

Contracting Procedures:

All contracting paperwork and instructions can be found & downloaded from Freedom Equity Group's Website in "THE WAR ROOM" under the *Licensing* tab.

All submitted contracts should include full supporting documentation

Supporting Documents Include the Following:

- State License(s)
- FEG 1099 EFT Form
- FEG W-9 Form
- Voided Check or Direct Deposit Authorization Form
- Proof of E&O (Errors & Omissions) coverage showing current limits
- AML (Anti-Money Laundering) certification
- Proof of continuing education (Annuity & Any Required Individual State Training)
- If background/credit concerns provide a detailed letter or explanation

**If you do not have E&O Coverage, it will be your responsibility to submit prior to soliciting business or receiving commissions/overrides. You cannot be paid on personal business or overrides until E&O has been submitted.*

Please Note: LSW (National Life Group) and ANICO (American National) contracts are strictly paperless

Please submit all completed contracts to the Freedom Equity Group Licensing Department. Please allow 24-48 hours processing time.

Contact Us:

Email: licensing@fegcorp.com

Phone: (877) 329-6608

Fax: (619) 870-0212

Contracting Procedures:

AIG Life Contract

Every Submitted AIG Contract should include the following:

- Producer Appointed Application (Pages 1-4)
- AIG Solicitor Sales Agreement
- FEG 1099 Form- Completed
- Voided Check (Matching the account referenced on the submitted 1099 Form)
- W-9 Form- Completed
- If background/credit concerns provide a detailed letter of explanation

**If you do not have E&O Coverage, it will be your responsibility to submit prior to soliciting business or receiving commissions/overrides. You cannot be paid on personal business or overrides until E&O has been submitted*

***Do not fax or email individual contract pages, please submit complete contracts.**

Please submit completed contract to the Freedom Equity Group Licensing Department. Please allow 24-48 hours processing time.

Contact Us:

Email: Licensing@fegcorp.com

Phone: (877) 329-6608

Fax: (619) 870-0212

Appointment Application
Applicant Page

American General Life Insurance Company
The United States Life Insurance Company in the City of New York
P.O. Box 9978, Amarillo, TX 79105-5978 • Fax 1-877-484-3142

Individual

SSN: _____
Applicant Name: _____
Date of Birth: _____ Sex: ☐ Male ☐ Female
Resident Address: _____

If at above address for less than 1 year, indicate previous address:

Business Address: _____

Phone Number: _____
Business Number: _____
Fax Number: _____
Email Address: _____

Check the box if you are the principal/officer of the Corporation: ☐ I am an officer of the Corporation.

Trusted Contact Information

Contact Name & Details: _____

Corporation

TIN: _____
Corporation Name: _____
Corporation Type: ☐ Corporation ☐ Partnership ☐ LLC
Corporate Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

Indicate Additional Signers who are authorized to sign on behalf of the principal/officer of the Corporation:
Additional authorized signers for the corporation:

Background Information Required on All Applicants

	YES	NO
1. Have you at any time, been convicted of or plead guilty or no contest to:		
a. Any Felony?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Any Misdemeanor?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A violation of federal or state securities or investment related regulation?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you now owe money to any life or health insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or a firm in which you were a partner, officer, or Director:		
a. been declared bankrupt or been party to a bankruptcy or receivership proceeding	<input type="checkbox"/>	<input type="checkbox"/>
b. have you had a salary garnished or had liens or judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you to resign for reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory body, securities commodities, insurance regulatory body/organization, employer or insurer?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, censured, barred, or otherwise disciplined your membership, license, registration, or disciplined you with fines or by restricting your activities?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any of American General Affiliates ever declined to appoint you, refuse to contract you or terminated your contract?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a bonding company ever denied, paid out on or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been the subject of an AML investigation or disciplined for involvement or facilitation of money laundering with or for a client?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a resident of CA, OK, or MN and would like a copy of the consumer report obtained on you, please check here.....	<input type="checkbox"/>	

REMARKS SECTION: Please provide details of all "yes" answers above. Be sure to include the date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.

Agent Name: _____

SSN / FEIN: _____

Licensing and State Appointment Request

Corporate License must be submitted. USL does not appoint outside the state of NY.

Please indicate the states in which you want to be appointed. State appointments will be filed on an as needed basis which will be determined by American General. _____

FLORIDA residents must specify the Florida county where their business office is located: _____

NON-RESIDENT FLORIDA agents soliciting in Florida must list the county(s) in Florida in which they intend to personally solicit: _____

Variable Licensing Section**Please complete the following ONLY when requesting variable appointment**

Who is your Broker/Dealer: _____

CRD Number: _____

Check all current FLA licenses that you hold: ☐ 6 ☐ 7 ☐ 22 ☐ 24 ☐ 26 ☐ Other: _____**Independent Wholesaler Election**

Some broker-dealers in the market permit the company wholesaling firms to offer certain services and support to registered representatives in order to facilitate sales of VUL products. In order for you to utilize these representatives to sell AGI's VUL products utilizing the services of a wholesaling firm, a wholesaling agreement must be in place and your broker-dealer must be informed that you will be working with the wholesaling firm's independent wholesaler (IW). If you wish to obtain support through an IW, please make your election below.

☐ IW Election: I will be utilizing a company IW for variable support.

Name of IW: _____

(Please copy information from the BGA / IW office provided by your life insurance business.)

IW Company: _____

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

Direct Deposit (EFT) Authorization Section - REQUIRED**Electronic Funds Transfer (EFT):** Please complete the following section for Electronic Funds Transfer information. Does not apply to registered representatives (variable business), traditional fixed life agents on Life Sales Agreements or those with Collateral Assignments.)

Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Identification Number
*Cannot begin with the number 5

| | | | | | | | | |

Account Number

| | | | | | | | | |

Type of Account

☐ Checking ☐ Savings**AUTHORIZATION STATEMENT**

I authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") 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.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form.

Signature _____ Date Signed _____

For USL/NY fixed life business, GA signature authorizes Producer to receive compensation directly.

GA Signature _____ Date Signed _____

Agent Name: _____

SSN / FEIN: _____

Signature and Authorization

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that in signing this form, I hereby authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL") (hereinafter collectively referred to as the "American General Affiliates") that I have requested appointments with to investigate my background, including my credit history and interviews with former employers and/or primary insurance company. I authorize the American General Affiliates and individuals named in the application to give the American General Affiliates any information regarding me that they have available. I agree that if any of my answers to the questions in the Background Information Section change, I will notify American General Affiliates in writing within 10 days of the incident. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates to report information about earnings and debit balances to any credit bureau or similar organization. I understand that my signed authorization is valid for an indefinite period of time.

I further authorize American General Affiliates to verify my previous employment and securities registration history, insurance licensing status, or regulatory review information (RIRS) through the CRD, FINRA/PDB and state insurance department systems. I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I will immediately review the "Compliance Manual" for American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL") and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

By signing the authorization, I certify that my E&O policy extends coverage to the person or entity requesting contracting and/or appointment. I agree to provide a copy of the E&O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my contract and appointment(s) is active with American General Affiliates. I further understand and acknowledge that this is a minimum level only, and if my E&O coverage needs are in excess of \$1 million, I agree to ensure that my E&O coverage needs are addressed appropriately.

The Department of Treasury's final rule for Anti-Money Laundering Programs for Insurance Companies requires that the company integrate their producers and/or brokers into an anti-money laundering program and to provide training. As a producer or broker appointed with one or more of American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("USL"), I am required to complete an approved AML training course available online through LIMRA.

I hereby authorize, consent, and direct American General Affiliates to disclose my name and social security number to Vector One for the purpose of conducting initial and/or periodic commission related debit balance screening(s) through Vector One's Debit-Check service and obtain results concerning existing debit balances, as allowed by state or federal law. I understand American General Affiliates may consider the results of the screening to determine eligibility for appointment and/or advancement of commissions. I further authorize, consent, and direct, upon termination or expiration of my engagement, American General Affiliates to submit information concerning any commission related debit balance owed to American General Affiliates to the Vector One Debit-Check service. I hereby authorize, consent, and direct Vector One to intentionally disclose such information upon a debit commission related debit screening to authorized Debit-Check subscribers who submit an inquiry.

Date: _____

Signature: _____

Signature of Individual

Print Name: _____

Print Name of Individual -or- Principal of Corporation

Agent Name: _____

SSN / FEIN: _____

Fair Credit Reporting Act

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointment process, each company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living, from First Advantage or another consumer reporting agency. First Advantage Background Services Corp. Consumer Center is located at P.O. Box 105292, Atlanta, GA 30348 or by calling 1-800-845-6004. You have the right to request, in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Also, each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates, unless you send a written request to the below-described address directing that this information not be disclosed or shared with affiliates.

Send your request to:
Licensing and Contracting Department
P.O. Box 9978
Amarillo, TX 79105-5978

Additional State Law Notices

California: Under section 1789.22 of the California Civil Code, you may view the file maintained on you by First Advantage upon submitting proper identification during normal business hours. You may obtain a copy of this file upon paying the duplication costs. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. You may also submit a written request by certified mail, along with proper identification, for a copy of this file. You may in the written request ask for the information to be provided by telephone, provided that you pay the costs associated with the telephone call.

Minnesota: You have the right in most circumstances to submit a written request to the Consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

New York: If you contact the consumer reporting agency listed above, you have the right to know if the Company ordered a consumer report about you. You also have the right to contact the consumer reporting agency to inspect or receive a copy of any such report.

**Life Insurance
Solicitor Sales Agreement**

**American General Life Insurance Company
The United States Life Insurance Company in the City of New York**

You are requested to make application to the Department of Insurance in the State(s) indicated below, and additional States as may be requested in the future, for appointment or issuance of a life insurance agent or representative's license authorizing me to solicit applications on behalf of the American General Life Insurance Company ("American General") and/or The United States Life Insurance Company in the City of New York, ("US Life", "American General" and "US Life" each referenced individually as the "Insurer"). I _____
(Agent) of Freedom Equity Group (Agency) hereby agree that your consent to the issuance of such license or appointment is subject to, and I hereby agree to be bound by, each of the following conditions:

- (1) That the Insurer has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Insurer, it being expressly understood that I am under direct contract with the Agency who has personally agreed to compensate me for such services; and
- (2) That I have no other contractual relationship with the Insurer and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Insurer; and
- (3) That I shall comply with the rules, regulations, compliance manuals and rate books of the Insurer, the laws of the State(s) in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
- (4) That I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Insurer, in any respect; and
- (5) That I shall promptly remit to the Agency or the Insurer any and all monies or securities received by me on behalf of the Insurer as full or partial payment of first year premiums, or any other item whatsoever; and
- (6) That I shall not obligate the Insurer nor incur expense in it behalf in any manner whatsoever; and
- (7) That the Insurer may, without liability to me whatsoever, upon request of the Agency or upon its own initiative, terminate my appointment or license at any time.

IN WITNESS WHEREOF, I have affixed my signature this date _____ 20_____

I request a Life Insurance License for the State(s) of _____

Applicant's Name (Print)

Signature of Applicant

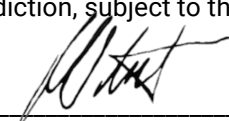
Birthdate _____

Social Security # _____

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my Agency Agreement with the Insurer and this Agreement.

Freedom Equity Group

Recruiting Agency Name (Print)



Signature of Recruiting Agency

The Agency Code # is 528779/0BGH6

Date _____

This contract has been assigned # _____ by American General Life Insurance Company and/or The United States Life Insurance Company in the City of New York.

American General Life Insurance Company

**The United States Life Insurance Company in the City of
New York**

Authorized Signature

Authorized Signature