



P.O. Box 71216
 Des Moines, IA 50325
 888-221-1234
 Fax 515-221-0138
 www.american-equity.com

Agent Appointment Application

(Please TYPE or PRINT clearly in Black Ink)

1. Name _____
(as it appears on your license - please attach current copy)

2. If currently licensed as Partnership or Corporation, give name, address, Tax ID No. (please attach current copy of license)

Name	Street	City	State	Zip	
3. Residence Address (required)	Street	City	State	Zip	How Long
4. Business Address	Street	City	State	Zip	

5. Residence Phone (_____) _____ 6. Business Phone (_____) _____

7. Fax # (_____) _____ 8. Preferred Mailing To: Residence or Business

9. E-Mail _____ 10. Female Male

11. Date of Birth _____ 12. Taxpayer Identification Number _____

13. Social Security Number _____ 14. Resident License Number _____

15. For which states do you wish non-resident appointments? _____
(attach copy of current licenses; fees required for non-resident appointments)

16. Do you have a Securities License? Yes No (If Yes, complete the Broker Dealer Declaration Form #3013-BD)

17. Do you have a Debit balance as a result of the sale of any insurance related product or activity? Yes No If Yes, give name of company and explanation _____ Balance \$ _____

18. If you answer "Yes" to any of the questions below, please write details on a separate sheet and attach to this application.
- a. Have you ever had your insurance or securities license suspended or revoked?..... Yes No
 - b. Have you ever had a complaint filed against you or been investigated with an insurance department or the NASD?..... Yes No
 - c. Has any claim ever been made against you, your surety company, or errors and omissions insurer or have you been refused surety bonding?..... Yes No
 - d. Have you ever been convicted of a crime, felony or misdemeanor including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law?..... Yes No
 - e. Have you ever been involved in any litigation, including bankruptcy?..... Yes No
 - f. Are there any unsatisfied judgements/liens outstanding against you?..... Yes No

19. Errors and Omissions Coverage? Yes No If Yes, amount \$ _____

20. Antimony Laundering (AML) Certification? Yes No If Yes, check one box LIMRA OTHER (if "other" please enclose a copy of your certificate of completion.)

AGENT'S DECLARATION AND AUTHORIZATION

(1) I hereby certify that all my answers to the above questions are true. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination for cause at the sole discretion of the Company. **Agent agrees that by accepting commissions from the Company, he/she acknowledges and certifies that he/she has read and accepts all of the terms and conditions of the Agent's Contract Form 121, a copy of which is attached hereto and incorporated herein by reference.** By signing this Agent Appointment Application I hereby consent to receive facsimiles and E-mails to the above fax number and E-mail account. The Company shall be allowed to fax and email me in connection with our business relationship.

(2) I authorize the Company and individuals to give, at any time, any information regarding my character, general reputation, personal traits, employment and any other information they have, whether or not in their records, and release the Company and individuals from all liabilities for any damage whatsoever for issuing this information. I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

- (3) *Certification* - Under penalties of perjury, I certify that:
- a. The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
 - b. 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 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.

Signature of Applicant _____

Date _____



P.O. Box 71216
Des Moines, IA 50325
888-221-1234
Fax 515-221-0138
www.american-equity.com

CONSUMER REPORT *Authorization*

American Equity agents are required to have acceptable credit histories at the time of appointment while under contract with American Equity. Before an agent is appointed, or an agency contract is renewed, or at any appropriate time, American Equity may review the individual's credit history in order to verify compliance with said company's policy.

Information you provide below will be used to access your consumer credit report.

Printed Name

Resident Address

City, State, Zip

Social Security Number

Date of Birth

Applicant -- Please read carefully and sign below:

I UNDERSTAND THAT TO BE ELIGIBLE FOR APPOINTMENT WITH AMERICAN EQUITY, MY CREDIT HISTORY MUST BE IN GOOD STANDING. I AUTHORIZE AMERICAN EQUITY TO OBTAIN A CONSUMER CREDIT REPORT ABOUT ME BOTH BEFORE AND (IN THE EVENT I AM APPOINTED) AFTERWARDS FOR THE PURPOSE OF EVALUATING MY APPLICATION FOR AN AGENCY CONTRACT OR ANY RENEWAL OF MY AGENCY CONTRACT. I UNDERSTAND THAT A COPY OF MY CREDIT REPORT AND A SUMMARY OF MY RIGHTS AS A CONSUMER WILL BE PROVIDED TO ME BEFORE ANY DECISION ADVERSELY AFFECTING MY AGENCY CONTRACT IS MADE IF THE DECISION IS BASED ON MY CONSUMER CREDIT REPORT.

Signature

Date

Phone Number