

**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 : \_\_\_\_\_