

# 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	Corporation					
SS	SSN: TIN:			_			
V	opplicant Name: Corporate Name:						
)	Date of Birth: Sex: Male Female						
	Resident Address: Corporation Type: Li Corporation Life						
	Corporate Address:						
t	f at above address for less than 1 year, indicate previous address:			_			
3	Business Address: Phone Number:			_			
	Fax Number:						
)	Phone Number: Email Address:						
3	Business Number:						
	Fax Number: Indicate below Additional Signers w	vho are autho	rized t	0			
	mail Address: sign on behalf of the principal/office	er of the corp	oration	:			
C	Check the box if you are the principal/officer of the Corporation: ☐ I am an officer of the Corporation. ☐ Additional authorized signers for the corporation.						
ñ	Trusted Contact Information			_			
k	kground Information Required on All Applicants		YES				
1	kground Information Required on All Applicants  Have you at any time, been convicted of or plead guilty or no contest to:  a. Any Felony?		YES				
	kground Information Required on All Applicants  . Have you at any time, been convicted of or plead guilty or no contest to: a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related regulation? Are you currently under investigation by any legal or regulatory authority?		YES				
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	Have you at any time, been convicted of or plead guilty or no contest to:  a. Any Felony?  b. Any Misdemeanor?  c. A violation of federal or state securities or investment related regulation?  Are you currently under investigation by any legal or regulatory authority?  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 hankruptry or receivership proceeding		YES				
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- 1	kground Information Required on All Applicants  Have you at any time, been convicted of or plead guilty or no contest to: a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related regulation? Are you currently under investigation by any legal or regulatory authority? 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 receivership proceeding. b. have you had a salary garnished or had liens or judgments against you? Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you reason other than lack of sales? Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory securities commodities, insurance regulatory body/organization, employer or insurer? Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?	to resign for y body, d. suspended.	YES				
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	Have you at any time, been convicted of or plead guilty or no contest to: a. Any Felony?	to resign for y body, d, suspended, ines or by	YES				
- 1	Have you at any time, been convicted of or plead guilty or no contest to: a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related regulation? Are you currently under investigation by any legal or regulatory authority? 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 receivership proceeding b. have you had a salary garnished or had liens or judgments against you? Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you reason other than lack of sales? Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory securities commodities, insurance regulatory body/organization, employer or insurer? Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied revoked, censured, or otherwise disciplined your membership, license, registration, or disciplined you with fir restricting your activities? Have any of American General Affiliates ever declined to appoint you, refuse to contract you or terminated your contract or perminated your contract your or terminated your cont	to resign for y body, d, suspended, ines or by	YES				
	Have you at any time, been convicted of or plead guilty or no contest to: a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related regulation? Are you currently under investigation by any legal or regulatory authority? 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 receivership proceeding b. have you had a salary garnished or had liens or judgments against you? Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you reason other than lack of sales? Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory securities commodities, insurance regulatory body/organization, employer or insurer? Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied revoked, censured, or otherwise disciplined your membership, license, registration, or disciplined you with fir restricting your activities? Have any of American General Affiliates ever declined to appoint you, refuse to contract you or terminated your contract. Have you ever been the subject of an AML investigation or disciplined for involvement or facilitation of money laun.	to resign for y body, d, suspended, ines or by	YES				
	Have you at any time, been convicted of or plead guilty or no contest to: a. Any Felony? b. Any Misdemeanor? c. A violation of federal or state securities or investment related regulation? l. Are you currently under investigation by any legal or regulatory authority? l. Do you now owe money to any life or health insurance company? l. 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 b. have you had a salary garnished or had liens or judgments against you? l. Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you reason other than lack of sales? l. Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory securities commodities, insurance regulatory body/organization, employer or insurer? l. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? l. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied revoked, censured, barred, or otherwise disciplined your membership, license, registration, or disciplined you with file	to resign for y body, d, suspended, ines or by	YES				

Agent Name:				SSN / F	EIN:	
Licensing and State Appointment Reque	st	18	W. 1	0.5 %	601	
Corporate License must be submitted. USL does no		t outside	the state	of NY.		
Please indicate the states in which you want to be American General.					e filed on	an as needed basis which will be determined by
FLORIDA residents must specify the Florida county	where th	eir busir	ness office	is located	12	
NON-RESIDENT FLORIDA agents soliciting in Florid						
Variable Licensing Section	Col. Co.	S-10-1	S = 10		res se	
Please complete the following ONLY when req	wacting	variabl	o annoir	tmont.	25,510	
Who is your Broker/Dealer:						
CRD Number:						
						☐ Other:
Independent Wholesaler Election:			1000000			Sand Ollfoli
VUL products. In order for registered representatives	s to sell A that you v below.	GL's VUL will be w	products	utilizing t	he services	registered representatives in order to facilitate sales of of a wholesaling firm, a wholesaling agreement must m's independent wholesaler (IW). If you wish to obtain
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NOTE: You will be assigned a separate agent number	for varial	ble busin	iess.			
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representatives (variable business), traditional fixe	ed life ag	ents on L	ife Sales A	greemen	ts or those	with Collateral Assignments.)
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AUTHORIZATION STATEMENT			70 OC		04 110-1	
						Insurance Company in the City of New York ("US Life")
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I (we) authorize the Company to obtain information a or authenticate the information and answers presente	nd/or rep ed on this	orts from form.	n a consur	ner report	ing agenc	y or other company(ies) in order to verify, validate and/
Signature						Date Signed
For USL/NY fixed life business, GA signature autho	rizes Pro	ducer to	receive co	mpensati	on directly.	
GA Signature						Date Signed

A	gent Name:	SSN / FEIN:	
K	Signature and Authorization	PROPERTY OF THE PROPERTY OF THE PARTY OF THE	TE SIEC
	signing this form, I hereby auth in the City of New York ("USL") investigate my background, in American General Affiliates and have available. I agree that if an in writing within 10 days of the termination of appointment(s)	date indicated below, the notice concerning investigative consumer reports, as required by law. ze American General Life Insurance Company ("American General") and The United States Life I ereinafter collectively referred to as the "American General Affiliates") that I have requested ap dividuals named in the application to give the American General Affiliates any information rega- f my answers to the questions in the Background Information Section change, I will notify Americal ident. I understand that falsification of information or failure to update the answers on this applicated in all American General Affiliates. In addition, I hereby authorize the American General Affiliates to set to any credit bureau or similar organization. I understand that my signed authorization is va	nsurance Company pointments with to ny. I authorize the arding me that they an General Affiliates cation may result in preport information
	regulatory review information Affiliates to share background, I for American General Life Insura	eral Affiliates to verify my previous employment and securities registration history, insurance RS) through the CRD, FINRA/PDB and state insurance department systems. I hereby authorize asing and applicant data with their affiliates. I acknowledge that I will immediately review the "C e Company ("American General") and The United States Life Insurance Company in the City of Ne as amended or supplemented from time to time, in representing any of the Companies that app	e American General ompliance Manual" w York ("USL") and I
	to provide a copy of the E&O po Omissions coverage without in	ify that my E&O policy extends coverage to the person or entity requesting contracting and/or apy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million pruption while my contract and appointment(s) is active with American General Affiliates. I further may be a level only, and if my E&O coverage needs are in excess of \$1 million, I agree to ensure that my I	per act of Errors and ner understand and
	producers and/or brokers into American General Life Insurance	I rule for Anti-Money Laundering Programs for Insurance Companies requires that the companies requires that the companity and to provide training. As a producer or broker appointed vicompany ("American General") and The United States Life Insurance Company in the City of Ne AML training course available online through LIMRA.	vith one or more of
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	Date:	Signature:	
		Signature of Individual	
		Print Name:	
		Print Name of Individual -or- Principal of Corporation	

Agent Name:	SSN / FEIN:
3	

## 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.

SSN /	FEIN:		
fone Box)	10 Sept. 14	PER NOTE	
are made payable to the agent nd faxes as given on page 1.	, unless a Collater . (Corporate add	al Assignment form i ress if completed)	s submitted)
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_	City	St	ate Zip
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	Y one Box)  are made payable to the agent and faxes as given on page 1:  formation Only):  Adays?	Y one Box)  are made payable to the agent, unless a Collater and faxes as given on page 1. (Corporate add :	are made payable to the agent, unless a Collateral Assignment form in difference as given on page 1. (Corporate address if completed):

(Rev. December 2014) Department of the Treasury Internal Revenue Service

## Request for Taxpayer **Identification Number and Certification**

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

1. The 2. Lar Ser no 3. Lar 4. The Certif becausinteres general	rvice (IRS) that I am subject to backup withholding as a result of a failur longer subject to backup withholding; and m a U.S. citizen or other U.S. person (defined below); and a FATCA code(s) entered on this form (if any) indicating that I am exemptication instructions. You must cross out item 2 above if you have beet use you have failed to report all interest and dividends on your tax returnst paid, acquisition or abandonment of secured property, cancellation cally, payments other than interest and dividends, you are not required to ctions on page 3.	ot from FATCA reporting in notified by the IRS than in. For real estate transaction to be debt, contributions to	r dividend is correct at you are ctions, ite an individual but you m	t. currer m 2 de	ntly su bes no tireme	bject to t apply ent arra	r. For m	ortgag nt (IRA	e), and
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1. The 2. Lar Se	rvice (IRS) that I am subject to backup withholding as a result of a failur	re to report all interest o			c) the	IHS na			
	m not subject to backup withholding because: (a) I am exempt from ba		I Terrandorum and an	t been	notifi				
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	If the account is in more than one name, see the instructions for line 1	one De	Or Employer identification number						
	es, it is your employer identification number (EIN). If you do not have a n n page 3.								
	on talien, sole proprietor, or disregarded entity, see the Part I instruction		а			-	-		
	your TIN in the appropriate box. The TIN provided must match the nam up withholding. For individuals, this is generally your social security num		100	ocial s	ecurity	numbe	7 7	-	T T
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Print or type Instruction	Note. For a single-member LLC that is disregarded, do not check LLC; che the tax classification of the single-member owner.		code (if any)						
ctio	Limited liability company. Enter the tax classification (C=C corporation, S=	Exemption from FATCA reporting							
90 Sus	single-member LLC	to and therefore c	-	estate	1123534		on page ee code		
E	3 Check appropriate box for federal tax classification; check only one of the following individual/sole proprietor or C Corporation S Corporation	☐ To set/	4 Exemptions (codes apply only certain entitles, not individuals; s instructions on page 3):						
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oage	2 Business name/disregarded entity name, if different from above								
Print or type See Specific Instructions on page 2.									

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments, Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

### 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)
- Form 1099-DIV (dividends, including those from stocks or mutual 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)

- (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? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.