

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

Individual Producers and/or Business Entities

Checklist for completion:

- Annuity Appointment form
- Agency Sales Agreement, if applicable
- Voided Check
- W9

- OR -

Licensed Only Agent

- Annuity Appointment form
- Solicitor's Sales Agreement

Producer or Entity Requesting Appointment (Name): _____

State Appointment(s) requested: _____

FLORIDA residents must specify the Florida county where their business office is located: _____

NON-RESIDENT FLORIDA agents soliciting in Florida must list the county(s) in Florida in which they intend to personally solicit:

L&C Follow up or Missing Items

Name: Jamie Hertel Email: jhertel@nesteggbuilders.com Phone: 845592-4064

Recruiter Section - UPLINE ONLY

Hierarchy is applicable: AGL USL (NY)

Recruiter Name Nest Egg Builders Recruiter Code (list TIN if pending) 13-4056683

Requested Commission Level for new applicant: Z

If the applicant is an entity: Is the entity a BD? Yes No If yes, CRD number _____

Licensed Only Agent (Solicitor) - If you have requested a commission level of a "Z", please confirm that the Solicitor Agreement on page 5 has been signed.

Please note a Business Plan and Profile form should be submitted for recruiting agency appointments not previously approved for 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

Address: 2424 Rt 52 St 2

Hopewell Jct, NY 12533
City State Zip

Commission Mailing

Address: _____

City State Zip

Signature of Recruiter

The undersigned [recommending representative or BGA] recommends the applicant to AGL and/or USL as a suitable person to represent the companies. The recommending individual or BGA also agrees to supervise and assume responsibility for the applicant, if appointed by AGL and/or USL, in accordance with the terms of his/her Agreement.

Signature _____ Date: _____ / _____ / _____
Signature of Recruiting Agency

Print Name: _____ Agency Code # _____
Print name of Recruiting Agency (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

Individual

SSN: _____
 Applicant Name: _____
 Date of Birth: _____ Sex: Male Female
 Resident Address: _____

 Business Address: _____

 Phone Number: _____
 Business Number: _____
 Fax Number: _____
 Email Address: _____
 NPN: _____
 CRD: (if applicable) _____
 I am an officer of the corporation.

Corporation, if applicable

TIN: _____
 Corporate Name: _____
 Corporation Type: Corporation Partnership LLC
 Corporate Address: _____

 Phone Number: _____
 Fax Number: _____
 Email Address: _____
Indicate below Additional Signers who are authorized to sign on behalf of the principal/officer of the corporation:
 * Additional authorized signers for the corporation:

Direct Deposit (EFT) Authorization Section MANDATORY - IF COMPENSATED

Electronic Funds Transfer (EFT): Please complete the following section for Electronic Funds Transfer information.

Financial Institution _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Routing Number <i>*Cannot begin with the number 5</i> 	Account Number _____	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a VOIDED CHECK or Savings Account Deposit Slip</i>
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AUTHORIZATION STATEMENT

I authorize AGL and/or USL and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize AGL and/or USL to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the AGL and/or USL.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form.

Signature _____ Date Signed _____

Background Information Required on All Applicants

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you at any time, been convicted of or plead guilty or no contest to: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Any Felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any Misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A violation of federal or state securities or investment related regulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently under investigation by any legal or regulatory authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you now owe money to any life or health insurance company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you or a firm in which you were a partner, officer, or Director: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. been declared bankrupt or been party to a bankruptcy or receivership proceeding | <input type="checkbox"/> | <input type="checkbox"/> |
| b. have you had a salary garnished or had liens or judgments against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you to resign for reason other than lack of sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory body, securities commodities, insurance regulatory body/organization, employer or insurer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, censured, barred, or otherwise disciplined your membership, license, registration, or disciplined you with fines or by restricting your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have either AGL or USL ever declined to appoint you, refuse to contract you or terminated your contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a bonding company ever denied, paid out on or revoked a bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been the subject of an AML investigation or disciplined for involvement or facilitation of money laundering with or for a client? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a resident of CA, OK, or MN and would like a copy of the consumer report obtained on you, please check here. | <input type="checkbox"/> | <input type="checkbox"/> |

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.

Agent Signature and Authorization

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I 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/or primary insurance company. I authorize the Company and individuals named in the Annuity Appointment form to give the Company any information regarding me that they have available. I agree that if any of my answers to the questions in the Background Information section change, I will notify the Company in writing within 10 days of the incident. I understand that falsification of information or failure to update the answers on this Annuity Appointment form may result in termination of appointment(s) with the Company. In addition, I hereby authorize the Company to report information about earnings and debit balances to any credit bureau or similar organization. I understand that my signed authorization is valid for an indefinite period of time.

I understand that the Company will withhold and remit to the IRS 24% of my payment as a default, if I indicate I am subject to Backup 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 will immediately review the "Compliance Manual" for the Company and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

I further authorize consent, and direct the Company to disclose my name and social security number to Vector One for the purpose of conducting initial and/or periodic commission related debit balance screening(s) through Vector One's Debit-Check service and obtain results concerning existing debit balances, as allowed by state or federal law. I understand the Company may consider the results of the screening to determine eligibility for appointment and/or advancement of commissions. I further authorize consent, and direct, upon termination or expiration of my engagement, the Company to submit information concerning any commission related debit balance owed to the Company to the Vector One Debit-Check service. I hereby authorize, consent, and direct Vector One to intentionally disclose such information upon a debit commission related debit screening to authorized Debit-Check subscribers who submit an inquiry.

By signing the authorization, I certify that my E&O policy extends coverage to the person or entity requesting contracting and/or appointment. I agree to provide a copy of the E&O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my contract and appointment(s) is active with the Company. I further understand and acknowledge that this is a minimum level only, and if my E&O coverage needs are in excess of \$1 million, I agree to ensure that my E&O coverage needs are addressed appropriately.

The Department of Treasury's final rule for Anti-Money Laundering Programs for Insurance Companies requires that the company integrate their producers and/or brokers into an anti-money laundering program and to provide training. As a producer or broker appointed with the Company, I am required to complete an approved AML training course available online from an approved vendor.

Date: _____ Signature: _____
Signature of Individual

Print Name: _____
Print Name of Individual -or- Principal of Corporation

Agent Name: _____

SSN / FEIN: _____

Fair Credit Reporting Act

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointment process, each company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living, from First Advantage or another consumer reporting agency. First Advantage Background Services Corp. Consumer Center is located at P.O. Box 105292, Atlanta, GA 30348 or by calling 1-800-845-6004. You have the right to request, in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Also, each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates, unless you send a written request to the below-described address directing that this information not be disclosed or shared with affiliates.

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 the California Civil Code, you may view the file maintained on you by First Advantage upon submitting proper identification during normal business hours. You may obtain a copy of this file upon paying the duplication costs. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. You may also submit a written request by certified mail, along with proper identification, for a copy of this file. You may in the written request ask for the information to be provided by telephone, provided that you pay the costs associated with the telephone call.

Minnesota: You have the right in most circumstances to submit a written request to the Consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

New York: If you contact the consumer reporting agency listed above, you have the right to know if the Company ordered a consumer report about you. You also have the right to contact the consumer reporting agency to inspect or receive a copy of any such report.

Solicitor's Sales Agreement, If Applicable

I _____ (Agent) of _____ (Direct Upline) hereby agree that your consent to the issuance of such license or appointment is subject to, and I hereby agree to be bound by, each of the following conditions:

- (1) That the Insurer has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Insurer, it being expressly understood that I am under direct contract with the Agency who has personally agreed to compensate me for such services; and
- (2) That I have no other contractual relationship with the Insurer and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or 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 the State(s) in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
- (4) That I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Insurer, in any respect; and
- (5) That I shall promptly remit to the Agency or the Insurer any and all monies or securities received by me on behalf of the Insurer as full or partial payment of first year premiums, or any other item whatsoever; and
- (6) That I shall not obligate the Insurer nor incur expense in its behalf in any manner whatsoever; and
- (7) That the Insurer may, without liability to me whatsoever, upon request of the Agency or upon its own initiative, terminate my appointment or license at any time.

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my Agency Agreement with the Insurer and this Agreement.

_____	_____	_____
Agent Name (Print)	Signature of Agent	Date
_____	_____	_____
Recruiting Agency Name (Print)	Signature of Recruiting Agent	Date

Agent Name: _____

SSN / FEIN: _____

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P.O. Box 871
Amarillo, TX 79105-0871

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New York: If you contact the consumer reporting agency listed above, you have the right to know if the Company ordered a consumer report about you. You also have the right to contact the consumer reporting agency to inspect or receive a copy of any such report.

Solicitor's Sales Agreement, If Applicable

I _____ (Agent) of _____ (Direct Upline) hereby agree that your consent to the issuance of such license or appointment is subject to, and I hereby agree to be bound by, each of the following conditions:

- (1) That the Insurer has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Insurer, it being expressly understood that I am under direct contract with the Agency who has personally agreed to compensate me for such services; and
- (2) That I have no other contractual relationship with the Insurer and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or 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 the State(s) in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
- (4) That I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Insurer, in any respect; and
- (5) That I shall promptly remit to the Agency or the Insurer any and all monies or securities received by me on behalf of the Insurer as full or partial payment of first year premiums, or any other item whatsoever; and
- (6) That I shall not obligate the Insurer nor incur expense in its behalf in any manner whatsoever; and
- (7) That the Insurer may, without liability to me whatsoever, upon request of the Agency or upon its own initiative, terminate my appointment or license at any time.

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my Agency Agreement with the Insurer and this Agreement.

Agent Name (Print)	Signature of Agent	Date
Recruiting Agency Name (Print)	Signature of Recruiting Agent	Date