 **Print out ONLY the contract(s) BELOW you wish to submit, fill out completely, then SIGN by the "ARROWS" and fax back to us with the required information.**

**\*\*\*\*\*REQUIRED FOR ALL CARRIERS!\*\*\*\*\***

- Copy of your [insurance license](#), - [W-9 Form](#), - [Voided check for EFT Forms](#), - [Copy of your E&O coverage](#).  
(Page 2) (For carriers carrier that require E&O)

**Fax Paperwork to: (800) 928-8148 or (877) 743-7030**

 **Once you fax us the contract(s) we will:**

1. Email you access to all of our programs and information.
2. Email you an order form for your 50 FREE annuity prospects.

**\*\*\* Just ONE contract qualifies for access to our program and 50 FREE annuity prospects\*\*\***

**\*\*\*Send in at least 3 of the 6 contracts and receive 100 FREE annuity prospects.\*\*\***

**\*\*\*Send in ALL of the 6 contracts and receive 250 FREE annuity prospects.\*\*\***

 **Our Top 6 PRIMARY Annuity Carriers: - OUR BEST SELLING CARRIERS!**

- **ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA** - *Our #1 Annuity carrier. Life Products also available.*

- New contract – Complete and Sign pages **3, 4, 5, 6(Sign Twice) and 7(Sign Twice) ONLY.**

- Transferring contract – Complete and Sign pages **6(Sign Twice), 7(Sign Twice), 8, 9 and 10 ONLY.**

- **AMERICAN EQUITY INVESTMENT LIFE INSURANCE CO.** - *Our #2 Annuity Carrier. Life Products also available.*

- New or Transferring contract – Complete and Sign pages **11 and 12 ONLY.**

- **AMERICAN NATIONAL INSURANCE COMPANY** - *Great Annuity and Life products. Group Products also available. (E&O REQUIRED)*

- New or Transferring contract – Complete and Sign pages **13, 14, 15, 16, 17 and 18 ONLY.**

- **AVIVA LIFE AND ANNUITY** - *Top Annuity and Life products. (E&O REQUIRED)*

- New or Transferring contract – Complete and Sign pages **2, 19, 20, 21, 22 and 23 ONLY.**

- **NORTH AMERICAN COMPANY**- *Top Annuity and Life products. (E&O REQUIRED)*

- New or Transferring contract – Complete, sign and **Initial** pages **24, 25 and 26 ONLY.**

- **OLD MUTUAL LIFE INSURANCE COMPANY** - *Top Annuity and Life products.*

- New contract – Complete and Sign pages **2, 27 and 28 ONLY.** -Transferring contract – Complete and Sign pages **2, 27, 28 and 29 ONLY.**

 **Carrier Commission Schedules**

[Disclaimer](#) - We have attempted to post the most recent General Agent commission schedules available from our carriers to this site. We update any changes on a regular basis. However, all carriers do reserve the right to adjust commission schedules at anytime. NALS will assume no responsibility for any outdated commission schedules that are posted to this site.

[Allianz product portfolio](#) - Annuities, LTC and Life.

[Commission Schedule \(Annuity Part 1\)](#)

[Commission Schedule \(Annuity Part 2\)](#)

[Commission Schedule \(Life\)](#) As earned.

[Commission Schedule \(LTC Part 1\)](#) As earned.

[Commission Schedule \(LTC Part 2\)](#) As earned.

[American Equity portfolio](#) - Annuities ONLY.

[Commission Schedule \(Annuity\)](#)

Not available in AL

[American National product portfolio](#) - Annuities and Life.

[Commission Schedule \(Annuity\)](#)

[Commission Schedule \(Life\)](#) Advanced commissions.

Not available in NY

[Aviva](#) - Annuity and Life products.

[Commission Schedule \(Annuity & Life\)](#) Advanced commissions.

Not available in NY

[North American](#) - Annuity and Life products.

[Commission Schedule \(Annuity & Life\)](#) Advanced commissions.

Not available in NY

[Old Mutual](#) - Annuity and Life products.

[Commission Schedule \(Annuity & Life\)](#) Advanced commissions.

Not available in NY

**Here are the contracts:**

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific  
Instructions on  
page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
<input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : : :
or
Employer identification number : : :

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.



**Sign Here**

Signature of U.S. person ▶

Date ▶

## General Instructions

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

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Allianz Life Insurance Company of North America  
 PO Box 59060 Overnight  
 Minneapolis, MN 55459-0060 5701 Golden Hills Drive  
 800/950-1962 Minneapolis, MN 55416-1297



Recruited By:  
**LIFE SALES, LLC**  
CA Lic. # 0G05826  
 A National Marketing Organization

**Agent Application**  
**Recruited by Field Marketing Organization**

"Website"

**Demographic information (please print)**

Name (as it appears on your resident state license):	<b>Agent number: (FMO Assigned)</b>
Resident address (street, city, state, zip):	Business address
Date of birth:	Social Security number:
Resident county:	Work phone number:
Home phone number:	Cell phone number:
Email address:	Fax number:

Are you currently or have you ever been FINRA registered?  No  Yes My broker dealer is: \_\_\_\_\_  
 NPN number \_\_\_\_\_ CRD number \_\_\_\_\_

I would like to sell the following products:

- Fixed life or annuities
- Variable insurance products (BD must have active selling agreement)

I would like to sell in the following: State \_\_\_\_\_ If in Florida, what county? \_\_\_\_\_  
 (Please attach license copies) State \_\_\_\_\_  
 State \_\_\_\_\_

**Agency/corporations (complete only if officer of corporation)**

<b>Please attach a corporate resolution or corporate meeting minutes appointing authorized officers</b>	Tax ID:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (specify) _____
		<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Sole proprietorship (MUST have TIN or EIN)
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited partnership
Agency name:	Officer name:	Officer title:	
DBA name:	Officer name:	Officer title:	

**Authorization Agreement for Automatic Deposit**

I hereby authorize the Allianz companies listed above and the financial institution named below to initiate credit entries to my account and to reverse any entries made in error. I understand that the company will give me prior notice of any such reversal. This authorization will remain in full force and effect until the Allianz companies above have written notice from me of its termination in such time and in such manner as to afford the Allianz companies a reasonable opportunity to act on it. Note: commissions are only paid by electronic funds transfer (EFT) unless we agree otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. Fill in your account info below.

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

\*ABA Routing/Transit #: \_\_\_\_\_ Acct. # \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

**Background information**

Please respond to all questions for you **personally and any organization** over which you have exercised control. If you answer "yes" to any questions, you must attach an explanation with all relevant information, including dates and supporting documents.

- 1. Have you or an officer of your company ever had your license or FINRA registration suspended or revoked?  Yes  No
- 2. Have you or an officer of your company ever had a regulatory or consumer complaint filed against you with an insurance department or FINRA?  Yes  No
- 3. Have you or an officer of your company ever been charged or convicted of a crime, felony or misdemeanor?  Yes  No
- 4. Have you or an officer of your company ever been involved in any litigation, including bankruptcy?  Yes  No
- 5. Do you or an officer of your company have any outstanding debt(s) with any insurance marketing organization, insurance company(ies), or broker/dealer?  Yes  No
- 6. Do you or an officer of your company currently have a state, federal or other taxing authority tax lien or judgement?  Yes  No
- 7. Is the applicant an employee of Allianz Life or one of Allianz Life's subsidiaries?  Yes  No
- 8. State and County of residence and county of work for the last 10 years \_\_\_\_\_
- 9. If you currently are, or ever have been FINRA registered, do you have any reportable events on your U-4 or U5?  Yes  No

**Release authorization and  
Fair credit reporting act disclosure  
[for employment purposes]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, as a part of adverse decision, we can provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

**By signing this form, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Allianz Life or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.**

**For Maine Applicants Only**

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

**Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.**

**For Washington Applicants Only**

The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southampton, PA, 18966; for consumer compliance officer contact 800-260-1680.

**For California, Minnesota, and Oklahoma Applicants Only**

A consumer credit report will be obtained through Business Information Group, P.O. Box 541, Southampton, PA, 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_  
                  Initials                   Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_  
                  Initials                   Initials

**\*California applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

## Representations and agreements

- I will solicit business only in states where I am licensed and appointed with Allianz Life.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- I will abide by all rules and regulation of Allianz Life, which may be subject to change at the discretion of Allianz Life.
- I will represent all policies according to their applicable provisions, including any illustration of values and benefits. Full disclosure will be made regarding all policy features and condition relevant to the receipt of benefits.
- I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident or non resident license.
- Premium checks will be payable to and sent directly to Allianz Life and not credited to a personal or business account.
- All advertisements that are not produced by Allianz Life will receive the written approval of Allianz Life prior to use.
- I hereby continually authorize Allianz Life to independently verify the information set forth in this agent application and to contact people regarding my character, general reputation and background, including credit reports and criminal background checks.
- If I am contracted individually and subsequently become a principal in an entity, I hereby agree that I will be the guarantor of the obligations of the entity.
- **I understand that by providing my fax number, email address, mail address, and telephone number on this Application, I am giving express permission to the receipt of advertisements and other communications by fax, email, mail, and telephone from or on behalf of Allianz Life and its affiliates.**
- **I understand that this Application and the Agent Agreement, Schedule of Commissions, and Commission Guidelines and addenda accompanying this Application or provided by Allianz Life promptly following receipt of the Application, together with the Schedule of Commissions and Commission Guidelines and all addenda applicable to the Agent Agreement, constitute the entire agreement of the parties, except as provided immediately below for a license-only Agent Agreement.**

## Licensed Only Agent Section

By signing/initialing this section:

- I understand that Allianz Life is not responsible for payment to me of any commissions or other compensation for policies issued from applications procured by me.
- I understand that such amounts will be paid by Allianz Life to designated persons in the hierarchy and I will look solely to the hierarchy for my compensation.
- Accordingly, I understand that references in this application and the Agent agreement to the Schedule of commissions, commission guidelines and other arrangements with respect to the commissions will be inapplicable to my license-only Agent Agreement.


Please sign here acknowledging that you intend this application to be for a license-only Agent Agreement.

Signature \_\_\_\_\_

## Signature Section

I hereby certify that all the information given by me is true and correct without any omissions of any kind. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of Allianz Life. This application is contingent upon Allianz Life Insurance Company's completion of its investigation of my background, as contemplated herein, and upon Allianz Life Insurance Company's approval. I further hereby certify that if this application is approved, I will comply with all terms and conditions of Allianz Life Insurance Company's Agency/Agency Agreement, as amended from time to time, including but not limited to, the terms and conditions therein relating to Allianz Life's privacy policy. A photocopy of this authorization shall be as valid as the original. My signature on this application represents my signature on the agreement and is incorporated by reference. The undersigned, jointly and severally, unconditionally guarantee the full and faithful performance of each and every obligation of the applicant under the agent agreement, including any applicable addenda. In the case of an applicant contracted individually and subsequently becoming a principal in an entity, the guaranty of all guarantors runs to the entity; in the case of an entity which ceases to exist for any reason, the undersigned principal of the agent entity agree that the obligations of the entity will become those of the principals. The undersigned waive notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed hereby.

By signing below, I also agree to adhere to the Allianz Life Code of Best Practices.

 **Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Allianz Life Insurance Company  
of North America  
PO Box 59060  
Minneapolis, MN 55459-0060  
800.950.7372  
Fax: 763.765.6136  
Web: www.allianzlife.com

Overnight address:  
5701 Golden Hills Drive  
Minneapolis, MN 55416-1297



Recruited By:  
**LIFE SALES, LLC**  
CA Lic. # 0005626  
A National Marketing Organization

## Fixed Annuity Transmittal

Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_

Agent Social Security Number \_\_\_\_\_

### Fixed Annuity – Agent Use Only

The Field Marketing Organization (FMO) that I am assigned to for **Fixed Annuity** business is \_\_\_\_\_  
FMO# \_\_\_\_\_.

I understand that I will be assigned to the above-referenced FMO hierarchy for **Fixed Annuity** business only.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Fixed Annuity Hierarchy Structure – FMO Use Only

This agent's recommended contract level: Annuity rates \_\_\_\_\_ / \_\_\_\_\_  
(1<sup>st</sup> year/renewals)

Agent  General agent

(Select agent or GA for rates of 70 and 75)

Up-line information:

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

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

\_\_\_\_\_ Agent Number \_\_\_\_\_

FMO: \_\_\_\_\_ FMO Number \_\_\_\_\_

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this applicant for contracting. The FMO and if applicable, the hierarchy identified below, hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life.

GA signature: \_\_\_\_\_ Date: \_\_\_\_\_

AFMO signature: \_\_\_\_\_ Date: \_\_\_\_\_

FMO signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allianz Life Insurance Company  
of North America  
PO Box 59060  
Minneapolis, MN 55459-0060  
800.950.7372  
Fax: 763.765.6136  
Web: www.allianzlife.com

Overnight address:  
5701 Golden Hills Drive  
Minneapolis, MN 55416-1297



Recruited By:  
**LIFE SALES, LLC**  
CA Lic. # 0G05826  
A National Marketing Organization

## Fixed Life Transmittal

Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_

Agent Social Security Number \_\_\_\_\_

### Fixed Life – Agent Use Only

The Field Marketing Organization (FMO) that I will be selling my **Fixed Life** business with is \_\_\_\_\_  
FMO# \_\_\_\_\_.

I understand that the above referenced FMO will be in my hierarchy for my **Fixed Life** business only, as stated in this transmittal.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Fixed Life Hierarchy Structure – FMO Use Only

This agent's recommended contract level: Life rates \_\_\_\_\_ / \_\_\_\_\_  
(1<sup>st</sup> year/renewals)

Agent  General agent

(Select agent or GA for rates of 70 and 75)

All product rates must be completed.

Up-line information:

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

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

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

FMO: \_\_\_\_\_ FMO Number \_\_\_\_\_

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this applicant for contracting. The FMO and if applicable, the hierarchy identified below, hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life.

GA signature: \_\_\_\_\_ Date: \_\_\_\_\_

AFMO signature: \_\_\_\_\_ Date: \_\_\_\_\_

FMO signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allianz Life Insurance Company  
of North America  
PO Box 59060  
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800.950.7372  
www.allianzlife.com



Recruited By:  
**LIFE SALES, LLC**  
CA Lic. # 0G05826  
A National Marketing Organization

## Request for Transfer of Agent/Agency Contract

By signing the request, I understand that I will be assigned to and transferred to the below referenced FMO hierarchy for the line/s indicated below. I also understand that if I transfer to a new FMO in order to receive higher commissions, both the FMO and I are subject to termination.

**Select one or both:**  Fixed Annuity  
 Fixed Life

Agent number transferring **from** \_\_\_\_\_ (new agent number should be entered on new transmittal)

Agent name \_\_\_\_\_ Please print Agent SS #:  -  -   
Required

Agent business address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agent phone number \_\_\_\_\_ Required Agent email address \_\_\_\_\_

If the agent named above has existing debt, we will not process a transfer until debt is paid. Birthdate: \_\_\_\_\_

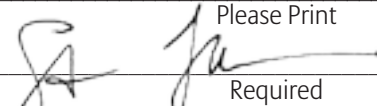
I understand that by providing my fax number, e-mail address, mail address, and telephone number, I am giving express permission to the receipt of advertisements and other communications by fax, e-mail, mail, and telephone from or on behalf of the Company and its affiliates.

Agent signature \_\_\_\_\_ Date \_\_\_\_\_

### FMO acceptance of agent transfer

The Field Marketing Organization identified below hereby accepts the transfer of the agent identified above, acknowledges the continuation of the existing Agent Agreement as if the Field Marketing Organization identified below was the original FMO, unconditionally guarantees to Allianz Life Insurance Company of North America the full and faithful performance of each and every obligation of the transferred agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity; in the case of an entity that ceases to exist for any reason, this guaranty applies to the principals of the entity.

FMO name \_\_\_\_\_ FMO # \_\_\_\_\_

FMO signature  Please Print \_\_\_\_\_ Date \_\_\_\_\_  
Required

1. A new Agent Agreement is not being executed as a result of the transfer of the above named agent to your FMO organization. The existing Agent Agreement will continue as if your FMO organization was the original FMO.
2. The principals of your FMO organization and all hierarchy levels, jointly and severally, unconditionally guarantee the full and faithful performance of all obligations, regardless of when incurred, of the above named transferred agent under his/her Agent Agreement.



All you need to do is complete the information below and mail to Allianz in care of Enterprise Producer Services with a pre-printed voided check for checking accounts or a pre-printed deposit slip for a saving account.

## Authorization agreement for automatic deposits

I hereby authorize Allianz, hereinafter called "the Company", to deposit my commissions by Electronic Funds Transfer.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it.

New       Change

Agent number \_\_\_\_\_ Agent name \_\_\_\_\_  
Please print

Bank                       Individual                       Checking  
 Credit Union               Joint                               Savings  
 Savings & Loan

Account name(s) \_\_\_\_\_  
Please print

Name of financial institution \_\_\_\_\_  
Please print

Bank account # \_\_\_\_\_ Routing # \_\_\_\_\_

Address or branch

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Financial institution's telephone (\_\_\_\_\_) \_\_\_\_\_

Agent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check for a checking account, or a deposit slip for a savings account.**

Note: Check or deposit slip must have pre-printed information and cannot be a starter check.

<p><b>JOHN DOE</b> 129 Main Street Anywhere, USA 00000</p> <p>PAY TO THE ORDER OF _____ \$ _____</p> <p>_____ DOLLARS</p> <p><b>FIRST NATIONAL BANK</b> ANYWHERE, USA</p>	<p><b>VOID</b></p>	<p>_____, 20____</p>
---	--------------------	----------------------

**Please fax to:**

**763.582.6005**

**Email to:**

**EPS\_Dept@allianzlife.com**

**or mail to:**

Allianz Life Insurance Company  
of North America

Attn: Enterprise Producer Services

PO Box 59060

Minneapolis, MN 55459-0060

Allianz Life Insurance Company  
of North America  
PO Box 59060  
Minneapolis, MN 55459-0060  
800.950.7372  
Fax: 763.765.2844

**Please sign and fax back to  
Life Sales at:  
(877) 743-7030**

**Allianz** 

Recruited By:  
**LIFE SALES, LLC**  
CA Lic. # 0005828  
A National Marketing Organization

## Code of Best Practices

We understand that, as an Allianz-appointed financial professional, you share our desire to build long-standing relationships of trust with the clients who purchase Allianz products. Together we help clients feel confident that they are buying a product they understand and believe is right for their situation.

### When marketing Allianz products, we are committing to the following best practices:

#### Suitability

The recommendation of a financial solution must be based on the client's individual needs and financial objectives

- Record and file the information you gather from the client, as well as your recommendations.
- Thoroughly understand the product you are describing and how it serves your client's unique financial situation and objectives, which includes, but is not limited to:
- An analysis of their income and expenses
- Understanding their financial goals
- Assessing their tolerance for risk

More information: Please refer to the Allianz Agent Guide to Annuity Suitability, the Compliance Guide to Successful Business, and the Suitability eLearning module.

#### Replacement

The recommended replacement of an existing product must be based on the replacement product's ability to better suit the client's current financial situation and goals.

- Fully explain the benefits and costs of replacing the client's existing policy.
- Provide an impartial assessment of the comparative benefits and restrictions of both policies.

- Maintain accurate records that reflect the key issues you discussed with your client regarding the comparison of both products. This includes, but is not limited to: surrender charges, expenses, guarantees, and historical renewal rates.

More information: Please refer to the Compliance Guide to Successful Business and the Replacement eLearning module.

#### Disclosure

Your clients need a full, unbiased explanation of their options to make informed decisions.

- Provide your clients with full and accurate disclosure about any Allianz products you recommend. Although these disclosures are included with the marketing and sales materials, disclosure is not just about providing brochures and other documents that you hope your clients read. You need to be actively involved, leading a discussion and checking for client understanding.
- Ensure that your client reviews and signs the appropriate disclosure documents at the time they purchase an Allianz product.

More information: Please refer to the Compliance Guide to Successful Business and the Disclosure eLearning module.

#### Other Allianz Policies

Allianz expects that you understand and comply with all Allianz business requirements as outlined in the Agent Guide to Annuity Suitability, the Compliance Guide to Successful Business, the eLearning modules, and all other Allianz communications.

By agreeing to follow these practices, we can earn and keep the trust we build with our clients.

**By signing below, you agree to adhere to the Allianz Code of Best Practices.**

→ Signature of agent \_\_\_\_\_ Date \_\_\_\_\_

Printed name of agent \_\_\_\_\_

Agent number \_\_\_\_\_



P.O. Box 71216  
 Des Moines, IA 50325  
 888-221-1234  
 Fax 515-221-0138  
 www.american-equity.com

Please Fax Back With  
 License Copy to

Recruited by:  
**LIFE SALES**  
 A National Marketing Organization  
**WD#:**  
**Phone:**

# Agent Appointment Application

(Please TYPE or PRINT clearly in Black Ink)

Individual

1. Name \_\_\_\_\_  
 (as it appears on your license - please attach current copy)

2. If currently licensed as Partnership or Corporation, give name, address, Tax ID No. (please attach current copy of license)

Name	Street	City	State	Zip	
3. Residence Address (required)	Street	City	State	Zip	How Long
4. Business Address	Street	City	State	Zip	

5. Residence Phone (\_\_\_\_\_) \_\_\_\_\_ 6. Business Phone (\_\_\_\_\_) \_\_\_\_\_

7. Fax # (\_\_\_\_\_) \_\_\_\_\_ 8. Preferred Mailing To:  Residence or  Business

9. E-Mail \_\_\_\_\_ 10.  Female  Male

11. Date of Birth \_\_\_\_\_ 12. Taxpayer Identification Number \_\_\_\_\_

13. Social Security Number \_\_\_\_\_ 14. Resident License Number \_\_\_\_\_

15. For which states do you wish non-resident appointments?  
 (attach copy of current licenses; fees required for non-resident appointments)

16. Do you have a Securities License?  Yes  No (If Yes, complete the Broker Dealer Declaration Form #3013-BD)

17. Do you have a Debit balance as a result of the sale of any insurance related product or activity?  Yes  No If Yes, give name of company and explanation \_\_\_\_\_ Balance \$ \_\_\_\_\_

18. If you answer "Yes" to any of the questions below, please write details on a separate sheet and attach to this application.
- a. Have you ever had your insurance or securities license suspended or revoked?.....  Yes  No
  - b. Have you ever had a complaint filed against you or been investigated with an insurance department or the NASD?.....  Yes  No
  - c. Has any claim ever been made against you, your surety company, or errors and omissions insurer or have you been refused surety bonding?.....  Yes  No
  - d. Have you ever been convicted of a crime, felony or misdemeanor including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law?.....  Yes  No
  - e. Have you ever been involved in any litigation, including bankruptcy?.....  Yes  No
  - f. Are there any unsatisfied judgements/liens outstanding against you?.....  Yes  No

19. Errors and Omissions Coverage?  Yes  No If Yes, amount \$ \_\_\_\_\_

20. Antimony Laundering (AML) Certification?  Yes  No If Yes, check one box  LIMRA  OTHER (if "other" please enclose a copy of your certificate of completion.)

## AGENT'S DECLARATION AND AUTHORIZATION

- (1) I hereby certify that all my answers to the above questions are true. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination for cause at the sole discretion of the Company. **Agent agrees that by accepting commissions from the Company, he/she acknowledges and certifies that he/she has read and accepts all of the terms and conditions of the Agent's Contract Form 121, a copy of which is attached hereto and incorporated herein by reference.** By signing this Agent Appointment Application I hereby consent to receive facsimiles and E-mails to the above fax number and E-mail account. The Company shall be allowed to fax and email me in connection with our business relationship.
- (2) I authorize the Company and individuals to give, at any time, any information regarding my character, general reputation, personal traits, employment and any other information they have, whether or not in their records, and release the Company and individuals from all liabilities for any damage whatsoever for issuing this information. I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.
- (3) *Certification* - Under penalties of perjury, I certify that:
- a. The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
  - b. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.



Signature of Applicant

Date



P.O. Box 71216  
Des Moines, IA 50325  
888-221-1234  
Fax 515-221-0138  
www.american-equity.com

# CONSUMER REPORT *Authorization*

American Equity agents are required to have acceptable credit histories at the time of appointment while under contract with American Equity. Before an agent is appointed, or an agency contract is renewed, or at any appropriate time, American Equity may review the individual's credit history in order to verify compliance with said company's policy.

Information you provide below will be used to access your consumer credit report.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Resident Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

***Applicant -- Please read carefully and sign below:***

I UNDERSTAND THAT TO BE ELIGIBLE FOR APPOINTMENT WITH AMERICAN EQUITY, MY CREDIT HISTORY MUST BE IN GOOD STANDING. I AUTHORIZE AMERICAN EQUITY TO OBTAIN A CONSUMER CREDIT REPORT ABOUT ME BOTH BEFORE AND (IN THE EVENT I AM APPOINTED) AFTERWARDS FOR THE PURPOSE OF EVALUATING MY APPLICATION FOR AN AGENCY CONTRACT OR ANY RENEWAL OF MY AGENCY CONTRACT. I UNDERSTAND THAT A COPY OF MY CREDIT REPORT AND A SUMMARY OF MY RIGHTS AS A CONSUMER WILL BE PROVIDED TO ME BEFORE ANY DECISION ADVERSELY AFFECTING MY AGENCY CONTRACT IS MADE IF THE DECISION IS BASED ON MY CONSUMER CREDIT REPORT.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number



# AMERICAN NATIONAL INSURANCE COMPANY

## Direct Deposit

There are a number of benefits to having your commissions paid by Direct Deposit.

- \* **SECURITY** – Transfer is done electronically – no extra trip to the bank to stand in line.
- \* **CONVENIENT** – Your commissions will be deposited even though you may be out of the office or out of town.
- \* **GUARANTEED** – In your account by Friday of the pay week.
- \* **HOW MUCH PAID FOR THE WEEK** – Call 1-888-801-8845 for your commission amount (can begin calling after 12:00 P.M. on Tuesday of the pay week).

If you change banks while on Direct Deposit, we encourage you to continue to maintain your existing account until we can change bank accounts in our systems. This should eliminate delays in receiving direct deposits.

Direct Deposit is one of the steps in American National Insurance Company's automation process that will make it easier for you to access information regarding your payment of commissions.

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I authorize American National Insurance Company and the bank listed to deposit my commissions to the account name below. This authority will remain in effect until I provide a new authorization or cancellation. The company reserves the right to initiate debit entries for recovery of sums due to credit entries processed in error, if determined within the week of the credit entry.

#### A Voided Check must be submitted with your request for Direct Deposit.

AGENT NAME _____	SSN # _____
AGENCY # _____	DEPOSITORY (BANK) NAME _____
ADDRESS _____	CITY, STATE, ZIP _____ / /
CHECKING ACCOUNT # _____	SAVINGS ACCOUNT # _____
9 DIGIT ROUTING # _____	9 DIGIT ROUTING # _____
CREDIT UNION _____	MONEY MARKET ACCT. _____
% TO CHECKING ACCT. _____	% TO SAVING ACCT. _____
_____	_____
(Name as it appears on checking account)	(Name as it appears on savings account)

If contract file is submitted electronically through nomoreforms, a voided check should be scanned and submitted as an attachment to the file or you may fax a copy to 1-866-568-0449. If submitting voided check by fax, please include a cover sheet indicating original file was submitted through nomoreforms and list applicant's name.

### EFT PROCEDURES

Once you have signed up, your check will be automatically deposited into your checking and/or savings account approximately 3-4 weeks from the day the Home Office received the request. You will receive a "DEPOSIT ADVICE" form which will replace your check stub. This form will show your gross and net pay for the month and year-to-date. It will also show other deductions.

For Agent Use Only

**AMERICAN NATIONAL INSURANCE COMPANY  
GALVESTON, TEXAS  
GENERAL AGENT'S AGREEMENT**

American National Insurance Company (hereinafter designated as "Company") hereby appoints \_\_\_\_\_ its **GENERAL AGENT ("GA" or "you")** with the authority and obligations set forth in this Agreement, and you accept your appointment subject to the terms and conditions of this Agreement and all related Schedules and Supplements related to it.

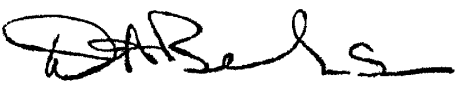
**Effective Date** - This Agreement shall become effective on \_\_\_\_\_, \_\_\_\_\_. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

GENERAL AGENT:

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or Type Name Here)


AMERICAN NATIONAL INSURANCE COMPANY:

By:   
Title: **EXECUTIVE VICE PRESIDENT  
INDEPENDENT MARKETING**

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

\_\_\_\_\_  
(Indicate Appropriate Compensation Schedule)

RECRUITING ORGANIZATION:

By:   
(Signature of Organization Representative)

Submitted by: William Booser  
(Print or Type Name of Organization)

Recruiter's Personal Code #: B1668

**BENEFICIARY TO RECEIVE COMMISSIONS  
PAYABLE AFTER DEATH (LIMITED TO ONE  
INDIVIDUAL):**

Name of Beneficiary (Print or Type)  
\_\_\_\_\_

Relationship: \_\_\_\_\_

**Authority** - You are hereby authorized to develop and supervise the company's business in conformity with the rules and regulations of the Company. You shall recruit and recommend for appointment by the Company individuals and agencies qualified and experienced in life insurance sales and service as agents. You shall train and supervise such agents in accordance with the standards of the company and the requirements of the state or states in which they function for the Company. You acknowledge that all agents in your hierarchy are independent contractors of the company and, at a subagent's election or at the sole discretion of the Company can be transferred by the Company in accordance with the Company's transfer rules.

You shall solicit applications for ordinary life insurance and annuities to be issued by the Company and submit such applications received to the Company, provided that you are properly licensed as required by any governmental authority applicable to you. You shall deliver policies issued by the company, collect the first premium therefor, transmit all collections immediately to the Company, and make every effort to maintain in force all policies issued by the Company.

You shall at all times comply with the rules and regulations of the Company pertaining to underwriting practices, acceptance of risks, delivery of policies, and all other areas of conduct of the Company's business. The relationship between the Company and you created by this Agreement is that of an independent contractor, and nothing in this Agreement shall be construed as creating the relationship of employer and employee between the Company and you. Neither you nor your employees nor agents shall be deemed to be the employee or servant of the company. You shall not be a fulltime insurance agent as defined by the Federal Social Security Law. None of the benefits provided by the Company to its employees, including, but not limited to, worker's compensation insurance and unemployment insurance are available to you, your employees or agents. If training courses, sales methods and material or similar aids and services are extended or made available to you, it is agreed that their purpose and effect shall not be to give the Company control over your time or direction, but only to assist you in your business.

- If being appointed non-resident in Florida, please provide all counties soliciting business. \_\_\_\_\_

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- Have you ever represented American National or any of its subsidiaries?  **Yes**  **No** If "Yes," provide details \_\_\_\_\_

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- Have you sold insurance through another name or agency in the past five years?  **Yes**  **No** If "Yes," provide details \_\_\_\_\_

---

- The Violent Crime & Control Act of 1994 makes it a criminal offense for anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to willfully engage in the business of insurance.  
 Have you ever been indicted or convicted of any such felony?  **Yes**  **No**  
 Have you been arrested for any other crime?  **Yes**  **No**  
 If yes, please give specifics as to charge, date, jurisdiction and outcome: \_\_\_\_\_

---

- Have you ever filed or been declared bankrupt?  **Yes**  **No**
- Are you currently obligated under a non-compete agreement with any insurance company or agency?  **Yes**  **No**
- Are you presently indebted to any insurance company or agency?  **Yes**  **No** If "Yes," provide details \_\_\_\_\_

To Whom	Nature of Debt	Amount	Payment Terms
---------	----------------	--------	---------------

- Has a deficiency claim been made against you for any past insurance transactions?  **Yes**  **No**  
 If "Yes," provide details \_\_\_\_\_

- Have you ever had, or now have, any federal, IRS, state tax liens or garnishments?  **Yes**  **No**
- Are you currently covered by errors and omissions insurance?  **Yes**  **No**

E & O Carrier \_\_\_\_\_ Limits \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

- Have you ever filed an errors and omissions claim?  **Yes**  **No**
- Have you ever been disciplined by a state insurance department?  **Yes**  **No**
- Have you ever been cautioned or disciplined for violating a professional code of ethics in any organization?  **Yes**  **No**
- Have you ever been expelled or disciplined by a professional organization such as the NALU?  **Yes**  **No**
- Are you aware of any other information that American National should have in assessing a business relationship with you and/or your company?  **Yes**  **No** If "Yes," please attach a detailed statement.

The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with American National Insurance Company for the sole purpose or intention principally to solicit or place insurance on the applicant's own life or that of relatives, employer's or employees.

I have received, read, understand and agree to comply with the contents of the Producer's Code of Conduct, the Advertising Guidelines, the Notice of Privacy Policy and the Company Guide to Anti-Money Laundering adopted by American National Insurance Company.

Furthermore, each of the undersigned declares for himself/herself, and all other interested parties, that all of the answers in the pages of this application and any supplements to it are full, complete and true to the best of his/her knowledge and belief. In addition, the undersigned specifically attests that the Social Security Number or Tax Identification Number on the application is the correct number for the entity applying for appointment with American National Insurance Company.

**I, the Applicant, have read, on the date shown below, a copy of the above statements as required by law. I have also read, understood, and signed a copy of Authorization Form #4708. I understand that in signing this form and form 4708, I hereby authorize the Company, at any time, to investigate my background, including my credit history.**

Applicant has the right to make a written request to Company's Home Office within a reasonable period of time for additional, detailed information concerning the nature and scope of the investigation.



\_\_\_\_\_

Date

\_\_\_\_\_

Applicant



# AUTHORIZATION

Required by The Fair Credit Reporting Act

The Federal Fair Credit Reporting Act, as amended, provides that any consumer reporting agency may furnish a consumer report in accordance with the written instructions of the consumer to whom it relates.

In accordance with that provision, the person signing this form as "Applicant" hereby authorizes any person or agency to give, in writing, orally, or in any other form, to American National Insurance Company or its designated representatives any information gathered or maintained by a consumer reporting agency bearing on the Applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the Applicant's eligibility for credit, employment or any other purpose authorized under Section 604 of the Act.

Further, the Applicant understands that American National Insurance Company may, as part of its normal procedure, request that an investigative consumer credit report be made whereby information on the Applicant's character, general reputation, personal characteristics or mode of living is obtained through personal interviews with business associates, employers, friends, neighbors and others with whom the applicant may be acquainted or who may have knowledge concerning any such items of information. The Applicant authorizes the individual or agency conducting the investigation to give, in writing, orally, or any other form, to American National Insurance Company or its designated representatives any information gathered or obtained during this investigation pertaining to Applicant's production, persistency, commissions, earnings, estimated future earnings, commission advances loans, and debts, including, but not limited to, any indebtedness that may have been charged to the Applicant's manager or agency, or which may have been written off.

The Applicant authorizes American National Insurance Company or its designated representatives to use the reports furnished in accordance with this authorization in any deliberations which it or they may undertake to determine whether or not American National Insurance Company will make an offer of a contract to the Applicant.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.




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(Applicant's Printed Name)

---

(Applicant's Signature)

---

(Date)

---

(Social Security Number)

**AMERICAN NATIONAL INSURANCE COMPANY**  
**GALVESTON, TEXAS**  
**INDEPENDENT MARKETING DEPARTMENT**  
**APPLICATION FOR ADVANCES AGAINST DEFERRED FIRST YEAR COMMISSIONS**

I, \_\_\_\_\_, hereby make application to American National Insurance Company (herein after referred to as the "Company") for advances against my eligible deferred first year commissions to be paid as scheduled under the Company's advance plan. Until they have been earned and repaid as provided for herein, such advances shall be an indebtedness to the Company. In requesting these advances, I understand and agree to the following conditions:

1. The administration of the advance plan will be in accordance with the Company's published rules and practices. I am aware that the Company reserves the right to amend or alter such practices at any time. In the event such advances are not repaid as provided herein, the Company is authorized to bring suit for collection of any unpaid balance, any attorney's fees incurred in any collection efforts, including suit, and, beginning the first day of the fifteenth month following the termination of my contract with the Company for any reason, interest on the unpaid balance at the rate of 10% per annum.
2. The sums advanced to me will be charged to my ledger account with the Company. The Company will credit to this account first year commissions on all policies on which I receive an advance and, in the event that no remaining first year commissions are available, renewable commissions on any policy on which I am receiving compensation. If and when my commission credits exceed the debit balance created by such advances or other indebtedness, if any, I may elect to discontinue the advance plan and thereafter receive my commissions as they accrue. If I do not elect, I will continue under the terms of this agreement and the Company will hold commissions for application against debit balances created by future advances.
3. The company, its affiliates and subsidiaries shall have a first lien on all of my compensation in any form to secure payment of all indebtedness I may have to the Company in accordance with the terms of my contract with the Company.
4. Should the Company approve this application for advances, it does not thereby become obligated to continue to make advances and, on the contrary, it may cancel this agreement or change the amounts of any advances at any time without notice.
5. I understand that in the event the Company approves my request for advances, my status as an independent contractor under the provisions of my contract shall not be effected in any manner. I further understand that any advances that may be paid to me are not wages or salary paid to an employee and that in no event will I be eligible for any unemployment compensation payments or other employee benefits based on advances paid to me by the Company or otherwise based on my relationship with the Company.
6. Except as expressly modified hereby, all provisions of my contract with Company shall remain in full force and effect.
7. I understand that this application for advances shall not be deemed to be effective until approved by proper authority at the Company's home office.

- PERSONAL ADVANCE
- OVERWRITE ADVANCE
- BOTH (Agent's, GA's, SGA's & RGA's only)

HOME OFFICE USE ONLY
APPROVED BY: _____
PERSONAL ADVANCE PERCENTAGE SUB _____ PD _____
OVERWRITE ADVANCE PERCENTAGE SUB _____ PD _____
ADVANCE PER APP \$ _____
ADVANCE PER WEEK \$ _____
EFFECTIVE DATE _____

\_\_\_\_\_ AGENCY NAME AND AGENCY CODE

X  
 \_\_\_\_\_ APPLICANT

\_\_\_\_\_ DATE

*William Bowers*  
 \_\_\_\_\_ RECRUITING ORGANIZATION





# Independent Producer Contract Appointment Application and Agreement

**Check all Aviva company(ies) with which you wish to apply for an Independent Producer Contract:**

- American Investors Life Insurance Company
- Aviva Life and Annuity Company of New York:
- Aviva Life and Annuity Company
- General Agent
- Associate General Agent
- Agent

**All Questions Must Be Completed. Attach a Copy of Current Insurance License(s). All sub-licensees on corporate licenses must complete the Producer Information - we will run background checks on all sub-licensees.**

**INDEPENDENT PRODUCER INFORMATION:** (\*Note: Required Field)

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Init.: \_\_\_\_\_

Former Names: \_\_\_\_\_ \*Gender:  Male  Female

\*Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*County: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Mailing Address (req'd. if PO Box above): \_\_\_\_\_

Residence Phone: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Complete this section only if commissions are to be paid to a corporation or subagent arrangement:**

Pay to:  TIN/Corporation  Subagent/LOA/Zero Comp Arrangement

Provide Information if Business or Subagent Arrangement:

Corporation Name: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Names on Corporate License: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

**For Aviva Life and Annuity Company of NY General Agents Only:**

Commissions Paid:  One Check to GA  Separate Checks to GA

**Office Contact Information:**

Administrative Contact: \_\_\_\_\_

Marketing Contact: \_\_\_\_\_

Software Contact: \_\_\_\_\_

**Beneficiary of your commissions in the event of death** - (separate form available upon request):

Name(s): \_\_\_\_\_ Social Sec. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

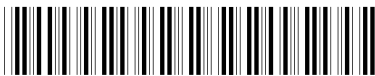
**E&O insurance is required for appointment - Do you have current coverage?** .....  Yes  No  
Attach declaration page showing proof of E&O coverage. Coverage available through Aviva if needed.

**Have you completed the required anti-money laundering training program?** .....  Yes  No  
Attach proof of completed training course (if other than LIMRA).

**Recruiter Information**

Recruiter Corporate or Individual Name: \_\_\_\_\_

Recruiter Phone: \_\_\_\_\_ Recruiter Fax: \_\_\_\_\_ Recruiter #: \_\_\_\_\_



\* 6 1 0 1 0 0 7 0 9 0 1 \*

**BACKGROUND INFORMATION: Respond to all questions for you personally and on behalf of any organization over which you have exercised or currently exercise control.** (Note: If you answer "Yes" to any question, then you must attach an explanation and related documents - e.g. orders, settlement agreements, Sec. 1033 waiver.)

- a. Have you ever applied for a contract with any of the Aviva companies?  Yes  No  
If Yes, then list the Aviva companies and agent codes: \_\_\_\_\_
- b. Do you have any new business pending? List Aviva company: \_\_\_\_\_  Yes  No  
Client name: \_\_\_\_\_ State: \_\_\_\_\_ Date of App.: \_\_\_\_\_
- c. Do you hold a securities license?  Yes  No  
If Yes, who is your broker/dealer: \_\_\_\_\_
- d. Have you ever had your insurance license, securities license, or other fiduciary license suspended or revoked, or have you ever had an application for an insurance license denied by an insurance department? (other than for noncompliance with continuing ed. or renewal fee requirements)  Yes  No
- e. Have you ever had a complaint filed, a regulatory inquiry/ investigation, an arbitration, or been sued by an insurance department, NASD, state securities office, attorney general or any other regulatory agency?  Yes  No
- f. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?  Yes  No
- g. Are you presently involved in any litigation or are there unsatisfied judgments or liens (including state or federal tax liens) against you?  Yes  No
- h. Have you been charged with or pled guilty to, nolo contendere to or been found guilty of any felony or of any misdemeanor, or, are you now under indictment?  Yes  No  
*\*If you were convicted of any felony involving dishonesty or a breach of trust, then you must provide us with proof of written consent from the State Insurance Commissioner to work in the insurance business. (See 18 U.S. Code Sec. 1033).*
- i. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?  Yes  No
- j. Have you ever been discharged from any employment or had an agent contract terminated for reasons other than low production?  Yes  No
- k. Have you filed for bankruptcy in the last 7 years?  Yes  No

**If you answered Yes to any questions (d) through (k), please attach an explanation and documentation for each. Note: You are required to report any adverse action that may be taken against you in regards to Questions (d) through (k) to the Company's Legal Department within 5 days of such change.**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ATTACH VOIDED CHECK).** I hereby authorize the Aviva companies listed above and the financial institution named below to initiate credit entries to my account and to reverse any entries made in error. I understand that the company will give me prior notice of any such reversal. This authorization will remain in full force and effect until the Aviva companies above have written notice from me of its termination in such time and in such manner as to afford the Aviva companies a reasonable opportunity to act on it. *Note: commissions are only paid by electronic funds transfer (EFT) unless we agree otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. Fill in your Account Info below.*

\*Depositor Name: \_\_\_\_\_  
\*ABA Routing/Transit#: \_\_\_\_\_ \*Acct. #: \_\_\_\_\_  
\*Name of Financial Institution: \_\_\_\_\_

**INDEPENDENT PRODUCER AGREEMENT:** By my signature below, I acknowledge that I have read the attached copy of the Independent Producer Contract and I understand this Application will form and become a part of my Contract. I agree to be bound by all of the terms and conditions of the attached Contract including any schedules, supplements, and amendments. I agree that, if appointed, any misrepresentation of facts herein provided will be grounds for termination of the Contract for cause at the sole discretion of the Aviva companies. I am not appointed to represent the Aviva companies listed above until and unless this Application is accepted by the companies and I am notified of such acceptance by Aviva's confirmation letter. Upon acceptance of my application, the Contract shall consist of this Application, the Independent Producer Contract attached hereto, and any changes thereto the Aviva companies make from time to time, as posted on the agent website or as Aviva may notify me in writing. I represent and warrant that all information and answers to questions are true and complete.

Independent Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_





- American Investors Life Insurance Company
- Aviva Life and Annuity Company
- Aviva Life and Annuity Company of New York

# Consumer Report Authorization

### Authorization and Release for Use of Consumer Reports

In making this application for a Producer's Contract, I understand that a credit report and consumer investigation may be prepared. I understand that such reports may be prepared whereby information about me is obtained through personal interviews with neighbors, friends, or others with whom I am acquainted. These reports include information as to my character, reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation performed in preparing such reports. I understand that the Company may disclose to upline agent(s) and/or recruiter(s) any reports referred to in this Authorization, including any information obtained in the future on my sales or other activities and including any information relating to any termination of my contract with the Company and I authorize the Company to disclose any such information. The Vector Insurance network will be checked for any reported outstanding producer debt with previous employers. I hereby authorize all of the Aviva insurance companies checked above (the "Company") to procure a credit report and/or consumer investigative report, and release the Company from all liability in connection from procuring and using such reports. This authorization and release, in original or copy, shall be valid for this and any other reports or updates.

### For California, Minnesota, and Oklahoma Residents Only

Pursuant to the laws and regulations of the states of California, Minnesota, and Oklahoma, you are hereby notified that a consumer credit report will be obtained through:

First Advantage PO Box 3367 Seminole, FL 33775	Business Information Group PO Box 541 Southampton, PA 18966	Vector One PO Box 12368 Scottsdale, AZ 85267-2368	NAIC 2301 McGee Street, Suite 800 Kansas City, MO 64108-2662
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in connection with this application. The Vector Insurance Network will be checked for any reported outstanding debt with previous employers. Please indicate below whether or not you wish to receive at no charge to you a copy of these reports.  Yes  No

I also authorize the above checked Aviva insurance companies to share with any of the Aviva insurance companies with which I may contract now or in the future any credit reports and consumer investigation reports that may be obtained. I also authorize the Aviva insurance companies checked above to continually obtain credit reports and consumer investigation reports in the future without prior approval by me and without notice by the Company for as long as I may be contracted with the Company.

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

Signature of Producer: \_\_\_\_\_

Social Security Number: \_\_ \_\_ - \_\_ - \_\_ \_\_ \_\_

Printed Name: \_\_\_\_\_



those courts have personal jurisdiction over you for the purpose of such actions, which shall not be subject to the Arbitration provisions of this Contract.

**19. Contract Binding on Principals**

In the event that you are contracting with us as a corporation, partnership, LP, LLC., or other business entity, it is further agreed and guaranteed by the principals of said business entity that all terms and conditions of this Contract shall be binding on them severally and jointly in the same manner as upon the entity named as the producer.

**20. Consent to Electronic Agreement & Notice**

In the event that you enter into this Contract by electronic means through our website, you hereby agree and consent that this Contract shall be legally binding upon your estate, heirs, executors, administrators, personal representatives, successors and assigns. You hereby waive any and all defenses that this Contract was not in writing or properly executed as may be required by the Statute of Frauds or any other similar law, rule or regulation. You hereby agree that we fulfill our obligation to deliver to you any document, statement, notice, or other communication if sent via electronic delivery. Documents sent by electronic delivery will contain all the information as it appears in the printed hardcopy version as prepared and distributed by the originator, with the possible exception of graphic insertions such as photographs or logotypes. Electronic delivery may be in the form of an email, an electronic mail attachment, or in the form of an available download from our website. You represent that you will download the relevant document promptly after receiving notice of its availability. Should you experience any difficulty opening a document electronically delivered by us, you will promptly advise us in order to allow us to make the required delivery by other means. Failure to advise us of such difficulty within forty-eight hours after delivery shall serve as an affirmation that you were able to receive and open said document.

**21. Entire Agreement**

Except for compensation payable with respect to business sold under any previous contract between you and us, this Contract supersedes any previous agreements between you and us. This Contract sets forth the entire agreement between you and us and may not be altered or modified except in a writing signed by you and our authorized officer. Notwithstanding the foregoing, we reserve the right to amend this Contract at any time, effective on a prospective basis only. Such amendment will be effective at such time as we display new Contract provisions at our agent website or when we notify you of such changes. Your continuation of the relationship created hereby will be deemed to be your acceptance of such changes. You may request the most current edition of this Contract by calling or writing us.

Except for our right to amend this Contract from time to time as stated above, for purposes of providing notices required or permitted by this Contract, waiving any right under this Contract, or amending any term of this Contract and notwithstanding any law recognizing electronic signatures or records, "a writing signed," "in writing" and words of similar meaning, shall mean only a writing in a tangible form bearing an actual "wet" signature in ink manually applied by the person authorized by the respective party, unless both parties agree otherwise by making a specific reference to this section.

No forbearance or neglect by us to enforce any term, condition, or provision of this Contract shall be construed as a waiver of any of its rights or privileges hereunder or affect its rights arising from any default or failure of performance by you. You agree that a declaration of invalidity or unenforceability of any particular provision or provisions of this Contract will not in any manner affect any other provision and that you will comply fully with all remaining provisions contained herein.

The provisions of any supplemental addendums, amendments or schedules attached hereto, including the Producer Contract Application signed by you and attached hereto, are incorporated in this Contract in their entirety by this reference, as if fully set forth herein.

This Contract shall be governed by the laws of the State of Iowa, without regard to principles of conflicts of law. In addition, the parties to this Contract agree that the District Court of Polk County, Iowa shall have exclusive jurisdiction over any and all disputes which may arise with respect to this Contract, consent to such jurisdiction, and agree that proper venue exists therein. This Contract is executed below and upon our approval of the attached Application for Contract.

/s/ \_\_\_\_\_  
COMPANY OFFICER NAME AND TITLE



/s/ \_\_\_\_\_  
Producer name and signature



Available from Aviva Life and Annuity...

# Weekly Commissions via Electronic Funds Transfer

It's convenient.

It's simple.

It's money in the bank.

## SIGN UP NOW TO HAVE YOUR COMMISSIONS DIRECT-DEPOSITED WEEKLY\*

- Commission cycle cut-off is close of business Fridays and the last day of the month.
- Funds released to your financial institution two working days after cut-off (excluding bank holidays). Please check with your individual financial institution for availability.
- **To sign up, complete the Authorization Agreement and sign at the bottom of the page. Then fax this page, along with a voided check or copy of a voided check to 888-329-1329, Agency Services, Attention: Licensing & Contracting.**

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

(ATTACH VOIDED CHECK, or a copy of a voided check)

I hereby authorize Aviva Life and Annuity Company and the financial institution named below to initiate credit to my account (this includes my authorization to you to reverse any entries made in error).

Depositor Name \_\_\_\_\_ Bank Transit ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until Aviva Life and Annuity Company has written notification from me of its termination in such time and in such manner as to afford Aviva Life and Annuity Company a reasonable opportunity to act on it. **Note:** In order to set up for Automatic Deposit, a voided check or other document that shows your bank ABA number and account number must be attached.

Name: \_\_\_\_\_  
(please print)

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

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

Agent Code: \_\_\_\_\_



Aviva Life and Annuity Company  
www.avivausa.com



**Contract Application For**

Distributor  Producer  Licensed Only Producer

<b>First Name*</b>	<b>MI</b>	<b>Last Name*</b>	<b>Date of Birth*</b>	<b>Sex*</b>	<b>Social Security Number*</b>
<b>Nickname</b>			<b>Name of Spouse</b>	<b>List Professional Designations:</b>	
<b>Contract: Individual DBA Partnership Corporation</b>			<b>Contract Name (If other than individual)</b>		<b>Tax ID Number</b>
<b>Residence Address – Street, City, County, State, Zip*</b>				<b>Residence Telephone</b>	
<b>Business Address – Street, City, County, State, Zip*</b>				<b>Business Telephone*</b>	
<b>Email Address*</b>				<b>Business Fax</b>	
<b>* Denotes Required Fields</b>				<b>Cell Phone (please list if we can contact)</b>	

**PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. A "YES" REQUIRES A WRITTEN EXPLANATION ON A SEPARATE SHEET OF PAPER.**

- Yes  No 1. Have you *ever* been convicted, pled guilty or nolo contendere, or do you have pending charges to a felony or misdemeanor? If yes, attach copy of court records.
- Yes  No 2. Have you *ever* had any regulatory action taken against you, or had your insurance or securities license denied, suspended, terminated or revoked by an insurance department, FINRA or any other regulatory agency?
- Yes  No 3. Have you *ever* had a complaint filed or do you anticipate a complaint being filed against you by a consumer, an insurance department, FINRA or any other regulatory agency?
- Yes  No 4. Has your contract or appointment ever been terminated involuntarily by an insurer or FINRA member firm?
- Yes  No 5. Has any claim ever been made against you, your surety company or errors and omissions insurer arising out of insurance and/or securities sales?
- Yes  No 6. Are you currently involved or *ever* been involved in litigation?
- Yes  No 7. Do you have past due financial obligations, unsatisfied judgments or liens, including any delinquent state or federal tax obligations?
- Yes  No 8. Have you filed bankruptcy in the last 10 years?
- Yes  No 9. Does any person or entity claim any indebtedness from you as a result of any insurance transaction or business?

I will conform to procedures outlined in the published Compliance Manual for North American and product reference guides.

**Initial Here**

**Complete required Training:**

- Online XL Certification Test for Life
- Certificate of completion for AML Training (list provider) \_\_\_\_\_

**Attach or indicate the following Licensing Requirements:**

- If registered with FINRA, name of current broker/dealer: \_\_\_\_\_
- Resident insurance license Number \_\_\_\_\_ National Producer Number \_\_\_\_\_
- Non-resident license(s)
- Direct Deposit form (Direct Deposit is required for all contracted producers.)
- Errors & Omission Insurance (required at least \$1,000,000 per claim/\$1,000,000 aggregate)



**Additional Comments**

**CONDITIONS AND AGREEMENTS** - By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract(s) or agreement(s) and all applicable supplements and addendums thereto to be entered into between North American and myself. I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, a personalized copy to which will be subsequently forwarded to me by North American. I represent and warrant that all information and answers to questions are true and complete. Any marketing materials, which have not been provided by North American, must be approved by North American prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.


I agree not to solicit business until North American has notified me that I am authorized to do so. I understand I will be paid according to the contract that is approved and placed in effective. If this application is not approved by North American, any business solicited and submitted to North American will be not be accepted and returned to the recruiting producer.

I understand that the Fair Credit Reporting Act requires North American to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I authorize North American or any of its affiliates<sup>1</sup> to obtain a consumer report and Vector One report in connection with this contract application. I further authorize North American, its affiliates, or their duly authorized representative to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One.

I authorize North American, its affiliates, or their duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a copy of such history, status or activities and (b) hereby authorize the organization or individual to release such history, status or record information as requested by North American, its affiliates or their duly authorized representative and (c) authorize North American, its affiliates, or their duly authorized representatives to release such history, status or record to the individuals and/or entity that recruited me to apply with North American. This authorization shall remain valid and in effect from the date hereof until all my contract(s) with North American and its affiliates are terminated.

**AGENT AUTHORIZATION** – Under penalties of perjury, I certify that: 1) The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

<sup>1</sup> Affiliate means any entity that controls, is controlled by or is under common control with North American.

Applicant Signature 	Date
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I have reviewed the above application and I hereby recommend this producer’s contract for North American.

Signature of recruiting producer	Producer Code	Contract Level
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**\*MANDATORY\***

## Commission Direct Deposit Authorization Form

*This authorization gives North American Company for Life and Health Insurance and your financial institution the authority to deposit your compensation directly to your account. Please allow approximately 30 days upon delivery of this form before the first Direct Deposit is processed. To take advantage of this service, all you need to do is:*

1. Complete the requested information below about you, your financial institution, and your account.
2. Return this form to Agency Services.

**Note: Be sure to sign the form. You may fax to 877-595-8256**

*To Change Direct Deposit: If you desire to change the direct deposit due to a change in banks, or otherwise, please notify Agency Services, Attn: Licensing and Contracting, of your request and resubmit an updated Commission Direct Deposit Authorization Form.*

### DIRECT DEPOSIT AUTHORIZATION

Please print and return the section below to Agency Services.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my Checking/Savings Account each pay period. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to the Company the amount of any such overage. This authorization will remain in effect until I have cancelled it in writing.

Mark the appropriate box specifying the type of account.

Checking Account

Attach a voided check for verification of all financial institution information.

Savings Account

Attach letter from your financial institution verifying savings account number and routing number. We cannot accept a deposit slip in lieu of a letter from your financial institution.

FINANCIAL INSTITUTION'S NAME		YOUR NAME (PLEASE PRINT)	
BRANCH	YOUR ACCOUNT NUMBER	BANK ROUTING NUMBER	
CITY	STATE	FINANCIAL INSTITUTION PHONE NUMBER	
YOUR SIGNATURE	NORTH AMERICAN CODE #	DATE	

**STAPLE VOIDED CHECK HERE**

# Producer/Agency Form



**OLD MUTUAL**  
INVEST INSURE INNOVATE

Recruited By:  
**LIFE SALES, LLC**  
CA Lic. # 0G05526  
A National Marketing Organization

- Producer**
- Agency**

- OM Financial Life Insurance Company**
- OM Financial Life Insurance Company of New York**

**Instructions:**

- Step 1.** Complete, Sign and Date this Form. If you are a corporate principal, complete a separate form for the corporation. Forward the form(s) to your appointing agency.
- Step 2.** Appointing General Agencies, please complete the bottom portion of the Form authorizing the hierarchy set up and compensation.
- Step 3.** Once contracted and you have been given access to SalesLink, you will be asked to sign additional Agreements via an electronic signature.

MGA Name: \_\_\_\_\_ MGA Number \_\_\_\_\_  
 MGA Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Producer/Agency Information**

Producer/Agency Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Residence Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_  
 Preferred method of contact:  e-mail  Phone  Fax  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Corporation TIN Number: \_\_\_\_\_  
 Gender:  M  F  Agency  
 Language(s) spoken other than English: \_\_\_\_\_  
 Resident State License No.: \_\_\_\_\_

- 5. Have you ever been *alleged* to have engaged in any fraud?  
 Yes  No
- 6. Have you ever been *found* to have engaged in any fraud?  
 Yes  No
- 7. Have you ever been convicted of any crime?  
 Yes  No
- 8. Have you ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction?  
 Yes  No
- 9. Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?  
 Yes  No
- 10. Do you hold a current Certificate of Continuing Education for California and/or Iowa?  Yes (Please attach a copy)  No
- 11. Have you taken the AML training course?  Yes  
 No (If not, you are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)

Additional States in which you wish to be appointed and License Numbers for each:

Non- Resident State _____	License Number _____
Non- Resident State _____	License Number _____
Non- Resident State _____	License Number _____

- 1. Have you ever filed for bankruptcy?  Yes  No
- 2. Have you ever been the subject of any complaint related to the solicitation or sale of any insurance product(s), securities or any financial product or service, in any jurisdiction?  
 Yes  No
- 3. Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?  
 Yes  No
- 4. Have you ever been accused of or charged with any improper conduct related to the solicitation or sale of any insurance product(s), securities or any financial product or service?  
 Yes  No

**If the Answer to any question from 1-9 above is yes, please attach an explanation. Additional information such as supporting documents may be required.**

By signing below, I: (i) certify that all of the information provided on this form is true and correct and I acknowledge that my failure to provide truthful and accurate information is a valid basis for the immediate termination of my relationship with OM Financial Life Insurance Company and/or OM Financial Life Insurance Company of New York (the "Company" in reference to either or both, as applicable), for cause; (ii) authorize the Company to conduct an investigation of my background and to disclose the results of any such investigation to the Agency(ies) with which I am or become affiliated; and (iii) acknowledge that I have received, read, and will comply with the Company's Code of Ethical Conduct and Market Conduct Guide, and that I have received, read, and agree to be bound by the terms of the Company's Producer/Agency Agreement (each as amended from time-to-time). I understand that I can access all of these documents on SalesLink.

Signature of Producer or Principal of Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_

**To be completed by the Appointing Agency**

Name of Agency: \_\_\_\_\_ AGA Code: \_\_\_\_\_  
 Approved compensation level/contract type(s): \_\_\_\_\_  
 Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Agency by:  Fax  e-mail

# Authorization Agreement for Direct Deposit to Savings or Checking Account

## OM Financial Life Insurance Company

I (we) hereby authorize OM FINANCIAL LIFE INSURANCE COMPANY to deposit my commission payment with the financial institution named below ("Bank") and the Bank to credit the same to my account as described below. In the event that OM Financial Life notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account inadvertently, I (we) hereby authorize the Bank to return said funds to OM Financial Life as soon as possible and agree to hold OM Financial Life harmless from any and all liability in connection therewith.

Agent Number	Payee's Name (Please Print)	Bank Account Number	Bank Name
Bank Address	City	State	Zip Code
Bank Address		State	Zip Code
ABA Transit / Routing Number (Lower left corner of your check)		Bank Account Type:	<input type="radio"/> Checking <input type="radio"/> Savings

This authorization is to remain in force until OM Financial Life has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it. This authorization is governed by Maryland law, including Maryland Uniform Commercial Code.

Payee's Signature

Date

Joint Payee's Signature (if jointly paid, both parties must sign)

Date

Attach Voided Check Here

# Agent Transfer Request



## INSURER

OM Financial Life Insurance Company

I hereby authorize OM Financial Life Insurance Company to make the following changes to my existing agent or producer agreement. Please Note: A release is not required for agents who request reappointment under a new hierarchy following all guidelines noted below are met. Application sign dates will determine eligibility for release.

**LIFE Agents**

- Appointment date is greater than six months and
- No submitted business within the past six months
- Any agent that becomes a non-producer for the purpose of moving hierarchies after the six-month period will not be eligible to re-contract unless it is under the prior hierarchy.

**ANNUITY Agents**

- Appointment date is greater than six months and
- No submitted business within the past six months

A Vector check will be completed on all hierarchy change requests to ensure agent is in good standing within the industry. If we determine there is an outstanding Vector we will require proof the agent has worked out a payment plan with the carrier noted. If Vector is not resolved, we reserve the right to terminate the agent's OM Financial Life appointment providing 30-day notice. If there is an outstanding OM Financial Life agent debit balance outstanding, the debt must be paid in full prior to any transfer/hierarchy change.

Agents/Agencies with an outstanding debit balances are required to pay the balance in full prior to any consideration of a hierarchy release. We may permit the reduction of agent debt to be offset by submission of new business within the initial thirty days.

The agent needs to obtain an unconditional release from their current MGA; if an agent has never produced business they will be able to receive up to street level compensation. Any request for an above street level contract will require Home Office Approval.

Agents requesting to be terminated are eligible for rehire within the previous MGA providing they disclose an adequate production commitment.

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

Agent Address: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Agent Phone: \_\_\_\_\_

Agent Fax: \_\_\_\_\_

→ Agent Signature: \_\_\_\_\_

Agency Authorized Signature and Title: \_\_\_\_\_

OM Financial Life Compensation Schedule \_\_\_\_\_

OM Financial Life Producer Code of New Appointing General Producer \_\_\_\_\_

Signature Authorized Producer \_\_\_\_\_ Date \_\_\_\_\_  
(Upline Signature/Authorization)

The Appointing General Producer's signature indicates acceptance of responsibility for this agent/agency to the extent outlined in your General Agent Agreement with OM Financial Life Insurance Company. This change will be effective when completed paperwork and all supporting documentation if necessary, (i.e. release etc.) is received and accepted by OM Financial Life Insurance Company.