

**American General**  
Life Companies

**NON RESIDENT APPOINTMENT FEES**

As of 06/29/2009

STATE	REQUIRED FEE	ADDITIONAL REQUIREMENTS/COMMENTS
ALABAMA	\$30.00	
ALASKA	NONE	
ARIZONA	NONE	
ARKANSAS	\$60.00	Company (American General) must pay appointment fee
CALIFORNIA	\$24.00 (EFF 7/1/09 = \$23.00)	
COLORADO	NONE	
CONNECTICUT	\$20.00	
DELAWARE	\$25.00	
DISTRICT OF COLUMBIA	\$25.00	
FLORIDA	\$62.10 + \$6.60 per county fee = \$68.70 total (unless more than one county is needed)	Non-residents must be appointed in each county in which they personally solicit
GEORGIA	\$18.45 (EFF 7/1/09 = \$17.05)	
HAWAII	NONE	Non residents require FORM APPT (Rev June 2008) available at <a href="http://www.state.hi.us/dcca/ins/agent_licensing_forms.html">http://www.state.hi.us/dcca/ins/agent_licensing_forms.html</a>
IDAHO	NONE	
ILLINOIS	NONE	
INDIANA	NONE	
IOWA	\$10.00	
KANSAS	\$5.00	
KENTUCKY	\$50 individual	\$120.00 for agencies
LOUISIANA	\$20.00 for LH	Additional \$20.00 for Variable
MAINE	\$70.00	
MARYLAND	NONE	
MASSACHUSETTS	\$75.00	
MICHIGAN	\$5.00	
MINNESOTA	\$10.00	
MISSISSIPPI	\$25.00	
MISSOURI	NONE	
MONTANA	NONE	
NEBRASKA	\$10.00	
NEVADA	\$15.00	
NEW HAMPSHIRE	\$25.00	
NEW JERSEY	\$25.00	
NEW MEXICO	\$23.00 for LH (EFF 6/30/09 = \$20.00 LH and an additional \$20.00 for variable)	
NEW YORK	NONE	American General Life does not currently appoint in NY
NORTH CAROLINA	\$10 Life, \$10 Health, \$10 Variable Lines	
NORTH DAKOTA	\$10.00	
OHIO	\$20.00 for LH	Additional \$20 for Variable annuities.
OKLAHOMA	40.00 (EFF 7/1/09 = \$65.00)	
OREGON	NONE	
PENNSYLVANIA	\$15.00	
RHODE ISLAND	NONE	
SOUTH CAROLINA	\$40.00	Company must pay appointment fee. Agent cannot be charged.
SOUTH DAKOTA	\$20.00	
TENNESSEE	\$15.00	
TEXAS	\$10.00	
UTAH	NONE	
VERMONT	\$60.00	
VIRGINIA	\$12.00	
WASHINGTON	\$20.00	
WEST VIRGINIA	\$25.00	
WISCONSIN	\$24.00	
WYOMING	\$15.00	

Checks should be made payable to American General.  
All fees listed are for appointment only; assumes the Agent has an active life license.  
Fees are subject to change without notice.

**Complete this section when Agent is also submitting New Business**

Insured Name: \_\_\_\_\_ Policy Number (if known): \_\_\_\_\_

Application Signed State: \_\_\_\_\_ Application Signed Date: \_\_\_\_\_

Date: \_\_\_\_\_ Submitted By: JP ADVISORS CORP / NESTEGG BUILDERS CORP. Code #: G7156-Z0043

Corporation Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Number (if available): \_\_\_\_\_

**CONTACT INFORMATION**

**FOR MISSING DOCUMENTS OR PAGES**

**FOR L&C FOLLOWUP**

Name: ALLISON OR JAMIE

Name: \_\_\_\_\_

Phone: 845-592-4064

Phone: \_\_\_\_\_

Fax: 845-592-4067

Fax: \_\_\_\_\_

Email: arnundell@nesteggbuilders.com or jhertel@nesteggbuilders.com

Email: \_\_\_\_\_

**DOCUMENTS ATTACHED**

**New Agent Contracting**

**(Required Forms)**

- Appointment Application
  - Voided Check
  - Agency Agreement
- OR
- Life Sales Solicitor's Agreement

**(Optional Forms)**

- Assignment of Commission
- Assignment of Agent Contract
- Organization Profile Form

**Contract Maintenance**

- Address Change Form
- Contract Change Form
- Request for Transfer
- EFT form and Voided Check

**Other**

- Outstanding Requirement
- State Correspondence
- Termination Request
- Other \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

**SUBMISSION INSTRUCTIONS**

**FAX AND TRADITIONAL MAIL**

**Toll Free Fax:** 877-484-3142  
**Mailing Address:** American General  
P.O. Box 4229  
Houston, TX 77210-4229

**OVERNIGHT ADDRESS**

**Overnight Address (non-USPS shipments)**  
American General  
2727 A Allen Parkway B-F4  
Houston, TX 77019



P.O. Box 4229, Houston, TX 77210-4229 • Fax 1-877-484-3142

**Individual**

**Corporation**

SSN: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

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

If at above address for less than 1 year, indicate previous address:  
\_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

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

Business Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am an officer of the Corporation.

TIN: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
\_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional authorized signers for the corporation:  
\_\_\_\_\_

**Background Information Required on All Applicants**

	YES	NO
1. Have you at any time, been convicted of or plead guilty or no contest to:		
a. Any Felony? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Any Misdemeanor? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. A violation of federal or state securities or investment related regulation? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently under investigation by any legal or regulatory authority? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you now owe money to any life or health insurance company? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or a firm in which you were a partner, officer, or Director:		
a. been declared bankrupt or been party to a bankruptcy or receivership proceeding .....	<input type="checkbox"/>	<input type="checkbox"/>
b. have you had a salary garnished or had liens or judgments against you? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you to resign for reason other than lack of sales? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory body, securities commodities, insurance regulatory body/organization, employer or insurer? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, censured, barred, or otherwise disciplined your membership, license, registration, or disciplined you with fines or by restricting your activities? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you are a resident of CA, OK, or MN and would like a copy of the consumer report obtained on you, please check here.....	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS SECTION:** Please provide details of all "yes" answers above. Be sure to include the date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# American General

Life Companies

## Fair Credit Reporting Act – Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointment process, each company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living, from First Advantage or another consumer reporting agency. First Advantage is located at P.O. Box 3367, Seminole, FL 33775 or by calling 1-800-321-4473. You have the right to request, in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Send your request to:  
Licensing and Contracting Department  
P.O. Box 4229  
Houston, TX 77210-4229

Also, each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates, unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.

### Additional State Law Notices

**California:** Under section 1789.22 of the California Civil Code, you may view the file maintained on you by First Advantage upon submitting proper identification during normal business hours. You may obtain a copy of this file upon paying the duplication costs. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. You may also submit a written request by certified mail, along with proper identification, for a copy of this file. You may in the written request ask for the information to be provided by telephone, provided that you pay the costs associated with the telephone call.

**New York:** You have the right, upon request, to be informed of whether or not a consumer report was requested.

**American General Life Insurance Company**

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You are requested to make application to the Department of Insurance in the State(s), indicated below for appointment or issuance of a life insurance representative license authorizing me to solicit applications on behalf of the American General Life Insurance Company (or Affiliate company).

I \_\_\_\_\_ hereby agree that your consent to the issuance of such  
(representative name)  
license or appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

- (1) That I shall be a representative assigned to the jurisdiction of:  
JP ADVISORS CORP (NESTEGG BUILDERS CORP) Name of assignee hereinafter called "The Agency"
- (2) That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with the Agency who has personally agreed to compensate me for such services; and
- (3) That I have no other contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Company; and
- (4) That I shall comply with the rules, regulations and compliance manuals of the Company, the laws of the State(s) in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
- (5) That I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company, in any respect; and
- (6) That I shall promptly remit to the Agency or the Company any and all moneys or securities received by me on behalf of the Company as full or partial payment of first year premiums, or any other item whatsoever; and
- (7) That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
- (8) That the Company may, without liability to me whatsoever, upon request of the Agency or upon its own initiative, terminate my appointment at any time.

IN WITNESS WHEREOF, I have affixed my signature this date \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Signature of Applicant

Print Name \_\_\_\_\_

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

Social Security # \_\_\_\_\_

This applicant is recommended for appointment as a representative assigned to my jurisdiction, subject to the terms of my agreement to represent with the "Company" and this Agreement.

\_\_\_\_\_  
The Agency Name (Print)

\_\_\_\_\_  
Signature of the Agency

The Agency Number is G7156-Z0043

Date \_\_\_\_\_

This contract has been assigned # \_\_\_\_\_ by American General Life.