<u>vidual Producers and/or Business Entities</u>	
cklist for completion:  Annuity Appointment form Agency Sales Agreement, if applicable - OR - Voided Check W9	Licensed Only Agent Approximately Appointment form Solicitor's Sales Agreement
Producer or Entity Requesting Appointment (Name):	
State Appointment(s) requested:	
TLODIDA residents must specify the Florida county where their bu	siness office is located:
NON-RESIDENT FLORIDA agents soliciting in Florida must list the	county(s) in Florida in which they intend to personally solicit:
UDUNE ONLY	ertel@nestage buthless.com 845592-4064
Hierachy is applicable: DAGL DUSL (NY)  Recruiter Name Lest Egg BUILDECS	Recruiter Code (list TIN if pending) $13-4056683$
Hierachy is applicable: DAGL DUSL (NY)  Recruiter Name Lest Egg DUILDECS  Requested Commission Level for new applicant:	
Requested Commission Level for new applicant:	If yes, CRD number
Hierachy is applicable: AGL DUSL (NY)  Recruiter Name Lest Sag Dui LDLOS  Requested Commission Level for new applicant: Licensed Only Agent (Solicitor) - If you have requested a commission Sage 5 has been signed.	If yes, CRD numbersion level of a "Z", please confirm that the Solicitor Agreement on
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Hierachy is applicable: AGL DUSL (NY)  Recruiter Name Lest Egg DUI LIDE(S  Requested Commission Level for new applicant: Licensed Conference of the Agent (Solicitor) - If you have requested a commis page 5 has been signed.  Places note a Business Plan and Profile form should be submitted.	If yes, CRD numbersion level of a "Z", please confirm that the Solicitor Agreement on
Hierachy is applicable: AGL DUSL (NY)  Recruiter Name Lest Egg DUILDECS  Requested Commission Level for new applicant: Licensed Only Agent (Solicitor) - If you have requested a commis page 5 has been signed.  Please note a Business Plan and Profile form should be submitted above street level commissions with the exception of a BD.	If yes, CRD numbersion level of a "Z", please confirm that the Solicitor Agreement on ed for recruiting agency appointments not previously approved for
Hierachy is applicable: AGL DUSL (NY)  Recruiter Name Lest Egg DUILDECS  Requested Commission Level for new applicant: Licensed Only Agent (Solicitor) - If you have requested a commis page 5 has been signed.  Please note a Business Plan and Profile form should be submitted above street level commissions with the exception of a BD.  To Be Completed by Recruiter — UPLINE ONLY  Additional Addresses  Check below boxes if address other than listed on page 3 of Appointment Form  Primary Mailing/Policy	If yes, CRD numbersion level of a "Z", please confirm that the Solicitor Agreement on ed for recruiting agency appointments not previously approved for
Hierachy is applicable: AGL DUSL (NY)  Recruiter Name 2ST Sag DUI LDECS  Requested Commission Level for new applicant: 2  If the applicant is an entity: Is the entity a BD? Yes No  Licensed Only Agent (Solicitor) - If you have requested a commis page 5 has been signed.  Please note a Business Plan and Profile form should be submitted above street level commissions with the exception of a BD.  To Be Completed by Recruiter — UPLINE ONLY  Additional Addresses  Check below boxes if address other than listed on page 3 of Appointment Form	If yes, CRD numbersion level of a "Z", please confirm that the Solicitor Agreement on ed for recruiting agency appointments not previously approved for

Signature of Recrui	ter	
the companies. The	commending representative or BGA] recommends the app recommending individual or BGA also agrees to supervise in accordance with the terms of his/her Agreement.	licant to AGL and/or USL as a suitable person to represent and assume responsibility for the applicant, if appointed
Signature	Signature of Recruiting Agency	////
Print Name:	Print name of Recruiting Agency	Agency Code #(TIN if pending)

Please submit form and all other paperwork to:

FAX OR E MAIL

Toll Free Fax:

855-612-9886

Email:

IMOBGALicensing@aig.com

## IMPORTANT INSTRUCTIONS

Agent should email or fax a complete Annuity Appointment form.

An incomplete Annuity Appointment form will delay processing.

All information requested must be supplied.

## American General Life Insurance Company (AGL) The United States Life Insurance Company in the City of New York (USL)

P.O. Box 871, Amarillo, TX 79105-0871 • Fax 855-612-9886 • Email: IMOBGALicensing@aig.com

	Corporation, if applicable
SSN:	TIN:
Applicant Name:	Corporate Name:
Date of Birth: Sex: ☐ Male ☐ Female	Corporation Type: ☐ Corporation ☐ Partnership ☐ LLC
Resident Address:	Corporate Address
Business Address:	Phone Number:
Business Address.	Fax Number:
Phone Number:	Email Address:
Business Number:	Indicate below Additional Signers who are authorized to
Fax Number:	sign on behalf of the principal/officer of the corporation:
Email Address:	* Additional authorized signers for the corporation:
NPN:	/
CRD: (if applicable)	,
☐ I am an officer of the corporation.	
Electronic Funds Transfer (EFT): Please complete the following	
Address City	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State Zip
	Type of Account  ☐ Checking ☐ Savings  Please attach a copy of a VOIDED CHECK
Routing Number Account	t Number Type of Account ☐ Checking ☐ Savings
Routing Number Account	Type of Account  ☐ Checking ☐ Savings  Please attach a copy of a VOIDED CHECK or Savings Account Deposit Slip
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Have you at any time, been convicted of or plead guilty or no contest to:  a. Any Felony?  b. Any Misdemeanan?  c. A violation of federal or state securities or investment related regulation?  c. A violation of federal or state securities or investment related regulation?  d. Any out now over money to any like or a partiner, officer, or Director:  A rey out currently under investigation by any legal regulatory authority?  A rey out currently under investigation by any legal regulatory authority?  A rey out currently under investigation by any legal regulatory authority?  A rey out on the dear of the party to a bank regulatory by the property of the same canners of the party to a bank regulatory by the party of the same regulatory budy, statement of functions is services employer or insurer terminated your contract or permitted you to resign for reason other than lack of salesy proceding or insurer terminated your contract or permitted you to resign for reason other than lack of salesy proceding or insurer and salesy the party of a consumer insurance of manchists of a consumer-installated complaint, proceeding or investigation by any self-regulatory authority ever a self-regulatory authority ev	ent Name:	SSN / FEIN	•		
Have you at any time, been convicted of or plead guilty or no contest to:  a. Any Felony?  b. Any Misdemeanor?  c. A violation of federal or state securities or investment related regulation?  Are you currently under investigation by any legal or rupidatory authority?  De you now owe money to any life or health and the properties of t	ackground Information Require	d on All Applicants		VES	NO
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REMARKS SECTION: Please provide details of all "yes" answers above. Be sure to include the date of occurrence, explanation; resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.    Gent Signature and Authorization	of money lauridering with or	MN and would like a conv of the consumer re	port obtained on you, please	-	
I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law, understand that in signing this form, I hereby authorize AGL and USL (hereinafter collectively referred to as the "Company") that I have understand that in signing this form, I hereby authorize AGL and USL (hereinafter collectively referred to as the "Company") that I have requested appointments with to investigate my background, including my credit history and interviews with former employers and/primary insurance company. I authorize the Company and individuals named in the Annuity Appointment form togive the Company and information regarding me that they have available. I agree that if any of my answers to the questions in the Background information feature to update the answers on this Annuity Appointment form may result in termination of appointment(s) with the Company addition, I hereby authorize the Company to report information about earnings and debit balances to any credit bureau or similor addition, I hereby authorize the Company to report information about earnings and debit balances to any credit bureau or similor addition, I hereby authorize the Company will withhold and remit to the IRS 24% of my payment as a default, if I indicate I am subject to Back Withholding or the IRS has notified the Company that I am subject to Backup Withholding.  I hereby authorize the Company to share background, licensing and applicant data with their affiliates. I acknowledge that I vibrate the Company to share background, licensing and applicant data with their affiliates. I acknowledge that I vibrate uthorize consent, and direct the Company to disclose my name and social security number to Vector One for the purpose form time to time, in representing any of the Company to the Company and I agree to abide by those principles, as amended or supplement from time to time, in representing any of the Company to the Vector One Socia	oback here	1777	t to the date of population of evaluation	ion re	solution
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Print Name of Individual -or- Principal of Corporation

Print Name:\_\_\_\_

ent Name:	SSN / FEIN:	
nir Credit Reporting Act		
Pursuant to the Fair Credit Reporting Act, each company with which you have recinformation related to your character, ger consumer reporting agency. First Advan 30348 or by calling 1-800-845-6004. You notice, a complete disclosure of the scoreporting Act.	this notice is to inform you that as a component of our contracting and appuested an appointment may request an investigative consumer repoweral reputation, personal characteristics and mode of living, from First A tage Background Services Corp. Consumer Center is located at P.O. Box I have the right to request, in writing, within a reasonable period of time pe of the investigation requested and a written summary of your rights to the information contained in the	dvantage or another 105292, Atlanta, GA after receipt of this under the Fair Credit
Also, each company with which you have and other information in your file with its this information not be disclosed or share.	e requested an appointment may share the information contained in the s affiliates, unless you send a written request to the below-described ac ed with affiliates.	ddress directing that
Send your request to: Licensing and Contracting Department P.O. Box 871 Amarillo, TX 79105-0871		
Additional State Law Notices		The Adventors upon
submitting proper identification during fif you appear in person, you may be accalso submit a written request by certified the set for the information to be provided by	he California Civil Code, you may view the file maintained on you by F normal business hours. You may obtain a copy of this file upon paying t ompanied by one other person, provided that person furnishes proper ide d mail, along with proper identification, for a copy of this file. You may y telephone, provided that you pay the costs associated with the telepho	entification. You may in the written request one call.
Minnesota: You have the right in most and accurate disclosure of the nature a agency must provide you with this discl the Company, whichever date is later.	circumstances to submit a written request to the Consumer reporting a and scope of any consumer report the Company ordered about you. The osure within five business days after its receipt of your request or the reporting agency listed above, you have the right to know if the Compan ht to contact the consumer reporting agency to inspect or receive a copy	e consumer reporting port was requested by
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	(Agent) of (Direct Upline) hereby agree that is subject to, and I hereby agree to be bound by, each of the following	at your consent to the
(1) That the Insurer has no obligation connection with the services performs insurer, it being expressly understone for such services; and	n to me for commissions, expense allowances or any form of compermed and expenses incurred by me in the solicitation of applications for it bod that I am under direct contract with the Agency who has personally it.	nsation whatsoever in nsurance issued by the agreed to compensate
(2) That I have no other contractual re	elationship with the Insurer and that I am not, and I shall refrain from ho r associate of the Insurer; and	
(3) That I shall comply with the rules,	regulations, compliance manuals and rate books of the insurer, the laws of of the Department of insurance relating to my activities in the solicitation	
(4) That I shall not alter, modify, wait	re or change any of the terms, rates or conditions of any advertisemen nect: and	ts, receipts, policies of
(5) That I shall promptly remit to the A	Agency or the Insurer any and all monies or securities received by me on premiums, or any other item whatsoever; and	behalf of the Insurer as
(6) That I shall not obligate the Insure	er nor incur expense in it behalf in any manner whatsoever; and	
(7) That the Insurer may, without lia appointment or license at any tim	bility to me whatsoever, upon request of the Agency or upon its own e.	
This applicant is recommended for ap with the Insurer and this Agreement.	pointment as an agent assigned to my jurisdiction, subject to the terms o	f my Agency Agreemer
Agent Name (Pr	int) Signature of Agent	Date

Recruiting Agency Name (Print)

Signature of Recruiting Agent

Date

Agent Name:		SSN / FEIN:		
Fair Credit Reporting Act				
Pursuant to the Fair Credit Reporting Ac each company with which you have r information related to your character, go consumer reporting agency. First Adva 30348 or by calling 1-800-845-6004. You notice, a complete disclosure of the so Reporting Act.	equested an appointment eneral reputation, personal intage Background Service ou have the right to reques ope of the investigation re	may request an investigati characteristics and mode of s Corp. Consumer Center is t, in writing, within a reason quested and a written summ	lye consumer report that fliving, from First Advanta located at P.O. Box 10529 able period of time after nary of your rights under t	age or another 12, Atlanta, GA receipt of this the Fair Credit
Also, each company with which you ha and other information in your file with this information not be disclosed or sh	its affiliates, unless you se	ent may share the information and a written request to the b	on contained in the investigation and investigat	directing that
Send your request to: Licensing and Contracting Department P.O. Box 871 Amarillo, TX 79105-0871				
Additional State Law Notices				
California: Under section 1789.22 of submitting proper identification during If you appear in person, you may be ac also submit a written request by certificask for the information to be provided	normal business hours. Y companied by one other poi ied mail, along with proper by telephone, provided that	ou may obtain a copy of this erson, provided that person f identification, for a copy of tyou pay the costs associate	s me upon paying me duf- furnishes proper identifica this file. You may in the v ed with the telephone call	ation. You may written request
Minnesota: You have the right in mos and accurate disclosure of the nature agency must provide you with this disc the Company, whichever date is later.  New York: If you contact the consume report about you. You also have the ri	and scope of any consum closure within five business	er report the Company order days after its receipt of you have you have the right to k	r request or the report wa	es requested by
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Solicitor's Sales Agreement, If App	licable			
Iissuance of such license or appointme	_ (Agent) ofent is subject to, and I here	(Direct Upline) by agree to be bound by, eac	) hereby agree that your th of the following conditi	consent to the ions:
<ol> <li>That the Insurer has no obligation connection with the services performs in being expressly understanders and</li> </ol>	on to me for commissions ormed and expenses incurre tood that I am under direct	s, expense allowances or ar ed by me in the solicitation o contract with the Agency wi	ny form of compensation fapplications for insuranc ho has personally agreed	whatsoever in ce issued by the to compensate
(2) That I have no other contractual remployee, partner, joint venturer of	or associate of the Insurer;	and		
(3) That I shall comply with the rules, I am licensed, and the regulations	s of the Department of Insu	rance relating to my activitie	s in the solicitation of his	urance, and
(4) That I shall not alter, modify, wai contracts of the Insurer, in any re-	spect; and			
(5) That I shall promptly remit to the full or partial payment of first yea	Agency or the Insurer any a or premiums, or any other it	and all monies or securities r em whatsoever; and	eceived by me on behalf	of the Insurer as
(6) That I shall not obligate the Insur	er nor incur expense in it b	ehalf in any manner whatsoe	ever; and	
(7) That the Insurer may, without lia appointment or license at any time	ability to me whatsoever, t ne.	ipon request of the Agency	or upon its own initiativ	e, terminate my
This applicant is recommended for apwith the Insurer and this Agreement.	ppointment as an agent ass	igned to my jurisdiction, sub	ject to the terms of my Ag	ency Agreement
Agent Name (P	rint)	Signature of	Agent	Date

Date

Recruiting Agency Name (Print)

Signature of Recruiting Agent