

American General

New Agent Name: _____

States to be appointed in: _____

Anti-Money Laundering Training Requirements:

- AML training was completed through LIMRA on ____/____/____
- AML training was completed through an independent program, completion certificate to be attached

Appointment Requirements:

- Fully complete and sign Appointment Application
- Review and sign Form W-9
- Fully complete and sign Agency Agreement
- Review and sign Annualization Agreement as “Representative”
- If requesting direct deposit, complete and sign EFT form and attach a copy of a VOID check from the account to receive the deposits
- Current copy of Resident State Life License
- Current copy of E&O certificate

Pre-appointment state: GA

Send all of the above information together in one fax to 800-448-9356

~OR~

one file via email to holly@ogletreefinancial.com

Ogletree Financial Services, LLC
1505 Montrose Road
Auburn, Alabama 36830
Phone ~ 1-800-466-8186
Fax ~ 1-800-448-9356
www.ogletreefinancial.com



Check Appropriate Channel: IAG (Independent Agency Group) LBG (Life Brokerage Group)

Individual

Corporation

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

 Business Address: _____

 Phone Number: _____
 Business Number: _____
 Fax Number: _____
 Email Address: _____
 I am an officer of the Corporation.

TIN: _____
 Corporate Name: _____
 Corporate Address: _____

 Phone Number: _____
 Fax Number: _____
 Email Address: _____
 Additional authorized signers for the corporation:

Background Information Required on All Applicants

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever 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 been declared bankrupt or been party to a bankruptcy or receivership proceeding, or 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, or broker-dealer 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 or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer? | <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"/> |
| 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: Details of "yes" answers above. Provide date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.

Licensing and State Appointment Request

Please provide appropriate fees for nonresident appointments.

In which states do you want to be appointed? _____

Variable Licensing – Complete ONLY when variable appointment is requested

Who is your Broker/Dealer? _____ CRD Number: _____

Check one:

I would like to utilize the support services of my intermediary (IW) to service my VUL sales. _____
(IW name/code number)

I do not plan to use the support services of my intermediary for VUL sales.

*An intermediary is an agency or organization that may provide you with one or more of the following: new business application processing, sales support, or other services. American General Life Companies, LLC refers to these intermediaries as 'IMO's', 'MGA's' or 'agencies'. If you currently work with an intermediary for fixed business, this organization may provide similar support for variable sales. When an intermediary is contracted by American General Life Companies, LLC to support sales of variable universal life products, it is referred to as an Independent Wholesaler.

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

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.

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 the American General Life Companies, LLC (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, NIPR/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 the American General Life Companies, LLC 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 the American General Life Companies, LLC, I am required to complete an approved AML training course available online through LIMRA.

Date: _____ Signature: ****** _____
Signature of Individual

Print Name: _____
Print Name of Individual –or– Principal of Corporation

**Recruiter Section – UPLINE ONLY
CHOOSE ONLY ONE BOX.**

Primary mailing and commission address: (Commission checks are made payable to the agent, unless an Assignment of Commissions form is submitted)

- Use primary mailing address, phone contact, e-mail and faxes as given on page 1. (Corporate address if completed)
- Use information provided below:

<p>Mail and other communication:</p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>	<p>Commission Information Only:</p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p>
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- Contract Level Requested: Life Sales/Solicitor Agent/Producer GA 2 GA 1 GA
- Associate GA (IAG only) MGA 1 (LBG only) MGA IMO

Direct Upline Agent Code: 3MT10 (TIN if pending)

Independent Wholesaler (IW) Code: _____ (if applicable)

Commission Level for American General Life – Must be Completed

Life Products: First Year Level (Required) B Renewal Level (Required) _____

Specialty Products: First Year/Renewal Level _____

AGL Annuity: First Year/Renewal Level _____

A & H: First Year Level _____ Renewal Level _____

(HO Approval) Productivity Bonus Level _____

____ USL: (Signed USL contract(s) must accompany packet.) USL Recruiter/Upline Number: _____

Will any New Business be submitted within the next 30 days? Y / N (circle one)

Policy Number: _____ Proposed Insured Name: _____

Signature of Recruiter

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

Signature: *Douglas B Mitchell* Date: _____

Signature of Recruiter

Print Name: Douglas B Mitchell Agent/Agency Code # 3MT10

Print name of Recruiter (Required)



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 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 is located at P.O. Box 3367, Seminole, FL 33775 or by calling 1-800-321-4473. 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 Street
Milwaukee, WI 53204

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.

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.

New York: You have the right, upon request, to be informed of whether or not a consumer report was requested.



American General Life Insurance Company

A member company of American International Group, Inc.

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

Agent Code No. _____

FOR VALUE RECEIVED, the undersigned hereby transfers, sets over and assigns unto _____

_____ (TAX ID & SS# _____)
(an individual), (a corporation), (a partnership), (a sole proprietorship)

of _____(address)

an amount equal to _____ percent of any and all commissions, renewal commissions, allowances and fees which may hereafter accrue in favor of the undersigned by virtue of the agency contract now in force between the undersigned and American General Life Insurance Company, it being understood and agreed that this assignment shall be subject to any present indebtedness or any which may hereafter accrue to be due and owing American General Life Insurance Company.

The undersigned hereby represents and warrants that said commissions and allowances are not now assigned, and the undersigned hereby will forever warrant and defend his right to receive the same, this instrument to remain in full force and effect until same is released by the assignee by an instrument in writing furnished said Insurance Company.

The undersigned hereby authorizes and directs said Insurance Company to pay over any such commissions and allowances to said assignee, subject to the conditions hereof, and it is agreed that any payment so made will be a full and complete discharge of said Insurance Company's obligation to the extent of any payment so made.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal at _____

_____, this _____ day of _____, 20 _____.

By: _____
Signature of Assignor

Received and replaced on file this _____ day of _____, 20 _____.

AMERICAN GENERAL LIFE INSURANCE COMPANY

By: _____
President & CEO

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

A division of the American International Companies.®

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 Life Insurance Company

Member of American International Group, Inc.

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

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

* Prepayments/Advancements are limited to \$2,500 for any one case and limited to \$25,000 on any such business issued and paid in any one calendar month.

**

_____	Regional Vice President	_____	Representative	Code # _____
_____	Senior Marketing Officer	_____	Print Name of Representative	
_____	President	<i>Ray Michael</i>	Sponsor	Code # _____

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.



Distributing products issued by:
American General Life Insurance Company
A member of American International Group, Inc.

LIFE PORTFOLIO FIRST YEAR COMMISSIONS SCHEDULE B

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.

LEVEL TERM PRODUCTS	FIRST-YEAR COMMISSIONS
American General Life ⁽¹⁾	B
Select-A-Term 31-35 yr ⁽²⁾ (Policy Form 07007, 07007N)	100
Select-A-Term 20-30 yr ⁽²⁾	95
Select-A-Term 19 yr ⁽²⁾	93
Select-A-Term 18 yr ⁽²⁾	91
Select-A-Term 17 yr ⁽²⁾	89
Select-A-Term 16 yr ⁽²⁾	87
Select-A-Term 15 yr ⁽²⁾	85
Select-A-Term 12 yr ⁽²⁾	75
Select-A-Term 10 yr ⁽²⁾	65
ROP Term 30, 20, 15 yr (Policy Form 06001)	87
LTG Ultra 30 yr ⁽²⁾⁽³⁾ (Policy Form LTG2000AG, RTG2001E)	95
LTG Ultra 20 yr ⁽²⁾⁽³⁾	95
LTG Ultra 15 yr ⁽²⁾⁽³⁾	85
LTG Ultra 10 yr ⁽²⁾⁽³⁾	65
LTG Ultra-C 30 yr (Policy Form 06004)	90
LTG Ultra-C 20 yr	90
LTG Ultra-C 15 yr	80
LTG Ultra-C 10 yr	60

UNIVERSAL LIFE PRODUCTS	FIRST-YEAR COMMISSIONS
American General Life ⁽¹⁾	B
AIG Survivor ContinUL ⁽⁴⁾ (Policy Form 07106) <i>Eft. March 2008</i>	75
ContinUL Extend ⁽⁴⁾ (Policy Form 05337, 05337UN)	75
Elite UL ⁽⁴⁾ (Policy Form 02327, 02327N, 02327UN)	75
Elite UL G ⁽⁴⁾ (Policy Form 07328)	75
Elite Survivor ⁽⁴⁾ (Policy Form 02108)	65
Elite Survivor G ⁽⁴⁾ (Policy Form 02109)	65
Platinum Provider Ultra (Policy Form 03325)	75
Platinum Accumulator ⁽⁵⁾ (Policy Form 95330)	65
Platinum Survivor Ultra ⁽⁶⁾ (Policy Form 00106)	65
Platinum Protector Survivor G (Policy Form 03335)	65

INDEXED UNIVERSAL LIFE PRODUCTS	FIRST-YEAR COMMISSIONS
American General Life ⁽¹⁾	B
Elite Indexed UL ⁽⁴⁾ (Policy Form 04330, 03330N)	75
Platinum Provider Ultra 500 (Policy Form 00326)	75
Platinum Survivor Ultra 500 ⁽⁶⁾ (Policy Form 00107)	65

(1) AGL pays no commissions on aviation extra premiums or any temporary extra premiums of 7 years or less.

For table ratings above Table 6, first-year commissions are paid on the bases of Table 6 premiums.

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

(3) Only available in states where the Select-A-Term is not approved.

(4) Two year rolling target on first-year base commission

(5) First-year commission reduced by 1% for each issue age above age 65.

(6) Substandard and flat extra max. commission payable is based on one standard issued and one table 6 insured.

For VUL compensation, consult your Broker-Dealer

Annuities, A&H and products on Specialty Schedules have separate compensation schedules; consult your regional office.