

Licensing and Contract Change Form

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

Change Request

TYPE OF CHANGE REQUEST: ☐ Compensation Change ☐ Contract Level Change ☐ Second Contract ☐ EFT Change
☐ Personal Information Change ☐ Transfer ☐ Other

Change for: ☐ AGL ☐ USL

Comments: _____

Individual - Required Information

SSN: _____ **Agent Number:** _____

Applicant Name: _____

Date of Birth: _____ **Sex:** ☐ M ☐ F (check one)

Resident Address: _____

☐ Change Request

Business Address: _____

☐ Change Request (Recruiter section below must be completed)

Phone Number: _____

☐ Change Request

Business Number: _____

☐ Change Request

Fax Number: _____

☐ Change Request

Email Address: _____

☐ Change Request

☐ I am an officer of the corporation

Trusted Contact Information

Contact Name & Details: _____

Corporation Applicants Required

TIN: _____

Corporate Name: _____

Corporate Address: _____

Corporation Type: ☐ Corporation ☐ Partnership ☐ LLC

Phone Number: _____

Fax Number: _____

Email Address: _____

☐ Additional authorized signers for the corporation:

Apply the above changes to the following additional agent codes:

1. _____ 2. _____ 3. _____ 4. _____

Individual Signature: _____

Recruiter Section - UPLINE ONLY (Choose ONLY one Box)

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

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

☐ Use Recruiter Business Address. Recruiter Agent Code: _____

Optional for commission mailing (Commission Information Only):

Agency Name: _____

Agency Code: (TIN if pending) _____

OR

Business Address: _____

City

State

Zip

Licensing and Contract Change Form

Agent Name: _____

SSN / FEIN: _____

Licensing and State Appointment Request

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

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

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

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

Variable Licensing Section

Please complete the following ONLY when requesting variable appointment:

Who is your Broker/Dealer: _____

CRD Number: _____

Check all current FINRA licenses that you hold: ☐ 6 ☐ 7 ☐ 22 ☐ 24 ☐ 26 ☐ 63 ☐ Other: _____

Independent Wholesaler Election:

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

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

Name of IW: _____
(Please confirm information from the BGA / IW office processing your life insurance business.)

IW Code: _____

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

Direct Deposit (EFT) Authorization Section - REQUIRED

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

Financial Institution _____ Phone _____

Address _____ City _____ State _____ Zip _____

Bank Identification Number

***Cannot begin with the number 5**

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Account Number

| |
|-------|
| _____ |
|-------|

Type of Account

☐ Checking ☐ Savings

AUTHORIZATION STATEMENT

I authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Life Insurance Company ("American General") and The United States Life Insurance Company in the City of New York ("US Life") to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.

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

Signature _____ Date Signed _____

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

GA Signature _____ Date Signed _____

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Agent Name: _____

SSN / FEIN: _____

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

Policy Number: _____

Proposed Insured Name: _____

LIFE BROKERAGE CHANNEL (Required for Set-ups)

Contract Level Requested: ☐ Life Sales/Solicitor ☐ Agent/Producer ☐ GA 2 ☐ GA 1 ☐ GA ☐ Recruiting GA1* ☐ Recruiting GA* ☐ BGA*

Life Brokerage AGL Commission Level

Recruiter/Upline Number: _____

Life First Year Level _____

Life Renewal Level _____

Specialty Products _____

Override/Productivity Bonus

*Prior Home Office Approval Required

(must submit Organization Profile AGLC100809)

Level _____

Life Brokerage USL Commission Level

USL Contract Level: ☐ Solicitor ☐ Agent/Producer
☐ GA 2 ☐ GA 1 ☐ GA

Recruiter/Upline Number: _____

GA = Set Compensation

GA1 = EAP _____ % Override _____ %

GA2 = EAP _____ %

Prod = Set Compensation

TRANSACTIONAL MARKETS GROUP (TMG) CHANNEL (Required for Set-ups)

Contract Level Requested: ☐ Life Sales/Solicitor ☐ Agent/Producer ☐ GA 2 ☐ GA 1 ☐ GA ☐ Recruiting GA1* ☐ Recruiting GA* ☐ BGA*

Transactional Markets Group AGL Commission Level

Recruiter/Upline Number: _____

(GIWL) Specialty Products _____

(Other) TMG First Year Level _____

(Other) TMG Renewal Level _____

Above Street Request

*Prior Home Office Approval Required

(must submit TMG Business Plan AGLC111529)

PARTNERS GROUP CHANNEL (Required for Set-ups)

| Commission Level | Agent Name | Agent ID |
|------------------|------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

Agency Name and Number _____

Signature of Recruiter

The undersigned [recommending representative or BGA] by executing recommends the applicant to American General Life Insurance Company ("American General") and/or The United States Life Insurance Company in the City of New York ("US Life") as a suitable person to represent the companies. The recommending individual or BGA also agrees to supervise and assume responsibility for the applicant, if appointed by American General Life Insurance Company ("American General") and/or The United States Life Insurance Company in the City of New York ("US Life"), in accordance with the terms of his/her Contract.

Signature: _____ Date: _____ / _____ / _____

Signature of Recruiting Agency

Print Name: _____ Agency Code # _____

Print name of Recruiting Agency

(TIN if pending)