



**American General Life Companies
Individual Appointment Application**

Licensing: P.O. Box 9218, Amarillo, TX 79105-9218
Fax: 713-521-6045

In order to process your request for Appointment please complete each section of the Application and return all appointment paperwork to your Master General Agent (MGA) or if writing business direct, your Account Executive.

American General Life Companies is the marketing name for the American General Affiliates. The American General Affiliates include the American General Life Insurance Company and The United States Life Insurance Company in the City of New York.

1. Please identify a contact person in your office who can promptly address our inquiries should there be any questions related to your appointment application:

Name: _____ Telephone No.: _____ E-mail Address: _____

2. Please indicate the Master General Agent requesting your Appointment. If you are not affiliated with a Master General Agent, please provide the name of your Account Executive.

MGA Name: _____ MGA Number: _____ Account Executive: _____

3. This appointment is being requested to write Employer-funded and Employee-paid products, including Worksite unless otherwise notified.

4. Please check all methods of solicitation you intend to use for our products.

Mail Telemarketing Fax Internet Other _____

5. To process your appointment please submit the following:

Required Submissions

- Completed Appointment Application
- Completed Contract
- Signed Commission Schedule¹
- Completed Hierarchy Structure
- Applicable Nonresident appointment fee(s)

Optional Submissions

- Annualization Agreement¹
- Assignment of Commissions²

¹Only submit if the agent plans to sell Worksite products.

²Only submit if commissions should not be paid directly to you.

6. Individual Appointment Information

Request to be appointed as a(n): MGA Producer Solicitor

Name: _____
Last First Middle

Social Security Number: _____ NPN: _____

Residence Address: _____
Address/Suite (No P.O. Boxes)

City / State/ Zip Code

Business Address: _____
Address/Suite

City / State/ Zip Code

Business Phone: () _____ Home Phone: () _____

Fax Number: () _____ E-Mail Address: _____

Date of Birth: _____ Gender: Male Female

7. License Appointment Information

Resident State Appointment

Resident State:* _____

Non-Resident State Appointment(s)

Do you wish to be appointed in any non-resident states? Yes No

If yes, please identify the states:* _____

Please attach the applicable non-resident fee(s).

For a listing of applicable non-resident fees, contact our Licensing Department at (877) 672-1648, press options 5, 4 then 3.

*If requesting appointment in the state of Florida, please indicate all applicable counties: _____

8. Agency or Business Entity Affiliations

List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Agency _____

9. Confidential History

Instructions: Please answer each question by checking the applicable box. If you answer yes to any questions, please provide an explanation using the space below. Please provide the date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If additional space is required, please attach a separate sheet. Note that all answers are verified by a background investigation and/or credit report.

	Producer	
	Yes	No
1. Have you ever been convicted of or pleaded guilty or no contest to a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of or pleaded guilty or no contest to a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you now owe money to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had a salary garnished or had liens or judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activity?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been the subject of a consumer-initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been the subject of a proceeding by any self-regulatory body or any securities, commodities or insurance regulatory body or organization?	<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 had a claim filed against your professional liability or Errors and Omissions insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for a reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any of the American General Life Insurance Companies, as identified on page 1 of this application, ever declined to appoint you, refused to contract you or terminated your contract?	<input type="checkbox"/>	<input type="checkbox"/>

10. Producer Authorization

Producer's Social Security Number: _____

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that by signing this form, I **authorize the American General Affiliates** with which I have requested appointments to investigate my background, including my credit history and interviews with former employers. I agree that if any of my answers to the questions in the section, *Confidential History*, change, I will notify in writing the Licensing and Contracting Department at the address noted on the last page of this application within 10 business days of the incident that would cause an answer to change. 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 authorize the American General Affiliates that have appointed me to report information about earning and debit balances to any credit bureau or similar organization.

I authorize American General Affiliates to share background, licensing, applicant data and other information that they have about me.

By signing the Producer authorization, I certify that my E & O policy extends coverage to the person or entity requesting contracting and 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 American General Affiliates contract is active.

I acknowledge that I have reviewed the Customer Service and Compliance Manual for Producers and Employees for the American General Life Companies and agree to abide by those principles, as amended from time to time, in representing any of the American General Affiliates that appoint me.

Under penalties of perjury, I certify: that the number shown on this application is my correct Social Security or Tax Identification number; and I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Producer's Signature

Date

11. Individual Appointment Form – Please retain a copy of this page for your records.

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 appointing 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.

You have a right to request in writing, within a reasonable period of time after receipt of this notice, a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Such a request should be sent to:

AIG Benefit Solutions
Licensing
P. O. Box 9218
Amarillo, TX 79105-9218

This department will handle inquires on behalf of all American General Affiliates. Disclosed information must be provided in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request.

Also each company with which you have requested an appointment may share the information contained in the investigative consumer 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 an affiliate.

If you are a resident of CA, OK or MN and would like a copy of the background report obtained, please check here.