

AIG Life Brokerage Contracting Instructions

Some of these forms will be used for some situations and not for others. Please follow the instructions below that pertain to your situation, and remember, "required" means that the forms must be submitted for your contract to be processed.

Individual Contract – a contract in which commissions get paid directly to an agent.

- Fill out and sign the "American General Life Brokerage Group Appointment Application" (Form# AGLB 1058-Rev1206) (Required)
- Fill out and sign the "Agency Agreement" (Form# AGLB 1056-1105) Sign as individual and input SSN (Required)
- Fill out and sign W-9 Form (Required)
- Current Errors & Omissions Insurance (Required) (Please provide Declaration Page)
- Fill out and sign 1 EFT Authorization (Form# L1341 Rev 0505) (Optional)
- Send in a copy of individual license – for all states submitting business (Required)
- ***NOTICE: ALL AGENTS MUST TAKE AND PASS ANTI-MONEY LAUNDERING TRAINING PRIOR TO SUBMITTING CONTRACTING FORMS.***

Corporate Contract- a contract in which all commissions get paid to the company and the company distributes commissions within.

- Fill out and sign the "American General Life Brokerage Group Appointment Application" (Form# AGLB 1058-Rev1206) (Required)
- Fill out and sign the "Agency Agreement" (Form# AGLB 1056-1105) Sign as Corporation and input Corporate Tax ID # (Required)
- Fill out and sign W-9 Form (Required)
- Current Errors & Omissions Insurance (Required) (Please provide Declaration Page)
- Fill out and sign 1 EFT Authorization (Form# L1341 Rev 0505) (Optional)
- Send in a copy of individual and corporate licenses – for all states submitting business (Required)
- ***NOTICE: ALL AGENTS MUST TAKE AND PASS ANTI-MONEY LAUNDERING TRAINING PRIOR TO SUBMITTING CONTRACTING FORMS.***

Licensed Only Contract – a contract in which the corporation receives all the commissions and credits from every sale. The agent will not be paid by the home office.

- Please call AIP to find out which forms are needed and how to complete them.

Transfers – True transfers are processed only if agent has a written release from existing marketing organization, otherwise agent is processed as a dual contract. Agents complete the Contract Change Form (see attached) and submit to their recruiter. Agent's commissions remain the same as existing contract for a period of 90 days. Agents are issued a new code # under their new IMO.

Please forward all necessary forms to:

Harbor Insurance Marketing, Inc.
Post Office Box 422 – Brownsburg, IN 46112
Toll Free (866) 424-2167 – Fax (866) 853-1086
jashley@harborins.com - www.harborins.com
James E. Ashley – President
CA License # 0C92568

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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. Complete ONLY when address used is NOT the above business address

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

All Home Office Mail and other Communication will be directed to **other than the above**. Please direct to:

Agency Name: _____ Agency Code Number: _____

Business Address: _____ Commission Address: _____

City State ZIP 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.

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:

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 American General Life Insurance Company (AGL) variable universal life products. These firms are referred to by AGL as Independent Wholesalers (IW). In order for you to sell AGL's variable universal life insurance products through an IW, an IW agreement must be in place with the BGA/IMO and your broker-dealer must be informed, pursuant to NASD Rule 3030, of your IW election. Additionally, this IW Election Form must be submitted to AIG Life Brokerage, which documents your IW election. If you wish to obtain support through an IW, please indicate your election below.

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

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Part 6 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 INFORMATION

Please provide complete details for any "yes" answers in the Remarks section. Attach additional documentation as necessary.

- 1. Have you ever been convicted of or plead guilty or no contest to:
 - a. Any Felony? Yes No
 - b. Any 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

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

REMARKS SECTION: Details of "yes"

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Part 7 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.

By signing the authorization, I certify that my E&O policy extends coverage to the person or entity requesting contracting and appointment. I agree to provide a copy of the E&O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my American General Life or affiliated company contract is active. 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.

Date: _____ / _____ / _____ Signature: _____
 Signature of Individual -or- Principal of Corporation

Part 8 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: _____ Agent/Agency Code # _____
 Print Name of Recruiter Required

Part 9 Home Office Section

Signature: _____ Date: _____ / _____ / _____
 (Additional signatures, if required, RVP)
 Print Name: _____ Regional Code Number _____
 Home Office Approval: _____ Date: _____ / _____ / _____
 (If required)

Remove and leave Part 10 with applicant.

Part 10 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.



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Part 11 Upline Data - To be completed by individual recruiting applicant.

Applicant Name: _____ Applicant Social Security Number: _____
Please Print

Direct Upline Name: _____ Agency Code Number: _____
Please Print

Part 12 AGL Commission Section - Must be completed.

Contract Level Requested [] IMO/BGA [] MGA [] MGA 1 [] GA [] GA 1 [] GA 2 [] Agent/Producer

Commission Level for American General Life

Life Products: First Year Level: _____ If First Year is selected, Renewal Level must also be indicated.
Renewal Level _____
(HO Approval) Productivity Bonus Level _____

Specialty Products: First Year/Renewal Level _____
(Street Max = J)

AGL Annuity Deferred & Immediate: First Year/Renewal Level _____

A & H: First Year Level _____ If First Year is selected, Renewal Level must also be indicated.
Renewal Level _____

[] United States Life - Please attach appropriate signed Commission Schedules & Contract

Contract Level Requested: [] GA [] GA1 [] GA2 [] Producer

GA1: Override _____% GA2: ERA _____%
ERA _____%

PLEASE NOTE: Commission level changes will affect policies with an application-signed date later than the effective date of the commission change.

Mail Commission Statements to: [] GA [] GA1 [] GA2 [] Producer

Part 13 Additional Forms Section

Annualization: Please attach annualization form when requesting annualization. (Available on a limited basis.)

Electronic Funds Transfer (EFT) Please attach EFT form and a copy of a voided check when requesting to receive commissions electronically.

Appointment, Bonus and Annualization require Home Office Approval.

AGENCY AGREEMENT

Each life insurance company's products are separately underwritten and independently supported by the representative company. The below 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

American General Life Insurance Company, Houston, TX

AGLB1056-1105

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WE KNOW LIFE.®

AIG AMERICAN
GENERAL

AIG Life Brokerage



American General Life Insurance Company

A member company of American International Group, Inc.

Midwest Operations Center: P.O. Box 401, Milwaukee, WI 53201-0401

Please be advised this form cannot be processed unless all sections are completed per the instructions below.

Agent Codes #1 _____ #2 _____ #3 _____	Tax Identification Number (TIN)	Corporation Name	Transaction Type <input type="checkbox"/> Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel
	Social Security Number	Agent Name	

Financial Institution			Phone	
Address		City	State	Zip
Bank Identification Number <i>*Cannot begin with the number 5</i>		Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a VOIDED CHECK</i>

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

INSTRUCTIONS: Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent 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: 1-800-337-0961 or MAIL: Midwest Operations Center, Attn: Compensation Department 750 West Virginia St., P.O. Box 401, Milwaukee, WI 53201-0401 If you have any questions please call 1-888-653-5463 Hunt Group 3003 Not for use by Policy Holder



**AMERICAN
GENERAL**



American General Life Insurance Company

Member of American International Group, Inc

P.O. Box 401 • Milwaukee, WI 53201-0401

75% ANNUALIZATION

This supplement is made, entered into, and effective the date hereinafter specified by and between American General Life Company, a Texas insurance corporation (hereinafter called the Company) and the Representative signing this agreement (hereinafter called the Representative).

It is agreed by and between the parties as follows:

1. This supplement shall be an endorsement to the Application to Represent entered into between the Representative and the Company.
2. This supplement supersedes and cancels all previous annualization agreements.
3. The Company will prepay seventy-five percent (75%) of first year commissions due on life policies, issued within two years from the effective date of this supplement. The twenty-five percent (25%) remaining first year commission will be paid on an earned basis upon receipt of the tenth month premium.
4. Annualization is available on individual life insurance, excluding annuities, single premium life insurance, controlled business (all family members and business partners) and additional deposits received in conjunction with the sale of individual life insurance and annuity policies (hereinafter called "New Business"), payable on premiums paid under a monthly preauthorized check plan, a monthly salary savings plan or monthly government allotment modes of payment. All advances will be made upon full payment of the first modal premium and the cash payment of said advance will become a loan to the Representative to the extent of the amount advanced.
5. Annualization on Universal Life policies is limited to seventy-five percent (75%) of the amount collected, but will in no event exceed seventy-five percent (75%) of the Benchmark premium. The twenty-five percent (25%) remaining first year commission will be paid on an earned basis upon receipt of the tenth month premium.
6. List Bill premiums are not eligible for annualization.
7. Prepayment is limited to \$2,500 for any one case and limited to \$25,000 on any such business issued and paid in any calendar month.
8. It is understood that any prepayment of monies or commissions advanced shall create indebtedness to the Company. If payment in full is demanded, or if a repayment schedule is implemented under any provision above, the undersigned agrees to pay interest on the unpaid balance of the loan at a rate of prime +2% annually, calculated from the date the loan was originally made to the date the loan is finally repaid.
9. If repayment is not made as provided above, the Representative authorizes any attorney of any court of record in the United States to appear and confess judgment against said Representative in favor of the company for the unpaid balance due under this loan agreement, including interest, costs and attorney's fees.
10. The Representative specifically recognizes that the confession of judgement provision in the above paragraph will constitute an assignment against his personal assets and earnings from any source whatsoever.
11. The Company shall have the right with or without cause to terminate this supplement at any time by written notice to the last known address of the Representative. Should this supplement or the agreement to which it is endorsed be cancelled, then an amount equal to any and all unearned prepaid commissions will be immediately, and on demand, payable to the Company.
12. Only policies paid after the date of Home Office approval of this annualization supplement are eligible for annualization payments.
13. The Representative, by this agreement, agrees that the Company shall have first lien on the Representative's commission account and that the Company has prior right and offset to the extent of any and all unearned prepaid commissions.
14. The Company retains the right to modify this supplement from time to time and both the Representative and the sponsor agree to comply with the modifications.
15. Termination of this supplement does not of itself terminate the agreement to which it is a supplement. However, termination of the agreement terminates this annualization supplement and notice is specifically not required.
16. This supplement replaces the vesting provisions of the agreement to which it is a supplement. The new vesting provisions are as follows:
 - (A) If the agreement is terminated by death, and subject to the provisions and rules of the Company, all first year and renewal commissions shall be paid as they accrue.
 - (B) All such payments shall be made to the surviving spouse, and at the date of death of the surviving spouse, to the estate of said spouse. If the Representative dies leaving no surviving spouse, such monies will be paid to the estate of the Representative; provided, however, that if the application to represent was signed as a corporation or a partnership, then all such payments will be paid to said corporation or partnership.
 - (C) If this supplement, or the agreement to which it is a supplement, shall be terminated for any reason other than death of the Representative, then continuation of first year and renewal commissions shall depend upon in force policy count.

(D) If, at the end of the 13th and 25th month, and in accordance with the in force policy count schedule outlined below, and beginning with the first day of the month following termination of this supplement, the Representative's in force policy count, including those policies produced by any producer appointed by the Representative, falls below the percentage of in force policies required by the in force policy count schedule, then the balance of any first year commissions and any and all renewal commissions will forever cease

In Force Policy Count Schedule

End of Month Following Termination	Percent of In Force Policies Required
13th	85%
25th	75%

- 17. To qualify for and to maintain the Supplement for Prepayment of Commissions, the Representative commits to the Company at least \$5,000 of paid annualized premium each year on a monthly pro rata basis. If the Representative does not perform to the above production commitment, the Company may choose to exercise its right to terminate this supplement
- 18. Should, at the option of the Company, annualization be renewed for any subsequent 24 month period, an annualization fee equal to 2.5% of the first year paid annualized premium will be automatically deducted from your commission statements.

- 19. Those policies on which the Company receives insufficient payment and reissued policies are not eligible for annualization and any commissions will be credited on an earned basis. Policies on direct payment mode are not eligible for annualization.
- 20. The undersigned hereby authorizes the Company to conduct an investigation concerning character, credit, reputation and personal traits and releases those contacted and the Company from any liability with respect to the content of the information provided and any resulting action by the Company including the sharing of such information or the termination of this annualization agreement
- 21. This agreement shall not be effective until it is approved, signed and dated in the Home Office.

Dated and Approved at Milwaukee, Wisconsin, this _____ day of _____,

American General Life Companies

_____	_____	Code # _____
Regional Vice President	Representative	
_____	_____	
Senior Marketing Officer	Print Name of Representative	
_____	_____	Code # _____
President	Sponsor	

The bottom portion of this Agreement will be returned to inform you of the effective date of this Agreement.

Sponsored by _____
 A 75% Annualization Agreement for Representative _____
 has been approved effective _____ Policies issued after this date shall be eligible for annualization payments.