

# Appointment Application Applicant Page

**American General Life Insurance Company**  
**The United States Life Insurance Company in the City of New York**  
 P.O. Box 9978, Amarillo, TX 79105-5978 • Fax 1-877-484-3142

## Individual

SSN: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
 Resident Address: \_\_\_\_\_  
 \_\_\_\_\_  
 If at above address for less than 1 year, indicate previous address:  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Business Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Check the box if you are the principal/officer of the Corporation:**  I am an officer of the Corporation.

**Trusted Contact Information**

Contact Name & Details: \_\_\_\_\_  
 \_\_\_\_\_

## Corporation

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Background Information Required on All Applicants

	YES	NO
1. Have you at any time, been convicted of or plead guilty or no contest to:		
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:		
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 any of American General Affiliates 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"/>	

**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 Name:** \_\_\_\_\_

**SSN / FEIN:** \_\_\_\_\_

**Licensing and State Appointment Request**

Corporate License must be submitted. USL does not appoint outside the state of NY.

Please indicate the states in which you want to be appointed. State appointments will be filed on an as needed basis which will be determined by American General. \_\_\_\_\_

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: \_\_\_\_\_

**Variable Licensing Section**

**Please complete the following ONLY when requesting variable appointment:**

Who is your Broker/Dealer: \_\_\_\_\_

CRD Number: \_\_\_\_\_

Check all current FINRA licenses that you hold:  6  7  22  24  26  63  Other: \_\_\_\_\_

**Independent Wholesaler Election:**

Some broker-dealers may permit third-party wholesaling firms to offer certain services and support to registered representatives in order to facilitate sales of VUL products. In order for registered representatives to sell AGL's VUL products utilizing the services of a wholesaling firm, a wholesaling agreement must be in place and your broker-dealer must be informed that you will be working with the wholesaling firm's independent wholesaler (IW). If you wish to obtain support through an IW, please indicate your election below.

IW Election: I will be utilizing a third party IW for variable support.

Name of IW: \_\_\_\_\_  
*(Please confirm information from the BGA / IW office processing your life insurance business.)*

IW Code: \_\_\_\_\_

NOTE: You will be assigned a separate agent number for variable business.

**Direct Deposit (EFT) Authorization Section - REQUIRED**

**Electronic Funds Transfer (EFT):** Please complete the following section for Electronic Funds Transfer information. Does not apply to registered representatives (variable business), traditional fixed life agents on Life Sales Agreements or those with Collateral Assignments.)

Financial Institution \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Identification Number <b>*Cannot begin with the number 5</b> 	Account Number _____	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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**AUTHORIZATION STATEMENT**

I authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") 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 American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") 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 Company.

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 \_\_\_\_\_

For USL/NY fixed life business, GA signature authorizes Producer to receive compensation directly.

GA Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent Name: \_\_\_\_\_

SSN / FEIN: \_\_\_\_\_

**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 American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL") (hereinafter collectively referred to as the "American General Affiliates") 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 American General Affiliates and individuals named in the application to give the American General Affiliates 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 American General Affiliates in writing within 10 days of the incident. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates 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 further authorize American General Affiliates to verify my previous employment and securities registration history, insurance licensing status, or regulatory review information (RIRS) through the CRD, FINRA/PDB and state insurance department systems. I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I will immediately review the "Compliance Manual" for American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL") 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.

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 American General Affiliates. 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 one or more of American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL"), I am required to complete an approved AML training course available online through LIMRA.

I hereby authorize, consent, and direct American General Affiliates 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 American General Affiliates 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, American General Affiliates to submit information concerning any commission related debit balance owed to American General Affiliates 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.

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 9978  
Amarillo, TX 79105-5978

### 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.

IN WITNESS WHEREOF, this Agreement, dated **[insert effective date]** (“Effective Date”), has been executed by duly authorized representatives of each Party as follows:

Instructions: If Agency is an entity, write the legal name of the entity on the Entity Name line for Agency below. In this case, the signatory for Agency is signing as an individual insurance agent and on behalf of the entity as an authorized representative and principal insurance agent of the entity. Include both the Tax Identification Number (TIN) of the entity and the Social Security Number of the authorized representative below.

“AGENCY/AGENT”:

Send mail to:

Entity/Agent Name: \_\_\_\_\_

\_\_\_\_\_

Tax ID/SSN of Entity/Agent : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

For Entity:

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Authorized Representative’s SSN: \_\_\_\_\_

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

“INSURER”:

**AMERICAN GENERAL LIFE INSURANCE COMPANY**

Send mail to:

Chief Distribution Officer  
Corebridge Financial  
2929 Allen Parkway, 35th Floor  
Houston, TX 77019-2128

By: \_\_\_\_\_

NAME: \_\_\_\_\_

With a copy to (which shall not constitute notice):

General Counsel  
Corebridge Financial  
21650 Oxnard Avenue, Suite 750  
Woodland Hills, CA 91367-4997

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



**American General Life Insurance Company**

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This Supplement is made, entered into, and effective the date hereinafter specified by and between American General Life Insurance Company, a Texas-domiciled, stock life insurance company (hereinafter called the Company) and the Agent signing this agreement (hereinafter called the Agent), and the Agency signing this agreement (hereinafter called the Agency).

It is agreed by and between the parties as follows:

1. This Supplement shall be an endorsement to the Appointment Application and Agency Agreement entered into between the Agent, Agency and the Company.
2. This Supplement supersedes and cancels all previous annualization agreements and/or supplemental agreements.
3. Subject to the limitations outlined in Paragraph No. 6, the Company will prepay up to fifty percent (50%) of first year commissions due on life policies, with the exception of Universal Life policies, issued after the effective date of this Supplement. Annualization on Universal Life policies is limited to fifty (50%) of the annualized plan premium collected, but will in no event exceed fifty percent (50%) of target premium. The remainder of the first year commission will be paid on an as-earned basis upon receipt of the seventh month premium.
4. Excluding any replacement contracts, Annualization of first year commissions (hereinafter "Annualization") is available on individual life insurance, single premium life insurance, controlled business (all family members and business partners) and additional deposits received in conjunction with the sale of individual life insurance policies (hereinafter called "New Business"), payable on premiums paid under a monthly/quarterly preauthorized check plan. All advances will be made upon full payment of the first modal premium.
5. List Bill premiums are not eligible for Annualization.
6. Annualization payment is limited to \_\_\_\_\_ per New Business policy, up to a monthly maximum of \_\_\_\_\_ per Agent, and the total unearned balance paid under the Supplement shall not exceed \_\_\_\_\_ per Agent at any time.
7. It is understood that any prepayment of monies or commissions advanced by Annualization shall create indebtedness by the Agent to the Company. If payment in full is demanded, or if a repayment schedule is implemented under any provision above, the Agent agrees to pay interest on the unpaid balance of the advance at a rate of two percent (2%) annually, calculated from the date the funds were originally advanced to the date the balance is repaid, provided repayment shall not exceed duration of twelve (12) months, with a minimum repayment of \$250 per month.
  - (A) It is understood that any unearned advance balance will be charged back at 100% if the policy lapses or is surrendered within the first 12 months of the contract issue date. Repayment will be expected immediately.
8. If repayment is not made as provided in Paragraph No. 7 of this Supplement, the Agent acknowledges that the Company can accelerate the debt owed without notice and authorizes an attorney, selected at the Company's discretion, to appear before any court of record in the United States, which has subject matter and personal jurisdiction over this matter, and confess judgment against said Agent in favor of the Company for the unpaid balance due under this Supplement and the underlying Agency Agreement, including interest, costs and attorney's fees.
9. The Agent specifically recognizes that the confession of judgment provision in the Paragraph No. 8 of this Supplement will constitute an assignment against his personal assets and earnings from any source whatsoever.
10. The Company shall have the right, with or without cause, to terminate this Supplement at any time by written notice to the last known address of the Agent. Should this Supplement or the Agreement to which it is endorsed be cancelled, and then an amount equal to any and all unearned prepaid commissions will be immediately, and on demand, payable to the Company.

