CONVICTED OR PLED NOLO CONTENDERE TO ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? _____ | 7. ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION CONNECTED WITH THE INSURANCE BUSINESS OR ARE THERE ANY UNSATISFIED JUDGEMENTS OUTSTANDING AGAINST YOU ARISING OUT OF THE INSURANCE BUSINESS? _____ |
| 4. HAVE YOU EVER HAD A COMPLAINT FILED AGAINST YOU OR BEEN FINED BY AN INSURANCE REGULATORY DEPARTMENT? _____ | 8. DO YOU HAVE ANY OUTSTANDING JUDGEMENTS OR LIENS? _____ |

DETAILS OF "YES" ANSWERS: _____

LIST TWO (2) REFERENCE CONTACTS:

NAME	YRS KNOWN	RELATIONSHIP	TELEPHONE
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NAME	YRS KNOWN	RELATIONSHIP	TELEPHONE
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ATTESTATION:

- | | |
|---|---|
| 1 I AGREE NOT TO SOLICIT BUSINESS UNTIL I HAVE BEEN NOTIFIED THAT I AM PROPERLY APPOINTED BY FIRST SUNAMERICA LIFE INSURANCE COMPANY. | 3 THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994 ("ACT") PROHIBITS ANYONE WHO HAS EVER BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY OR A BREACH OF TRUST FROM PARTICIPATING IN THE INSURANCE BUSINESS. VIOLATORS ARE SUBJECT TO FINES AND UP TO 5 YEARS IMPRISONMENT. I CERTIFY THAT I AM IN COMPLIANCE WITH THE ACT. |
| 2 I HEREBY CERTIFY THAT ALL MY ANSWERS TO THE QUESTIONS ON THIS QUESTIONAIRE ARE TRUE, COMPLETE AND ACCURATE | |

AGENT'S SIGNATURE _____ DATE _____

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATIONS

I hereby authorize First SunAmerica Life Insurance Company ("FSA") to investigate my background, including my credit history. As part of this investigation, I authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish FSA, or any of its affiliates with which I may later seek appointment, with any and all information in their possession regarding me in connection with an application for employment, agent contract, license, or appointment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written authorized request. I understand this authorization is to be part of the written employment/contract application, which I sign.

I authorize FSA and any of its affiliates that appoint me to report information about earnings and debt balances to any credit bureau or similar organization.

I authorize FSA to share background, licensing, applicant data, and other information that FSA has about me with any of FSA's affiliates with which I may seek appointment in the future.

I have been given a stand-alone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or for eligibility for a license/appointment required by law to consider an applicant's financial responsibility.

Print Name _____

Signature _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

Drivers License Number and state (for identification purposes only) _____

If name changed (through marriage or otherwise) print former name here _____

Summary of Your Rights

Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “Consumer Reporting Agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as where you work and live, if you pay your bills on time, and whether you’ve been sued, arrested, or filed for bankruptcy—to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 at the Federal Trade Commission’s website (<http://www.ftc.gov>).

*You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must give you the name, address, and phone number of the CRA that provided the report.

*You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a company/person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving the notice of the action. You are also entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to \$8.

*You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs—to which it has provided the data—of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any changes. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

*Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove data from your file that is accurate unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

*You can dispute inaccurate items with the source of the information. If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report it if it is, in fact, an error.

*Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

*Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the FCRA—usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.

*Your consent is required for reports that are provided to employers, or reports containing medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your consent.

*You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

*You may seek damages from violators. You may sue a CRA or other party in state or federal court for violations of the FCRA.

NOTICE OF PROPOSED INVESTIGATIVE CONSUMER REPORT

Throughout this document, AIG Annuity Insurance Company, discloses to you that an investigative consumer report is being obtained from a consumer agency for the purpose of evaluating you for employment, contracting, promotion, reassignment or retention as an employee and/or for eligibility for a license/appointment required by law to consider an applicant's financial responsibility. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends, or associates. You have a right to request in writing (within a reasonable period of time) additional detailed information about the nature and scope of this investigation.