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	Corporation
SSN:	TIN:
Applicant Name:	
Date of Birth: Sex: Male Female	Corporate Name.
Resident Address:	Corporation Type: ☐ Corporation ☐ Partnership ☐ LLC
	Corporate Address:
If at above address for less than 1 year, indicate previous address:	
Business Address:	Phone Number:
	I ax indilibel.
Phone Number:	
Business Number:	
Fax Number:	Indicate below Additional Signers who are authorized to
Email Address:	sign on behalf of the principal/officer of the corporation
Check the box if you are the principal/officer of the Corporation: I am an officer of the Corporation. Trusted Contact Information	Additional authorized signers for the corporation:
Contact Name & Details:	
	VES
ckground Information Required on All Applicants 1. Have you at any time, been convicted of or plead guilty or no cont a. Any Felony?b. Any Misdemeanor?	est to:
ckground Information Required on All Applicants Have you at any time, been convicted of or plead guilty or no cont a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related regal. Are you currently under investigation by any legal or regulatory at	gulation?
. Have you at any time, been convicted of or plead guilty or no cont a. Any Felony?	gulation?
ckground Information Required on All Applicants Have you at any time, been convicted of or plead guilty or no cont a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related reg. Are you currently under investigation by any legal or regulatory at B. Do you now owe money to any life or health insurance company? Have you or a firm in which you were a partner, officer, or Director.	gulation?
. Have you at any time, been convicted of or plead guilty or no cont a. Any Felony?	gulation?
:kground Information Required on All Applicants : Have you at any time, been convicted of or plead guilty or no cont a. Any Felony?	gulation?
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Reground Information Required on All Applicants Have you at any time, been convicted of or plead guilty or no cont a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related reg. Are you currently under investigation by any legal or regulatory at Do you now owe money to any life or health insurance company? 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 receiv b. have you had a salary garnished or had liens or judgments aga. Has any insurance or financial services employer, broker-dealer, or reason other than lack of sales? Have you ever been the subject of a consumer-initiated complaint securities commodities, insurance regulatory body/organization, e. Have you ever had a claim filed against your professional liability. Has any insurance department, government agency, securities, co revoked, censured, barred, or otherwise disciplined your member restricting your activities? Have any of American General Affiliates ever declined to appoint y O. Has a bonding company ever denied, paid out on or revoked a beautiful to a province of the pr	gulation?
Have you at any time, been convicted of or plead guilty or no cont a. Any Felony?	gulation?

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Applicant Page

Agent Name:	SSN / FEIN: _	
Licensing and State Appointment Request		
Corporate License must be submitted. USL does not app	point outside the state of NY.	
Please indicate the states in which you want to be appo American General.	inted. State appointments will be filed	d on an as needed basis which will be determined by
FLORIDA residents must specify the Florida county when		
NON-RESIDENT FLORIDA agents soliciting in Florida mu		
Variable Licensing Section		
Please complete the following ONLY when request	ing variable appointment:	
Who is your Broker/Dealer:CRD Number:		
Check all current FINRA licenses that you hold:		63 Other
Independent Wholesaler Election:		55 Utilet
VUL products. In order for registered representatives to se	ell AGL's VUL products utilizing the serviou will be working with the wholesalin No.	ort to registered representatives in order to facilitate sales of vices of a wholesaling firm, a wholesaling agreement must ng firm's independent wholesaler (IW). If you wish to obtain
Name of IW:		
(Please confirm informa	ation from the BGA / IW office processin	ng your life insurance business.)
IW Code:	,	
NOTE: You will be assigned a separate agent number for va		
Direct Deposit (EFT) Authorization Section - R Electronic Funds Transfer (EFT): Please complete representatives (variable business), traditional fixed life	the following section for Electronic F	Funds Transfer information. Does not apply to registered
		Phone
		State Zip
		· · · · · · · · · · · · · · · · · · ·
	Account Number	Type of Account
*Cannot begin with the number 5		☐ Checking ☐ Savings
	<u> </u>	
AUTHORIZATION STATEMENT I authorize American General Life Insurance Company ("Am and the Bank indicated to deposit my net commissions auto into my account, I authorize American General Life Insurance York ("US Life") to direct the bank to return said funds. This a notice from the Company.	matically into my account each commis e Company ("American General") and T	ssion cycle. If funds to which I am not entitled are deposited he United States Life Insurance Company in the City of New
I (we) authorize the Company to obtain information and/or or authenticate the information and answers presented on		gency or other company(ies) in order to verify, validate and/
Signature		Date Signed
For USL/NY fixed life business, GA signature authorizes	Producer to receive compensation dire	ectly.
GA Signature		Date Signed

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Agent Name:		SSN / FEIN:
Signature and Authoriza	tion	
signing this form, I hereby au in the City of New York ("USI investigate my background, i American General Affiliates an have available. I agree that if in writing within 10 days of th termination of appointment(s	Ithorize American General Life Insurance Cor ") (hereinafter collectively referred to as the ncluding my credit history and interviews we nd individuals named in the application to g any of my answers to the questions in the Bac e incident. I understand that falsification of i) with all American General Affiliates. In addi	ning investigative consumer reports, as required by law. I understand that in impany ("American General") and The United States Life Insurance Company a "American General Affiliates") that I have requested appointments with to with former employers and/or primary insurance company. I authorize the give the American General Affiliates any information regarding me that they ekground Information Section change, I will notify American General Affiliates information or failure to update the answers on this application may result in ition, I hereby authorize the American General Affiliates to report information zation. I understand that my signed authorization is valid for an indefinite
regulatory review information Affiliates to share background for American General Life Insu	n (RIRS) through the CRD, FINRA/PDB and s , licensing and applicant data with their affilia rrance Company ("American General") and Th	ployment and securities registration history, insurance licensing status, or state insurance department systems. I hereby authorize American General ates. I acknowledge that I will immediately review the "Compliance Manual" be United States Life Insurance Company in the City of New York ("USL") and I see to time, in representing any of the Companies that appoint me.
to provide a copy of the E&O Omissions coverage without	policy, if requested. Further, I understand th interruption while my contract and appointr	e to the person or entity requesting contracting and/or appointment. I agree not I am responsible for maintaining at least \$1 million per act of Errors and ment(s) is active with American General Affiliates. I further understand and eds are in excess of \$1 million, I agree to ensure that my E&O coverage needs
producers and/or brokers into American General Life Insura	o an anti-money laundering program and to	grams for Insurance Companies requires that the company integrate their provide training. As a producer or broker appointed with one or more of United States Life Insurance Company in the City of New York ("USL"), I am rough LIMRA.
of conducting initial and/or concerning existing debit bala to determine eligibility for ap of my engagement, Americar Affiliates to the Vector One Del	periodic commission related debit balance inces, as allowed by state or federal law. I und pointment and/or advancement of commissi n General Affiliates to submit information co	sclose my name and social security number to Vector One for the purpose screening(s) through Vector One's Debit-Check service and obtain results lerstand American General Affiliates may consider the results of the screening ions. I further authorize, consent, and direct, upon termination or expiration incerning any commission related debit balance owed to American General and direct Vector One to intentionally disclose such information upon a debit who submit an inquiry.
Date:	Signature:	Signature of Individual
		Signature of Individual
	Print Name:	

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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
By:	Houston, TX 77019-2128
NAME:	With a copy to (which shall not constitute notice): General Counsel
TITLE:	Corebridge Financial
DATE:	21650 Oxnard Avenue, Suite 750 Woodland Hills, CA 91367-4997



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		<u> </u>
	2 Business name/disregarded entity name, if different from above		
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes. Individual/sole proprietor or S Corporation S Corporation Partnership single-member LLC	eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
type.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	Exempt payee code (if any)
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	wner of the LLC is le-member LLC that	Exemption from FATCA reporting code (if any)
ec.	☐ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)
See Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)
<i>o</i>	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social sec	curity number
	o withholding. For individuals, this is generally your social security number (SSN). However, f		
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	,	- -
entitie	s, it is your employer identification number (ÉIN). If you do not have a number, see <i>How to ge</i>		
,		or Employer	identification number
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.			
			-
Par	Certification		_
Under	penalties of perjury, I certify that:		
2. I an Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest conger subject to backup withholding; and	I have not been no	tified by the Internal Revenue
3. I an	a U.S. citizen or other U.S. person (defined below); and		
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporti	ng is correct.	
you ha	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you failed to report all interest and dividends on your tax return. For real estate transactions, it ition or abandonment of secured property, cancellation of debt, contributions to an individual reting han interest and dividends, you are not required to sign the certification, but you must provide you	em 2 does not appl ementarrangemen	ly. For mortgage interest paid, it (IRA), and generally, payments
Sign Here		Date ►	
Gei	neral Instructions • Form 1099-DIV (d	ividends, including	those from stocks or mutual

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

American General Life Insurance Company

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:

- 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.
- 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.
- 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.

- 11. Only policies paid after the date of Home Office approval of this Supplement are eligible for Annualization payments.
- 12. The Agent, by this Supplement, agrees that the Company shall have first lien on the Agent's commission account and that the Company has prior right of offset to the extent of any and all unearned prepaid commissions.
- 13. The Company retains the right to modify this Supplement and its procedures from time to time, by written or electronic notice to the Agent. Both the Agent and the undersigned Agency agree to comply with the modifications.
- 14. Termination of this Supplement does not of itself terminate the Agreement to which it supplements. However, termination of the Agreement terminates this Supplement and notice is specifically not required,

- provided that Paragraph Nos. 8 and 9 of this Supplement shall survive such termination of this Supplement.
- 15. Policies for which the Company receives insufficient premium payment and reissued policies are not eligible for annualization and any commissions will be credited on an earned basis.
- 16. This Supplement shall not be effective until it is approved, signed and dated by of the Company.
- 17. Forbearance or failure of the Company to insist upon performance of this supplement or to enforce its rights hereunder, shall not constitute a waiver of its rights or privileges hereunder or of its subsequent right to insist upon such performance.
- 18. This Supplement shall be governed by and construed in accordance with the laws of the State of Texas.

Agent		
		Code #
Print name of Agent	Signature of Agent	
Agency		
financial responsibility with respectis not made by the Agent. To the ex	y and all responsibility for its request to plact to any annualization repayment pursuant to ktent that this Supplement conflicts with any dition to, but is is intended to supersede or re	Paragraph No. 7 of this Supplement which provision of the Agency Agreement with the
		Code #
Print name of Agency	Signature of Agency	
American General Life Insuran	ce Company	
Effective Date		
Authorized Signature		