

INSTRUCTIONS:

STEP 1: Complete, sign, and date this form below. Please note the term "you" or "your" refers to the entity or individual named below.

STEP 2: Send/Email this form to your Appointing General Agency.

MGA Name: _____

MGA Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

PRODUCER INFORMATION

Please Print or Type

This is a request for the appointment of:

1. Producer Name: _____

2. Residence Address: _____

City: _____ State: _____ Zip: _____

3. Residence Phone: () _____

4. Business Address: _____

City: _____ State: _____ Zip: _____

5. Business Phone: () _____

6. Business FAX: () _____

7. E-Mail Address: _____

8. Preferred Method of Contact: Phone Fax Email

9. Social Security #: _____

10. Date of Birth: _____

11. Gender: Male Female

NEW YORK LICENSE NUMBER:

BY SIGNING BELOW, I HEREBY AUTHORIZE FIDELITY AND GUARANTY LIFE INSURANCE COMPANY, AMERICOM LIFE AND ANNUITY INSURANCE COMPANY TO (A) CONDUCT A BACKGROUND INVESTIGATION IF REQUIRED BY STATE INSURANCE CODES OR IF OTHERWISE DEEMED APPROPRIATE OR DESIRABLE BY THE COMPANIES, AND (B) DISCLOSE THE RESULTS OF THE INVESTIGATION TO THE MASTER GENERAL PRODUCER, THE GENERAL PRODUCER AND/OR THE PRODUCER BY WHOM I WAS REFERRED TO THE COMPANIES FOR APPOINTMENT.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE COMPANY'S MARKET CONDUCT GUIDE, AND AGREE THAT I SHALL COMPLY WITH AND BE BOUND BY ALL OF THE STANDARDS, TERMS, CONDITIONS AND REMEDIES CONTAINED THEREIN (INCLUDING THOSE WHICH MAY BE CONTAINED IN ANY ATTACHMENTS/ADDENDA THERETO), ALL OF WHICH ARE INCORPORATED HEREIN BY REFERENCE, AND AS MAY BE AMENDED FROM TIME TO TIME. I FURTHER AGREE THAT I SHALL COMPLY WITH ANY FUTURE STANDARDS, TERMS, CONDITIONS AND REMEDIES COMMUNICATED TO ME BY THE COMPANY AS THEY RELATE TO MARKET CONDUCT, OR OTHERWISE.

Signature: X _____

Date: _____

TO BE COMPLETED BY APPOINTING GENERAL AGENT:

Fill in the approved compensation level/contract type: _____

GA/AGA Authorization: **X** _____ Date: _____

Name of AGA: _____ AGA Code: _____

Contact AGA by: FAX : _____ E mail : _____