

Date: _____ Submitted By: Partners Advantage Ins. Code #: 3Z772

Corporation Name: _____

Agent Name: _____ Agent Number (if available): _____

CONTACT INFORMATION

FOR MISSING DOCUMENTS OR PAGES

FOR L&C FOLLOWUP

Name: Contracting & Licensing

Name: Contracting & Licensing

Phone: 888-251-5525

Phone: 888-251-5525

Fax: 701-356-6586

Fax: 701-356-6586

Email: contracting@partnersadvantage.com

Email: contracting@partnersadvantage.com

DOCUMENTS ATTACHED

New Agent Contracting

(Required Forms)

- Appointment Application
- Agency Agreement
- OR
- Life Sales Solicitor's Agreement

(Optional Forms)

- EFT Forms AND Voided Check
- Assignment of Commission
- Assignment of Agent Contract
- Contract Maintenance**
- Address Change Form
- Contract Change Form

Other

- Outstanding Requirement
- State Correspondence
- Termination Request
- Other _____

SPECIAL INSTRUCTIONS:

SUBMISSION INSTRUCTIONS

FAX AND TRADITIONAL MAIL

Toll Free Fax: 877-484-3142
Mailing Address: American General
P.O. Box 4229
Houston, TX 77210-4229

OVERNIGHT ADDRESS

Overnight Address (non-USPS shipments)
American General
2727 A Allen Parkway B-F4
Houston, TX 77019

AGENCY AGREEMENT

"Agreement"

Each life insurance company's products are separately underwritten and independently supported by the representative company. The below listed companies are members of the American International Group, Inc.

FOR

Last Name _____ First Name _____ Middle Initial _____

Legal Entity Name _____

If REPRESENTATIVE is a corporation or other legal entity, the full entity name must appear above, and an authorized officer must sign and indicate the officer's title.

Individual

Social Security Number _____

Legal Entity

Tax Identification Number _____

Representative

(Signing Individually and/or on behalf of legal entity)

Signature _____ Title _____

Print Name _____

American General Life Companies

Contract Date _____
To be completed by Home Office _____ Home Office Authorized Signator

American General Life Insurance Company, Houston, TX
A member company of American International Group, Inc.

P.O. Box 4229, Houston, TX 77210-4229 • Fax 1-877-484-3142

Individual
SSN: _____
Applicant Name: _____
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Resident Address: _____ _____
Business Address: _____ _____
Phone Number: _____
Business Number: _____
Fax Number: _____
Email Address: _____
<input type="checkbox"/> I am an officer of the Corporation.

Corporation
TIN: _____
Corporate Name: _____
Corporate Address: _____ _____
Phone Number: _____
Fax Number: _____
Email Address: _____
<input type="checkbox"/> Additional authorized signers for the corporation: _____

Background Information Required on All Applicants

	YES	NO
1. Have you ever 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 been declared bankrupt or been party to a bankruptcy or receivership proceeding, or 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, or broker-dealer 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 or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer?	<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"/>
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: Details of "yes" answers above. Provide 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

Please provide appropriate fees for nonresident appointments.

In which states do you want to be appointed? _____

Variable Licensing – Complete ONLY when variable appointment is requested

Who is your Broker/Dealer? _____ CRD Number: _____

Check one:

I would like to utilize the support services of my intermediary (IW) to service my VUL sales. _____
(IW name/code number)

I do not plan to use the support services of my intermediary for VUL sales.

*An intermediary is an agency or organization that may provide you with one or more of the following: new business application processing, sales support, or other services. American General Life Companies, LLC refers to these intermediaries as 'IMO's', or 'agencies'. If you currently work with an intermediary for fixed business, this organization may provide similar support for variable sales. When an intermediary is contracted by American General Life Companies, LLC to support sales of variable universal life products, it is referred to as an Independent Wholesaler.

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

Additional Forms Section

Annualization: Please attach annualization form when requesting annualization. (Available on a limited basis.)

Electronic Funds Transfer (EFT): Please attach EFT form and a copy of a voided check when requesting to receive commissions electronically.

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 the American General Life Companies, LLC (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 the American General Life Companies, LLC 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 the American General Life Companies, LLC, I am required to complete an approved AML training course available online through LIMRA.

Date: _____ Signature: _____

Signature of Individual

Print Name: _____

Print Name of Individual –or– Principal of Corporation

Agent Name: _____

SSN / FEIN: _____

Recruiter Section – UPLINE ONLY
CHOOSE ONLY ONE BOX.

Primary mailing and commission address: (Commission checks are made payable to the agent, unless an Assignment of Commissions form is submitted)

- Use primary mailing address, phone contact, e-mail and faxes as given on page 1. (Corporate address if completed)
- Use information provided below:

<p>Mail and other communication:</p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>	<p>Commission Information Only:</p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p>
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- Contract Level Requested:
- | | | | | |
|---|---|-------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Life Sales/Solicitor | <input type="checkbox"/> Agent/Producer | <input type="checkbox"/> GA 2 | <input type="checkbox"/> GA 1 | <input type="checkbox"/> GA |
| <input type="checkbox"/> Recruiting GA1 | <input type="checkbox"/> Recruiting GA | <input type="checkbox"/> IMO | <input type="checkbox"/> MO | <input type="checkbox"/> NMO |

Direct Upline Agent Code: _____ (TIN if pending)

Independent Wholesaler (IW) Code: _____ (if applicable)

Commission Level – Must be Completed

AGL

Life Products: First Year Level (Required) _____

Life Renewal Level (Required) _____

Specialty Products: First Year/Renewal Level _____

AGL Annuity: First Year/Renewal Level _____

A & H: First Year Level _____

A & H Renewal Level _____

(HO Approval) Productivity Bonus Level _____

USL: (Signed USL contract(s) must accompany packet.)

USL Recruiter/Upline Number: _____

GA1: Override _____ %

EAP _____ %

GA2: EAP _____ %

Will any New Business be submitted within the next 30 days? Y / N (circle one)

Policy Number: _____ Proposed Insured Name: _____

Signature of Recruiter

The undersigned [recommending representative or Intermediary] by executing this application recommends the applicant to American General Life Companies, LLC as a suitable person to represent the companies. The recommending individual or Intermediary also agrees to supervise and assume responsibility for the applicant, if appointed by American General Life Companies, LLC, in accordance with the terms of his/her Contract.

Signature: _____ Date: _____
Signature of Recruiter

Print Name: _____ Agent/Agency Code # _____
Print name of Recruiter (Required)

American General

Life Companies

Fair Credit Reporting Act – Notice of Proposed Investigative Consumer Report

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 is located at P.O. Box 3367, Seminole, FL 33775 or by calling 1-800-321-4473. 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.

Send your request to:
Licensing and Contracting Department
P.O. Box 4229
Houston, TX 77210-4229

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 above-described address directing that this information not be disclosed or shared with affiliates.

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.

New York: You have the right, upon request, to be informed of whether or not a consumer report was requested.

Please be advised this form cannot be processed unless all sections are completed per the instructions below.

Agent Codes #1 _____ #2 _____ #3 _____	Tax Identification Number (TIN)	Corporation Name	Transaction Type <input type="checkbox"/> Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel
	Social Security Number	Agent Name	

Financial Institution			Phone	
Address		City	State	Zip
Bank Identification 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</i>

AUTHORIZATION STATEMENT I authorize American General Life Company 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 Company 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.	
Signature	Date Signed
GA Signature <i>(if Applicable)</i>	Date Signed

<p>INSTRUCTIONS:</p> <p>Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent Code(s) and check the Enroll box. NOTE: If you already have Direct Deposit and wish to change your bank or account, check the Revise box.</p> <p>Section 2 Please complete Financial Institution information.</p> <p>Please attach a Voided Check for Checking Accounts. Please attach a Deposit Slip for Savings Accounts.</p> <p>Section 3 Read authorization statement, sign, date and submit to: FAX: 1-877-484-3142 or MAIL: PO BOX 4229, Houston, TX 77210-4229</p> <p style="text-align: center;">Not for use by Policy Holder</p>
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American General Life Insurance Company

You are requested to make application to the Department of Insurance in the State(s), indicated below for appointment or issuance of a life insurance representative license authorizing me to solicit applications on behalf of the American General Life Insurance Company (or Affiliate company).

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

(1) That I shall be a representative assigned to the jurisdiction of:

_____ Name of assignee hereinafter called "The Agency"

(2) That the Company 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 Company, it being expressly understood that I am under direct contract with the Agency who has personally agreed to compensate me for such services; and

(3) That I have no other contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Company; and

(4) That I shall comply with the rules, regulations and compliance manuals of the Company, 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

(5) 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 Company, in any respect; and

(6) That I shall promptly remit to the Agency or the Company any and all moneys or securities received by me on behalf of the Company as full or partial payment of first year premiums, or any other item whatsoever; and

(7) That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and

(8) That the Company may, without liability to me whatsoever, upon request of the Agency or upon its own initiative, terminate my appointment at any time.

IN WITNESS WHEREOF, I have affixed my signature this date _____
Month/Day/Year

Applicant's Name (Print) Signature of Applicant

Date of Birth _____ Social Security # _____

This applicant is recommended for appointment as a representative assigned to my jurisdiction, subject to the terms of my agreement to represent with the "Company" and this Agreement.

The Agency Name (Print) Signature of the Agency

The Agency Number is _____ Date _____

This contract has been assigned # _____ by American General Life.

American General
Life Companies

Assignment of Commissions

P.O. Box 4229, Houston, TX 77210-4229
Fax 1-877-484-3142

Agent Code No. _____

FOR VALUE RECEIVED, the undersigned hereby transfers, sets over and assigns unto _____

_____ (TAX ID & SS# _____)
(an individual), (a corporation), (a partnership), (a sole proprietorship)

of _____ (address)

an amount equal to _____ percent of any and all commissions, renewal commissions, allowances and fees which may hereafter accrue in favor of the undersigned by virtue of the agency contract now in force between the undersigned and American General Life Insurance Company, it being understood and agreed that this assignment shall be subject to any present indebtedness or any which may hereafter accrue to be due and owing American General Life Insurance Company.

The undersigned hereby represents and warrants that said commissions and allowances are not now assigned, and the undersigned hereby will forever warrant and defend his right to receive the same, this instrument to remain in full force and effect until same is released by the assignee by an instrument in writing furnished said Insurance Company.

The undersigned hereby authorizes and directs said Insurance Company to pay over any such commissions and allowances to said assignee, subject to the conditions hereof, and it is agreed that any payment so made will be a full and complete discharge of said Insurance Company's obligation to the extent of any payment so made.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal at _____

_____, this _____ day of _____, 20 _____.

By: _____
Signature of Assignor

Received and replaced on file this _____ day of _____, 20 _____.

AMERICAN GENERAL LIFE INSURANCE COMPANY

By: _____
President