



Licensing Checklist

Please complete the following contracting papers:

_____ **Appointment Application** - complete in full and sign

_____ **W-9** - complete and sign (use SSN for Individual; TIN for Corporation)

_____ **AGENCY AGREEMENT** - sign as “Representative”

_____ **EFT COMMISSION AUTHORIZATION** (optional)
- complete and sign if requesting direct deposit of commissions
- **You must include voided check**

_____ Copy of your insurance **LICENSE**

_____ Copy of your **COMMISSION SCHEDULE**

FAX Completed Paperwork to:

Toll-Free Fax: 1-800-951-1708

Or mail to:

**Insurance Marketing Group
Life & Annuity Division
PO Box 640
Russellville AR 72811**

Call our Marketing Support Line with any questions:

(800)951-1708 toll-free phone



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Member of American International Group, Inc.

Part 1 Individual and Principal of Corporation This is Required Information

Please Print Clearly

Social Security Number: _____ - _____ - _____

Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Sex: Male Female
month day year

Resident/Home: _____
Physical Address
City State Zip

Resident/Home Phone Number: _____ E-Mail _____

Business Address: _____
Physical Address City State Zip

Business Phone Number: _____ Fax Number _____

I am an officer of the below corporation.

Part 2 Corporate Applicants Required Information

Please Print Clearly

Individual Applicants Do Not Complete This Section

Tax ID Number _____

Corporate Name: _____

Corporate Address: _____
City State Zip

Corporate Phone Number: _____ State Incorporated: _____

Fax Number: _____ E-Mail: _____

Primary Officer for Corporate Records: _____

Background information reported on page – should provide information for the Officer of the corporation.

Part 3 Recruiter Section - IMO/BGA Only

Primary mailing address, phone contact, e-mail and faxes will be communicated to the following:

Complete ONLY when address used is NOT the above address.

All Home Office Mail and other Communication will be directed to:

Agency Name: _____ Agency Code Number: _____

Address: _____
City State Zip

Fax Number: _____ Phone Number: _____

E-Mail Address: _____ Please check when commission check is mailed directly to agent's business address.



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Part 4 Licensing and State Appointment Request

Attach copies of licenses for all requested state appointments. Provide appropriate fees for nonresident appointments.

Social Security Number: _____ - _____ - _____

Applicant Name: _____

Licensed for: Life Health Contracted as: Individual Agency

Resident State: _____ Resident License Number: _____

Nonresident Appointment State(s): _____

Attach applicable fees and licenses for states listed above.

Part 5 Variable Licensing - Complete ONLY when variable appointment is requested.

Please complete the following ONLY when requesting variable appointment.

Who is your Broker/Dealer? _____

CRD Number: _____

Circle all current NASD licenses that you hold: 6 7 22 24 26 63 Other: _____

Independent Wholesaler Election

Some broker-dealers may permit third-party wholesaling firms to offer certain services and support to registered representatives in order to facilitate sales of the Products. These firms are referred to by AGLD as Independent Wholesalers (IW). In order for you to sell AGLD's variable universal life insurance products through an IW, an IW agreement must be in place, your broker-dealer must be informed, pursuant to NASD Rule 3030, of the IW election and this Election Form must be submitted to AIG Life Brokerage that documents your IW selection. If you wish to obtain support through an IW firm, please indicate your election below.

IW Election: _____
(Name of IW Firms and Code Number)

Part 6 Errors and Omissions Insurance Coverage (required at BGA/IMO Only)

Yes - I have E&O Coverage (Copy of current Certification enclosed).

No - I do not have E&O Coverage



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Part 7 Background Information Required On All Applicants

If this is a corporate application, the questions should be answered by and about the agency principal.

Social Security Number: _____ - _____ - _____

CONFIDENTIAL HISTORY/BACKGROUND IN FORMATION

Please provide complete details for any "yes" answers in the Remarks section. Attach additional paper if required.

- 1. Have you ever been convicted of or plead guilty or no contest to:
 - a. A Felony? Yes No
 - b. A Misdemeanor? Yes No
 - c. A violation of federal or state securities or investment related regulations? Yes No
- 2. Are you currently under investigation by any legal or regulatory authority? Yes No
- 3. Do you now owe money to any life or health insurance company? Yes No
- 4. Have you or a firm in which you were a partner, officer or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgements against you? Yes No
- 5. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reason other than lack of sales? Yes No
- 6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer? Yes No
- 7. Has a bonding company ever denied, paid out on or revoked a bond for you? Yes No
- 8. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Yes No
- 9. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities? Yes No

REMARKS SECTION: Details of "yes"



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Part 8 Signature of Individual -or- Principal of Corporation

Social Security Number: _____ - _____ - _____

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that in signing this form, I hereby authorize the American General Life Companies that I have requested appointments with (hereinafter collectively referred to as the "American General Affiliates") to investigate my background, including my credit history and interviews with former employers and/or primary insurance company. I authorize the American General Affiliates and individuals named in the application to give the American General Affiliates any information regarding me that they have available. I agree that if any of my answers to the questions in Part 7 change, I will notify, in writing, American General Affiliates within 10 business days of the incident which would cause an answer to change. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates to report information about earnings and debit balances to any credit bureau or similar organization.

I further authorize American General Affiliates, to verify my previous employment and securities registration history through the CRD system.

I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I have received and reviewed the "Compliance Manual" for the American General Life Companies, and/or "Operations Manual" and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

Date: ____ / ____ / ____

Signature: _____

Signature of Individual -or- Principal of Corporation

Part 9 Signature of Recruiter

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

Signature: _____

Date: ____ / ____ / ____

Signature of Recruiter

Print Name: John Terry - IMGA

Agent/Agency Code # 1L211
Required

Print Name of Recruiter

Part 10 Home Office Section

Signature: _____

Date: ____ / ____ / ____

(Additional signatures, if required, RVP, RM)

Print Name: _____

Regional Code Number _____

RSM Name: _____

(Only when directly involved)

Home Office Approval: _____

Date: ____ / ____ / ____

(If required)

Remove and leave Part 11 with applicant.

Part 11 Fair Credit Reporting Act - Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, each company with which you have requested an appointment may request an investigative consumer report which may include information related to your character, general reputation, personal characteristics, and mode of living. You have the right to request in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Send your request to: Licensing and Contracting Department, 750 W. Virginia St. Milwaukee, WI 53204. Disclosure information must be in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request. Also each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates. unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.

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	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
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. 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:

1. 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**
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 (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**
3. I am a U.S. person (including a U.S. resident alien).

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 ▶

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.

U.S. person. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

AIG Annuity Insurance Company, Amarillo, TX *
American General Life Insurance Company, Houston, TX



AIG Life Brokerage

AGENCY AGREEMENT

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

FOR

Last Name _____ First Name _____ Middle Initial _____

If Representative is a Corporation, the full Corporate name must appear above, and an authorized officer must sign and indicate the officer's title.

Individual
Social Security Number _____

Corporation
Tax Identification Number _____

Representative

Signature _____ Title _____

American General Life Companies

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

*** This Agency Agreement may not be used to contract banks, credit unions or thrifts to AIG Annuity Insurance Company and, if submitted for that purpose, will not be accepted. This Agency Agreement may not be used to replace an in force AIG Annuity Insurance Company Agency Contract and, if submitted for that purpose, will not be accepted.**

DIRECT DEPOSIT AUTHORIZATION

1	Name Last First MI Code #1 _____ #2 _____ #3 _____					Social Security/Tax ID No
	If commissions are currently assigned, Name of Payee					
2	Financial Institution				Phone	
	Address		City		State	Zip
	Bank Identification No.	Account Number			Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please attach a Voided Blank Check	
3	AUTHORIZATION STATEMENT I authorize American General Financial Group and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Financial Group to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.					
	Signature			Date Signed		
	GA Signature (if applicable)			Date Signed		
4	Compensation Department Use Only				Entered by	Date
	INSTRUCTIONS: Section 1 Please fill in your Name, Social Security Number, Code(s) and check the Enroll box. NOTE: If you already have Direct Deposit and wish to change your bank or account, check the Revise box. Section 2 Please complete Financial Institution information. Please attach a Voided Check for Checking Accounts. Please attach a Deposit Slip for Savings Accounts. Section 3 Read authorization statement, sign, date and submit to: FAX: 1-877-897-9141 or MAIL: Midwest Operations Center PHONE: 1-866-722-2434 750 West Virginia St. PO Box 401 Milwaukee, WI 53201-0401 Section 4 Compensation Department Use Only Verified by _____ Date _____					



AIG Life Brokerage

Distributing products issued by:
American General Life Insurance Company
 Member of American International Group, Inc.
 AIG Life Brokerage is a division of the
 American International Companies®.

AIG LIFE BROKERAGE (SCHEDULE A) **FIRST-YEAR BASE COMMISSIONS BROKERAGE LIFE PORTFOLIO**

Effective October 2003

This schedule of commissions is a supplement to the Agency Agreement and its terms and conditions. This schedule is subject to change at any time by written notice.

PRODUCT PORTFOLIO		AGENT FIRST-YEAR BASE COMMISSIONS ⁽¹⁾
American General Life⁽²⁾		A
Elite UL G	UL	85
Elite UL	UL	85
Elite Survivor G	2nd/Die UL	75
Elite Survivor	2nd/Die UL	75
LTG Ultra-30 ⁽³⁾ / LTG Ultra C-30	Level Term	100
LTG Ultra-20 ⁽³⁾ / LTG Ultra C-20	Level Term	100
LTG Ultra-15 ⁽³⁾ / LTG Ultra C-15	Level Term	90
LTG Ultra-10 ⁽³⁾ / LTG Ultra C-10	Level Term	70
ROP Term 30, 20, 15	Level Term	90

(1) "Agent" = MGA, GA or Producer.

(2) AGL pays no commissions on aviation extra premiums or any temporary extra premiums of seven years duration or less. For table ratings above Table 6, first year commissions are paid on the basis of Table 6 premiums.

(3) No first-year base, renewal or bonus paid on policy fee.

For VUL compensation consult your Broker Dealer

Platinum VM5+, Supplemental products, and A & H products have separate compensation schedules, consult your upline.



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AIG LIFE BROKERAGE (SCHEDULE S) **RENEWALS/EXCESS OVER TARGET BROKERAGE LIFE PORTFOLIO**

Effective October 2003

This schedule of commissions is a supplement to the Agency Agreement and its terms and conditions. This schedule is subject to change at any time by written notice.

PRODUCT PORTFOLIO		RENEWALS (Renewals Years 2-10) ⁽¹⁾
American General Life		S
Elite UL G	UL	2.00
Elite UL	UL	2.00
Elite Survivor G	2nd/Die UL	2.00
Elite Survivor	2nd/Die UL	2.00
LTG Ultra-30 ^{(2) (3)} / LTG Ultra C-30 ⁽³⁾	Level Term	0.00
LTG Ultra-20 ^{(2) (3)} / LTG Ultra C-20 ⁽³⁾	Level Term	0.00
LTG Ultra-15 ^{(2) (3)} / LTG Ultra C-15 ⁽³⁾	Level Term	0.00
LTG Ultra-10 ^{(2) (3)} / LTG Ultra C-10 ⁽³⁾	Level Term	0.00
ROP Term 30, 20, 15 ⁽³⁾	Level Term	2.00

PRODUCT PORTFOLIO		EXCESS OVER TARGET (Schedule Determined by Renewal Schedule)
American General Life		S
Elite UL G	UL	2.00
Elite UL	UL	2.00
Elite Survivor G	2nd/Die UL	2.00
Elite Survivor	2nd/Die UL	2.00

(1) Renewal Commissions: Changes in renewals are prospective from the date of change forward, never retroactive. Renewal levels for downline appointed representatives must be equal to or less than the appointor's renewal level.

(2) No first-year base, renewal or bonus paid on policy fee.

(3) Renewal only, Excess does not apply.

Platinum VM5+, Supplemental products, and A & H have separate compensation schedules, consult your upline.



AIG Life Brokerage

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AIG LIFE BROKERAGE (SCHEDULE K) **FIRST-YEAR, RENEWAL & EXCESS SUPPLEMENTAL LIFE PRODUCTS**

Effective October 2003

This schedule of commissions is a supplement to the Agency Agreement and its terms and conditions.
 Pick one schedule for Supplemental Business. Choice applies to both First Year and Renewal commissions.

PRODUCT PORTFOLIO	FIRST YEAR, RENEWAL & EXCESS	
American General Life ⁽¹⁾	K	
	First Year	R & E*
Platinum Provider Ultra	85	1.75
Platinum Provider Ultra G	85	1.75
Platinum Protector G	80	0/1.25
Platinum Accumulator ⁽²⁾	75	1.75
Platinum Survivor Ultra	75	1.75
Platinum Survivor Ultra G	75	1.75
Platinum Protector Survivor G	70	0/1.75
Platinum Provider Ultra 500	85	1.75
Platinum Accumulator 500 ⁽²⁾	75	1.75
Platinum Survivor Ultra 500	75	1.75

*Renewal and Excess

- (1) AGL pays no commissions on aviation extra premiums or any temporary extra premiums of seven years duration or less. For table ratings above Table 6, first year commissions are paid on the basis of Table 6 premiums.
- (2) Commission reductions apply to Platinum Accumulator and Platinum Accumulator 500 for insureds over issue age 65.



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AIG LIFE BROKERAGE (SCHEDULE D)
AGL ANNUITY
FIRST YEAR COMMISSIONS

Effective October 2003

This schedule of commissions is a supplement to the Agency Agreement and its terms and conditions. This schedule is subject to change at any time by written notice.

No commissions paid over listed ages.

PRODUCT PORTFOLIO		FIRST YEAR COMMISSIONS
		D
HorizonPlus	Ages 0-75	6.00
	Ages 76-80	3.20
	Ages 81-85	1.35
SPIA	Ages 0-90	3.00
HorizonVM+	Ages 0-85	0.85

PRODUCT PORTFOLIO		FIRST YEAR COMMISSIONS
		D
HorizonChoice	5 Year ⁽¹⁾	2.40
	7 Year ⁽²⁾	4.50
	8 Year ⁽³⁾	3.50
	9 Year ⁽⁴⁾	2.65
	10 Year ⁽⁵⁾	5.00

- (1) 2.15% in IN & MD
- (2) 4.25% in IN & MD
- (3) 3.25% in IN & MD
- (4) 2.30% in IN & MD
- (5) 4.65% in IN & MD