

Selling Agreement for



Required Paperwork*:

1. Complete the following (6) pages
2. Copy of Insurance License
3. Commission Advancement Application (available upon request)
4. Copy of E&O Insurance
(if your E&O is in the agency name we must have a letter from the E&O carrier stating you are covered)
5. Anti-Money Laundering Training Requirements*
 - AML training was completed via LIMRA on ___/___/___ : or,
 - AML training was completed via an independent program (completion certificate attached).
 - I understand that once my contract has been processed by the home office I will also be required to complete the carrier specific training on the LIMRA website.

*If you have not met your AML training requirement or need to complete the carrier specific training, please visit sunderlandgroup.com for the LIMRA training link.

Remit Paperwork to:



Fax: 800.293.9897
E-mail: licensing@sunderlandgroup.com
Mail: 2102 Great Northern Drive
Fargo, ND 58102

Questions Call
800.373.9807

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

Individual

Corporation

SSN: _____

TIN: _____

Applicant Name: _____

Corporate Name: _____

Date of Birth: _____ Sex: Male Female

Resident Address: _____

Corporate Address: _____

Business Address: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Business Number: _____

Email Address: _____

Fax Number: _____

Email Address: _____

Additional authorized signers for the corporation:

I am an officer of 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

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.

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

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.

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

AGLB1056-0904

A division of the American International Companies.®



**AMERICAN
GENERAL**

**Direct Deposit Authorization
AIG Life Brokerage Group**

American General Life Insurance Company

Member of American International Group, Inc.
Midwest Operations Center
750 West Virginia St. • P.O. Box 401
Milwaukee, WI 53201-0401

1

Name	Last	First	MI	Code #1 _____	Social Security/Tax ID No
				#2 _____	
				#3 _____	
If commissions are currently assigned, Name of Payee					Transaction Type
					Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel <input type="checkbox"/>

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
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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: 1-866-826-5961 or **MAIL: Midwest Operations Center**
PHONE: 1-888-653-5463 **750 West Virginia St. PO Box 401**
 Milwaukee, WI 53201-0401

Section 4 Compensation Department Use Only	Verified by : _____
	Date: _____

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.)	
City, state, and ZIP code		
Requester's name and address (optional)		
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.