

# Agent Appointment Application

(Please TYPE or PRINT clearly in Black Ink)



1. Name \_\_\_\_\_  
*(as it appears on your license - please attach current copy of resident licence)*
2. If currently licensed as Partnership or Corporation, give name, address, Tax ID No. (please attach current copy of resident license)
 

Company Name	Street	City	State	Zip
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3. Residence Address (required)
 

Street	City	State	Zip
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4. Business Address
 

Street	City	State	Zip
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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. Company specific product training completed?  Yes  No
15. For which states do you wish non-resident appointments?  
*(attach copy of current non resident licenses; fees required for non-resident appointments)*
16. Do you have a Securities License?  Yes  No (Please complete form 3013-BD Broker Dealer Declaration form if you need to have commissions paid to your Broker dealer)
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, been investigated by, had an administrative action taken against you, or had a consent decree, reprimand or any disciplinary action taken by any regulatory agency including FINRA .....  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 at any time had a state or federal criminal conviction, guilty plea, nolo contendere plea or plea agreement for a felony or misdemeanor offense of any kind except traffic related incidents?.....  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. Antimoney Laundering (AML) Certification?  Yes  No If Yes, date of most recent course completion \_\_\_\_\_ name of course provider \_\_\_\_\_. PLEASE ENCLOSE A COPY OF YOUR COURSE 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 compensation 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*

In connection with determining my eligibility for appointment as an agent of American Equity Investment Life Insurance Company ("American Equity") or its affiliates, and/or for purposes of evaluating me for reassignment or retention as an agent of American Equity or its affiliates, I understand that American Equity or its affiliates will obtain credit and/or investigative consumer reports on me. I understand the investigative reports may contain information regarding my criminal record, credit history, driving record, education record, and job history, or information otherwise bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I understand that this information will be used by American Equity or its affiliates to make decisions about my appointment as an agent of American Equity or its affiliates.

I understand that American Equity or its affiliates may disclose to upline agent(s) and/or recruiter(s) any reports referred to in this Authorization, including any information obtained in the future on my sales or other activities and any information relating to any termination of my contract with American Equity or its affiliates and I authorize American Equity and/or its affiliates to disclose any such information.

By signing this form, I authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies and credit reporting agencies, to release such information to American Equity or any of its affiliates. I agree to keep this Authorization in effect during the term of my contract and acknowledge that American Equity and/or its affiliates may use this form to procure a future report based upon this Authorization. A photocopy of this authorization shall be deemed as valid as the original.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Resident Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth

A complete and accurate disclosure of the nature and scope of these reports, if made, will be provided to you by U.S. mail per your request (please check below)

\_\_\_\_\_ Yes, I would like a copy of my credit report mailed to me.

**Report Disclosures For California, Maine, Minnesota, Oklahoma, and Washington Residents**  
*(CT Residents see reverse side of this form)*

Pursuant to the laws and regulations of the states of California, Maine, Minnesota, Oklahoma, and Washington, you are hereby notified that a consumer credit report and debit balance verification will be obtained through the following in connection with this application:

Business Information Group PO Box 541 Southampton, PA 18966 www.bigreport.com 800-260-1680	Vector One PO Box 12368 Scottsdale, AZ 85267 www.vector-one.com 800-860-6546
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***Applicant -- Please read carefully and sign below:***

I also authorize the Company to share with any of the American Equity companies with which I may contract now or in the future any credit reports and consumer investigation reports that may be obtained. I also authorize the Company to continually obtain credit reports and consumer investigation reports in the future without prior approval by me and without notice by the Company for as long as I may be contracted with the Company.

If you have any questions regarding your rights under the Federal Credit Reporting Act, please go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or contact your state's credit reporting authority where available.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number