

# AIG Life Brokerage



New Agent Name: \_\_\_\_\_ 

States to be appointed in: \_\_\_\_\_  
*(Attach license copies)*

### Anti-Money Laundering Training Requirements:

- AML training was completed through LIMRA on \_\_\_\_/\_\_\_\_/\_\_\_\_
- AML training was completed through an independent program, completion certificate is attached  
*(If you have not met your AML training requirement, please visit our website and follow the link for training through LIMRA)*

### Appointment Requirements:

- Complete and sign Appointment Application
- Review and sign Form W-9
- Complete and sign Agency Agreement
- Review and sign Annualization Agreement as "Representative"
- If Requesting Direct Deposit, complete and sign EFT Form and attach VOID check copy
- Attach current copy of Resident State Life License
- REQUIRED:** Attach current E&O Coverage Certificate

**Pre-Appointment states: GA only**

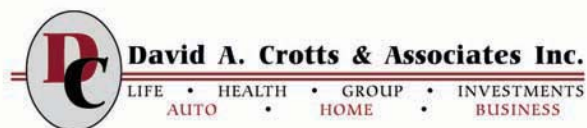
### Please return to:

David A. Crofts & Associates, Inc.  
422 Montague Avenue, Suite #7  
Greenwood, SC 29649  
800-803-7873  
864-223-8788  
864-229-7392 (Fax)

### Commision Schedule:

105%	20 & 30 Term
95%	15 Term
75%	10 Term

<b>Office Use Only:</b> Rep: _____	Comp/Prod Cmt Level: _____	Upline: _____	Processor: _____
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE**

OAKTREE Life & Annuity Brokerage may request a consumer report or investigative consumer report about yourself from a consumer reporting agency as part of its procedure for processing your Application for Appointment Agreement. A consumer report may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. An investigative consumer report may contain information regarding your character, general reputation, personal characteristics or mode of living. Information for an investigative consumer report may be obtained through personal interviews with your neighbors, friends and associates or with others with whom you are acquainted or who may have knowledge of such information. You have the right, within a reasonable period of time after submitting your Application for Appointment Agreement, to make a written request for a complete and accurate disclosure of the nature and scope of an investigative consumer report that OAKTREE Life & Annuity Brokerage may have requested about yourself. Send your written request for such a disclosure to 4227 Lafayette Center DR. Ste A, Chantilly, VA 20151.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize OAKTREE Life & Annuity Brokerage to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having any information about myself – including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living – to release such information to OAKTREE Life & Annuity Brokerage or any consumer reporting agency that is preparing a consumer report or investigative consumer report about myself for OAKTREE Life & Annuity Brokerage.

**I HAVE READ AND UNDERSTAND THE FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.**

**I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.**

SIGN HERE

PRINT HERE

X \_\_\_\_\_ / / \_\_\_\_\_  
Signature of Applicant Date signed Print Applicant's name as signed

**ANY DEBT INCURRED BY AGENT AND NOT PAID WILL RESULT IN A 1099 TO THE AGENT FOR THE DEBT AMOUNT.**

**FOR OFFICE USE ONLY**

CC: \_\_\_/\_\_\_/\_\_\_ Score: \_\_\_\_\_ J: \_\_\_\_\_ B: \_\_\_\_\_

VC: \_\_\_/\_\_\_/\_\_\_ Amount: \_\_\_\_\_ Company: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Approved For:  Ann  Contract Only

**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*

**SIGN HERE**

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><b>Mail and other communication:</b></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><b>Commission Information Only:</b></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: \_\_\_\_\_ (TIN if pending)  
 Independent Wholesaler (IW) Code: \_\_\_\_\_ (if applicable)

**Commission Level for American General Life – Must be Completed**

Life Products:    First Year Level (Required) \_\_\_\_\_ 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: \_\_\_\_\_  \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Recruiter*

Print Name: \_\_\_\_\_ **David A. Crotts, Jr.** \_\_\_\_\_ Agent/Agency Code # **3XY96** \_\_\_\_\_  
*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.

## 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

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### **Schedules**

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## **RECITALS**

Representative (“REPRESENTATIVE”) has executed an Appointment Application requesting appointments with one or more life insurance subsidiaries of American International Group, Inc.

The Appointment Application designates one of the life insurers as a Primary Appointing Company (the “Primary Company”).

This Agreement together with the Appointment Application and Commission Schedules for each separate life insurer that appoints REPRESENTATIVE comprise the REPRESENTATIVE’s contract with each of the insurers that appoints REPRESENTATIVE.

Execution of this Agreement by the Primary Company and the REPRESENTATIVE evidences their Agreement to transact business in accordance with the terms and conditions set forth in this Agreement.

If REPRESENTATIVE requested appointment with one or more affiliates of the Primary Company in the Appointment Application, or a subsequent amendment to that form, REPRESENTATIVE’s execution of this Agreement evidences REPRESENTATIVE’s Agreement to transact business with each affiliated insurer in accordance with the terms and conditions set forth in this Agreement. Each affiliated insurer that appoints REPRESENTATIVE and sends a company commission schedule to REPRESENTATIVE has agreed to transact business with REPRESENTATIVE according to the terms and conditions of this Agreement.

## **DEFINITIONS**

- A. Primary Company – the Primary Company is designated in the Appointment Application as the Primary Company. The Primary Company’s responsibilities include executing the REPRESENTATIVE Agreement, performing background checks and providing convention credits and other sales incentives, if any, to REPRESENTATIVE.
- B. Affiliated Company – the Affiliated Company(ies) is any other life insurance subsidiary of American International Group, Inc. that is identified in the Appointment Application, appoints REPRESENTATIVE and provides a company commission schedule as evidence of its Agreement to transact business with REPRESENTATIVE according to the terms of this Agreement.
- C. Insurer – the term Insurer as used in this Agreement refers to each of the life insurance companies that appoints REPRESENTATIVE, including the Primary Company.
- D. Jurisdiction – Eligibility for, or receipt of, override compensation on another Representative’s business.
- E. Nonpublic Personal Information: “Nonpublic Personal Information” of customers or consumers (“NPI”) includes, but is not limited to, names, addresses, account balances, account numbers, account activity, social security numbers, taxpayer identification numbers, and sensitive financial and health information. NPI includes information on each party’s forms or in a database of any kind, information created by each party, information collected by or on behalf of a party, and personally identifiable information derived from NPI. Reference to NPI of Company or REPRESENTATIVE shall include NPI collected by or on behalf of American International Group, Inc., its successors, subsidiaries, affiliates agents or contractors. There may be instances where each party will have the same NPI which may be subject to different privacy policies and procedures according to the notices provided to the customer or consumer by the respective parties to the Agreement.
- F. Protected Health Information: The terms “Protected Health Information” and “PHI” shall have the meaning set forth in 45 C.F.R. Sec. 164.501 as may be amended. Other terms shall have the same meanings as set forth in the applicable definition of the Health Insurance Portability and Accessibility Act (HIPAA), as amended, Privacy Rule or other regulations.

## **I. AUTHORIZED ACTS**

- A. The REPRESENTATIVE is authorized to conduct Insurer’s business for the Insurer’s products covering such classes of risks as the Insurer may authorize and in those states where the product is approved and REPRESENTATIVE is licensed and appointed as required by state law. If REPRESENTATIVE is a corporation, then the principal(s) of such corporation must also be licensed individually, if required pursuant to appropriate state law.
- B. The REPRESENTATIVE is authorized to collect and promptly remit to the Insurer the first premium on business produced by the REPRESENTATIVE in accordance with the Insurer’s rules and regulations.
- C. The REPRESENTATIVE will promptly deliver issued policies in accordance with Insurer’s policies and procedures.
- D. All monies, settlements, or documents received by the REPRESENTATIVE for, or on behalf of, the Insurer shall be received by the REPRESENTATIVE in a fiduciary capacity and immediately paid over or delivered to the Insurer, except as may be otherwise directed in writing by the Insurer.

## **II. LIMITATION OF AUTHORITY**

The REPRESENTATIVE is without authority to perform any act or thing other than that expressly granted in this Agreement and expressly agrees not to perform any of the following acts:

1. Make, modify, alter or discharge any policy.
2. Extend the time payment of any premium.
3. Waive any forfeiture.
4. Guarantee dividends or interest rates.
5. Incur any debt or liability in the name of the Insurer.
6. Withhold, commingle or convert to the use of the REPRESENTATIVE or the benefit of others, any monies, securities, policies or receipts belonging to the Insurer, the applicant, or the insured, or fail to promptly submit to the Insurer any applications for policies.
7. Accept or deposit any check or draft for premiums made payable to other than the Insurer.
8. Unless in the best interest of the policyowner, directly or indirectly induce or attempt to induce any policyowners of Insurer to relinquish, surrender, replace or lapse their policies.

## **III. ADVERTISING / USE OF LOGO**

REPRESENTATIVE may, at REPRESENTATIVE's expense, advertise Insurer's products, provided the text of all advertising, including any form of sales/promotional material such as, but not limited to business cards, stationery or other indications of agency under this Agreement and including the use of the names "American International Group, Inc.," "AIG," "American General," their logos or the name of any insurer is approved in writing by the company before use.

## **IV. RELATIONSHIP**

The relationship between the Insurer and the REPRESENTATIVE shall be that of principal and independent contractor, and nothing contained herein shall be construed as creating the relationship of employer and employee for any purpose, including tax purposes. REPRESENTATIVE agrees to be responsible for all taxes as a self-employed independent contractor. The REPRESENTATIVE shall be free to exercise independent judgment as to the time and manner in which the REPRESENTATIVE shall perform the services authorized under this Agreement. Any material supplied by the Insurer is for the purpose of supporting the activities of the REPRESENTATIVE.

## **V. COMPENSATION**

- A. Subject to the provisions hereof and the rules of the Insurer, the full compensation of the REPRESENTATIVE shall be payable at the applicable rate set forth in the Schedule of Commission in effect at the date the first full premium is received by the Insurer, which Schedule of Commission and all amendments, supplements and replacements thereof and thereto are hereby made a part of this Agreement.
- B. Commission is subject to change at any time by written notice by the Insurer to the REPRESENTATIVE, but no such change shall affect commissions on any policy issued prior to the effective date of such change.
- C. If commission rates are not now shown in the Schedule of Commission, including conversions, replacements or, the exercise of re-entry provisions or, if special premium rate quotations are made, commission rates shall be such as may be fixed by the Insurer as of the time when issue is effective in accordance with rates and practices of the Insurer then in effect.
- D. In the event any policy on which the REPRESENTATIVE is entitled to commissions shall lapse because of nonpayment of premium and shall be replaced or reinstated, any commissions on the new or reinstated policy shall be payable only at the sole discretion of the Insurer.
- E. To be entitled to commissions, if any, the REPRESENTATIVE's name or the name of another Representative under your Jurisdiction must appear as soliciting agent on the application for insurance. Disputes respecting commissions shall be subject to decision and settlement by the Insurer and the Insurer's decision shall be final and binding upon the parties involved.
- F. Whenever, in the judgment of the Insurer, it shall become advisable to recall any policy issued before delivery thereof is made, the REPRESENTATIVE shall promptly refund to the Insurer any commissions received on account of such policy. Whenever, after delivery, the Insurer shall effect or procure the surrender, rescission or cancellation of any policy and refund premiums paid thereon, the Insurer shall have the right to charge back commissions and demand that the REPRESENTATIVE repay such commissions to the Insurer. If the Insurer shall refund or waive the premium or premiums under the provisions of any disability waiver of premium rider, the REPRESENTATIVE shall lose all rights to commission and persistency fees as applied to such refunded or waived premiums, and shall repay any amounts advanced. An Insurer may include in its Commission Schedule, which is incorporated as a part of this Agreement, guidelines describing more specifically the circumstances under which it will charge back commissions on certain products. In the absence of such guidelines, the Insurer's rights shall be as described in this Section V. Compensation.
- G. In the event any policy on which the REPRESENTATIVE is entitled to commissions shall be converted or replaced, any commissions on the new policy shall be subject to adjustment and payable only at the sole discretion of the Insurer.

- H. Except where prohibited by any State, the REPRESENTATIVE is responsible for all license fees, including those of its Representatives. The Insurer's discretion shall govern with respect to whether the Insurer shall charge to the REPRESENTATIVE's commission or other compensation account the cost of obtaining and renewing the REPRESENTATIVE's and its Representatives' license or licenses and/or appointment fees. This practice is subject to change at the discretion of the Insurer.
- I. Policy applications for any Insurer will be issued and commissions paid by the Insurer.

## **VI. VESTING**

- A. As long as this Agreement remains in effect, all first year and renewal commissions shall be paid as they accrue; however, any such payments are subject to the schedule of commissions in effect at the date the first full premium is received by the Insurer, the provisions and rules of the Insurer regarding minimum first year and renewal commissions required to issue a check.
- B. During any consecutive 12-month period following the termination of this Agreement, total renewal commissions are less than the minimum required by the Insurer, vesting automatically terminates and no additional commission payments will be due from the Insurer.
- C. In the event this Agreement is terminated by the death of the REPRESENTATIVE, all first year and renewal commissions shall be paid as they accrue, subject only to the terms and conditions of paragraphs A and B immediately above. In the absence of a properly executed beneficiary designation on file with the insurer, all such payments, if any, shall be made to the surviving spouse and at the 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 REPRESENTATIVE is a corporation or a partnership, all such payments will be paid to said corporation or partnership.

## **VII. GENERAL PROVISIONS**

- A. The Insurer may make such changes and decisions as it deems advisable in the conduct of its business, including the discontinuance of any policy form or the withdrawal from any territory, and the Insurer shall incur no liability to the REPRESENTATIVE by reason of its doing so.
- B. The Insurer shall have the right to test market any of its products on a select basis and at the discretion of the Insurer.
- C. The REPRESENTATIVE shall indemnify and hold the Insurer harmless against or from any and all expense, costs, causes of action, and damages including without limitation, reasonable attorney fees, resulting from or growing out of any unauthorized or negligent act of commission or omission by the REPRESENTATIVE or its employees, directors, officers, or Representatives under its jurisdiction. This provision shall survive termination of this Agreement.
- D. The Insurer shall have a prior right and offset to all commissions and fees payable hereunder toward any indebtedness and/or other obligations due from the REPRESENTATIVE or anyone under the Jurisdiction of the REPRESENTATIVE to any Primary Company and/or Affiliated Company/ies with interest at the legal rate. This prior right and offset shall not be extinguished by the termination of this Agreement. Following the termination of any Representative under the Jurisdiction of the REPRESENTATIVE, should the amount in any commission account of that Representative be insufficient to repay any amount due the Insurer, the debit will become the responsibility of the REPRESENTATIVE, in accordance with the Insurer's then current debit collection procedure.
- E. Neither the Agreement, any duties or delegation under this Agreement, nor the commissions or fees accruing hereunder, nor any interest herein, nor any right or claim created hereby or arising by reason of the REPRESENTATIVE acting hereunder, shall be assignable, except upon the written consent of the Insurer.
- F. Forbearance or failure of the Insurer to insist upon performance of this Agreement or to enforce its rights hereunder, shall not constitute a waiver of its rights or privileges hereunder or of its subsequent right to insist upon such performance.
- G. This Agreement, including the Appointment Application and any Commission Schedule(s) incorporated as part of the Agreement, contains all promises, inducements and representations between the parties. This Agreement supersedes any and all previous Agreements between the parties herein pertaining to the solicitation of the Insurer's products and the payment of monies to the REPRESENTATIVE provided, however, that rights or obligations which have already accrued (and would survive termination) under any previous contract between the Insurer and the REPRESENTATIVE shall not be hereby impaired.
- H. The Insurer reserves the right to decline or modify any application for insurance.
- I. This Agreement shall not be effective until executed by the Primary Company. Once this Agreement is effective with the Primary Company, it may become effective with Affiliated Company(ies) as described herein.

- J. Should the REPRESENTATIVE, at any time, violate any provision of Section II of this Agreement, entitled Limitation of Authority, or commit any fraud upon insurer or its policyholders; have a license as agent or broker revoked for cause after notice and hearing by a state insurance department or otherwise act to prejudice materially the interests of Insurer, the REPRESENTATIVE shall, at the option of the Insurer, forfeit any and all rights to all commissions and monies that the REPRESENTATIVE might otherwise have under this Agreement, vested or not. It is expressly agreed that termination of this Agreement shall not terminate this provision.
- K. The REPRESENTATIVE agrees to maintain complete and accurate records of the marketing and sale of the Insurer's products. The Insurer reserves the right to inspect such records and other documents in each REPRESENTATIVE's files that relate to the marketing, attempted sale or sale of the Insurer's products. If the Insurer chooses to inspect such records, it will endeavor to do so during normal business hours and after giving reasonable notice, unless, in the judgment of the Insurer, unusual circumstances require inspection at other times or inspection without prior notice. This provision shall survive termination of this Agreement for a period of two (2) years.
- L. For as long as this Agreement is in force, the REPRESENTATIVE will maintain Errors and Omissions (E&O) coverage and will provide the Insurer annually proof of such E&O coverage in a manner acceptable to the Insurer.
- M. If the REPRESENTATIVE is served with a regulatory inquiry or legal papers involving Insurer business, the REPRESENTATIVE shall immediately notify the Insurer by sending to that Insurer's Compliance Officer, a copy of the papers, served by overnight delivery, by the end of the business day next following the day of receipt by the REPRESENTATIVE.
- N. The REPRESENTATIVE is responsible for assuring that any Representative under the Jurisdiction of the REPRESENTATIVE: (1) become fully informed as to the provisions and benefits of each product offered by the Insurer for which the Representative conducts Insurer business; (2) represent such products adequately and fairly to prospective purchasers; and (3) act in compliance with the Insurer's policies and procedures as set out in the Customer Service and Compliance Manual, Operations Manual, or otherwise communicated to the REPRESENTATIVE, including, without limitation, those regarding suitability of sales inquiries and compliance with the Insurer's principles and code of ethical market conduct.
- O. When the Insurer assigns to the REPRESENTATIVE any agency not recruited by the REPRESENTATIVE, then the Insurer may reassign that agency to another upline of the Insurer's choice at any time and without the necessity of a release from the REPRESENTATIVE. If the Insurer wishes to remove any agency recruited by the REPRESENTATIVE from the Jurisdiction of the REPRESENTATIVE, the Insurer will negotiate a release; however, such release will not be unreasonably withheld by the REPRESENTATIVE.
- P. REPRESENTATIVE is not entitled to participate in any REPRESENTATIVE benefit programs except those which are provided by the Primary Company. REPRESENTATIVE is not eligible to participate in, or to receive any benefits from, any programs provided by the Affiliate Company/ies.
- Q. Disputes arising under this Agreement shall be subject to the laws of the state where the insurer engaged in the dispute is located.
- R. The area within which the REPRESENTATIVE shall have the right to represent the Insurer is not assigned exclusively to the REPRESENTATIVE.
- S. REPRESENTATIVE agrees to conform to all regulations of the Insurance Department and the insurance laws in the state(s) in which the REPRESENTATIVE is conducting Insurer's business.
- T. REPRESENTATIVE understands and agrees that (i) the Primary Company may amend the Agreement or the Company's policies, rules and procedures, in order to comply with changes in laws or regulations, or, as the Company deems appropriate related to changes in laws or regulations, through communication of any such amendment to REPRESENTATIVE, and (ii) For purposes of any such amendment, communication may include, but not be limited to, posting of amendment information on the Primary Company's websites or other means of making such information known or available to the agent.

### **VIII. TERMINATION**

- A. This Agreement shall automatically terminate upon the death of REPRESENTATIVE if REPRESENTATIVE is an individual or upon dissolution of REPRESENTATIVE if REPRESENTATIVE is a corporation or a partnership.
- B. This Agreement shall terminate upon the revocation or non-renewal of the REPRESENTATIVE's license.
- C. This Agreement may be terminated with or without cause by any Insurer (subject to provisions D and E below) or the REPRESENTATIVE by sending written notice of such termination to the last known address of the other party.

- D. Upon termination, the REPRESENTATIVE shall immediately pay in cash to the Insurer all sums that are due or become due hereunder and shall immediately deliver to the Insurer all materials connected with the business of the Insurer and belonging to the Insurer. Such materials include, but are not limited to, rate cards, letters, records, computer software, general supplies or any and all other indications of agency provided by the Insurer. It is expressly agreed that termination of this Agreement does not release the REPRESENTATIVE from continuing liability to the Insurer for immediate repayment of any and all unearned first year commissions or bonuses.
- E. Termination of this Agreement by the Primary Company terminates all contracts with Affiliated Company/ies without specific notice to the REPRESENTATIVE required by the Insurer. However, any Affiliated Company may terminate its agency relationship with the REPRESENTATIVE, which will not, of itself, terminate the Primary Company agency relationship. Upon termination, the Insurer may assign a servicing agency; however, such assignment will not of itself affect the vesting of existing business.
- F. Termination of this Agreement automatically terminates any previous Agreement to represent the Insurer that terminated the Agreement.

## **IX. AMENDMENT**

This contract cannot be changed by any oral promise or statement and no written modification will bind the Insurer unless approved by the President of the Insurer making the modification.

## **X. PERSONAL GUARANTEE**

Each and every individual who signs this Agreement warrants that they have authority to bind the entity on whose behalf they are signing.

## **XI. EFFECTIVE DATE**

The agreed effective date will be the date that this Agreement to represent is signed and acknowledged by the Primary Company as hereinafter specified.

## **XII. INVESTIGATION NOTICE**

The undersigned hereby authorizes the Primary and Affiliated Company/ies to conduct an investigation concerning character, credit reputation and personal traits and releases those contacted and the Insurer from any liability with respect to the content of the information provided and any resulting action by the Insurer including the sharing of such information or the termination of this Agreement to represent.

## **XIII. FEDERAL CRIME CONTROL ACT**

A. Undersigned warrants it:

1. has not been convicted of any criminal felony involving dishonesty or breach of trust or
2. has obtained written authorization to engage in the business of insurance from the Insurance Department in the state where REPRESENTATIVE resides which REPRESENTATIVE agrees to produce upon Insurer request.

B. The REPRESENTATIVE agrees to update the representations in the Confidential History/Background Information Section of Part 4 of the Appointment Application by notifying the Primary Company in writing within thirty (30) days, if there should be a change in the response to any question in the Information Section of Part 4 of the Appointment Application.

## **XVI. PRIVACY CONTROL & SECURITY**

- A. "Protected Health Information" and "Nonpublic Personal Information" shall be collectively called the "Information" in this Section, XVI, Privacy Control and Security.
- B. All Information which any party obtains as a result of this relationship shall not be collected, or used, disclosed, reused or redisclosed to any third party, except to carry out the purposes for which the information was disclosed. The REPRESENTATIVE shall maintain the confidentiality of Information consistent with the Company's notices of privacy practices, policies and procedures, provided that such use or disclosure would not violate any applicable laws, rules or regulations if done by the Company.
- C. The REPRESENTATIVE shall use commercially reasonable efforts and appropriate safeguards to maintain the integrity, confidentiality, and security of PHI and to prevent the unauthorized use or disclosure of PHI and to

comply with the security standards or the HIPAA security regulations. Upon Company request Agent will provide to the Company access to and documentation regarding any safeguards.

- D. Each party shall be permitted to disclose relevant aspects of the other parties' Information to its officers, agents, subcontractors and employees only to the extent that such disclosure is reasonably necessary for the performance of its duties and obligations under the Agreement; provided that such party shall take all reasonable measures to ensure that the Information of another party is not disclosed or reproduced in contravention of each of the obligations of this Agreement by such party's officers, agents, subcontractors and employees. The obligations of this Agreement are personal to each party.
- E. The REPRESENTATIVE shall report promptly within seven (7) days to the Company's Privacy Officer in writing any use or disclosure of Information that is not permitted by the Agreement or any addendum, of which the REPRESENTATIVE becomes aware. REPRESENTATIVE'S report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what REPRESENTATIVE has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, (v) what corrective action REPRESENTATIVE has taken or shall take to prevent future similar unauthorized use or disclosure, and (vi) any other information as reasonably requested by the Company's Privacy Officer.
- F. The REPRESENTATIVE shall require all of its employees, representatives, subcontractors or agents that receive or have access to Information to agree to adhere to the same restrictions and conditions on the use and/or disclosure of Information that apply herein, including the obligation to return or destroy the Information as provided for below.
- G. The obligations in this Agreement shall not restrict any disclosure by any party pursuant to any applicable state or federal laws, or by request or order of any court or government agency. The REPRESENTATIVE shall immediately notify Company upon receipt by the REPRESENTATIVE of any request from the Department of Health and Human Services for the REPRESENTATIVE'S internal practices, books, and records relating to the use and disclosure of Information.
- H. Within ten (10) days of receiving a written request from Company, the REPRESENTATIVE shall provide to the Company such information as is requested by the Company, if any, to permit the Company to respond to a request by an individual for access to, an amendment of, or an accounting of the disclosures of the individual's PHI in accordance with 45 C.F.R. Secs. 164.524, 164.526, and 164.528. If an individual contacts the REPRESENTATIVE directly about access to, amendment of, or an accounting of disclosures of his/her PHI, the REPRESENTATIVE will forward such request immediately to the Company and not provide such access, amendment, or disclosure. Notwithstanding anything herein to the contrary, REPRESENTATIVE shall make reasonable efforts to cooperate with the Company in responding to any such requests and enabling the Company to comply with federal laws and regulations regarding the timing of response to such requests.
- I. This Section XVI, Privacy Protection and Security, will survive the termination or expiration of this Agreement. Upon termination of the Agreement, the REPRESENTATIVE shall return or destroy (with the Company's written permission) all Information that REPRESENTATIVE maintains in any form pursuant to the Agreement, and retain no copies of such information. However, if the Company determines that such return or destruction is not feasible, REPRESENTATIVE will continue to extend the protections of this Addendum to such PHI and limit further use of the information to the purposes that make the return or destruction not feasible. The respective rights and obligations of each party pursuant to this subsection shall survive the termination of the Agreement.



**AMERICAN  
GENERAL**



**David A. Crotts  
& Associates Inc.**

**Assignment of Commissions**

**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



**AMERICAN  
GENERAL**



**David A. Crotts  
& Associates Inc.**

**Direct Deposit Authorization  
AIG Life Brokerage Group**

**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.

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

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

<b>AUTHORIZATION STATEMENT</b> 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.	
<b>Signature</b>	<div style="text-align: center;">  </div>
<b>Date Signed</b>	

<b>INSTRUCTIONS:</b>  Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent Code(s) and check the Enroll box. <b>NOTE:</b> 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.  <b>Please attach a Voided Check for Checking Accounts.</b> <b>Please attach a Deposit Slip for Savings Accounts.</b>  Section 3 Read authorization statement, sign, date and submit to: <b>FAX: 1-800-337-0961 or MAIL: Midwest Operations Center, Attn: Compensation Department</b> 750 West Virginia St., P.O. Box 401, Milwaukee, WI 53201-0401  <p style="text-align: center;"><b>If you have any questions please call 1-888-653-5463 Hunt Group 3003</b></p> <p style="text-align: center;">Not for use by Policy Holder</p>
--

## 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		
List account number(s) here (optional)		
Requester's name and address (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 ▶

**SIGN HERE**    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.

# 75% Annualization

## Supplement to Agency Agreement

This supplement is made, entered into, and effective the date hereinafter specified by and between American General Life Insurance 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 Target 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 judgement 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.

(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.

_____	_____	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.