

Producer/Agency Form



Producer
 Agency

Fidelity & Guaranty Life Insurance Company
 Fidelity & Guaranty Life Insurance Company of New York

Instructions:

- Step 1: Complete, Sign and Date this Form. If you are a corporate principal, complete a separate form for the corporation. Forward the form(s) to your appointing agency.
Step 2: Appointing General Agencies please complete the bottom portion of the Form authorizing the hierarchy set up and compensation.
Step 3: Once contracted and you have been given access to SalesLink, you will be asked to sign additional Agreements via an electronic signature.

MGA Name: The Producers Choice MGA Number: _____
MGA Address: 1152 E. Long Lake Road
City: Troy State: MI Zip Code: 48085
Phone: _____ Fax: 586-5401449

Producer/Agency Information

Producer/Agency Name: _____
Residence Address: _____
City: _____ State: _____ Zip: _____
Residence Phone: _____
Cell Phone: _____
Business Address: 2424 ROUTE 52 STE. #2
City: HOPEWELL JUNCTION State: NY Zip: 12533
Business Phone: _____ Fax: _____
e-mail address: _____
Date of Birth: _____
Social Security Number: _____
Corporation TIN Number: _____
Gender: M F Agency
Resident State License No.: _____

5. Have you ever been *alleged* to have engaged in any fraud?
 Yes No
6. Have you ever been *found* to have engaged in any fraud?
 Yes No
7. Have you ever been convicted of any crime?
 Yes No
8. Have you ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction?
 Yes No
9. Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?
 Yes No
10. Do you hold a current Certificate of Continuing Education for California and/or Iowa? Yes (Please attach a copy) No
11. Have you taken the AML training course? Yes No
(If not, you are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)

Attach additional non resident licenses in which you wish to be appointed.

Broker Dealer Name: _____

Life Target Premium - Previous 12 Months: \$ _____
FG Life Premium - Next 12 Months: \$ _____

Fixed/Fixed-Indexed Annuity Premium - Previous 12 Months: \$ _____
FG Annuity Premium - Next 12 Months: \$ _____

1. Have you ever filed for bankruptcy? Yes No
2. Have you ever been the subject of any complaint related to the solicitation or sale of any insurance product(s), securities or any financial product or service, in any jurisdiction?
 Yes No
3. Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?
 Yes No
4. Have you ever been accused of or charged with any improper conduct related to the solicitation or sale of any insurance product(s), securities or any financial product or service?
 Yes No

If the Answer to any question from 1-9 above is yes, please attach an explanation. Additional information such as supporting documents may be required.

By signing below, I: (i) certify that all of the information provided on this form is true and correct and I acknowledge that my failure to provide truthful and accurate information is a valid basis for the immediate termination of my relationship with Fidelity & Guaranty Life Insurance Company and/or Fidelity & Guaranty Life Insurance Company of New York (the "Company" in reference to either or both, as applicable), for cause; (ii) acknowledge that I have received, read, and will comply with the Company's Code of Ethical Conduct and Market Conduct Guide, and that I have received, read, and agree to be bound by the terms of the Company's Producer/Agency Agreement (each as amended from time-to-time). I understand that I can access all of these documents on SalesLink.

Signature of Producer
or Principal of Agency: _____
Date: _____

To be completed by the Appointing Agency

Name of Agency: NESTEGG BUILDERS CORP. AGA Code: 000236627
Approved compensation level/contract type(s): (Z) LO
Signature of Authorized Agent: _____ Date: _____

Only Authorized forms can be faxed directly to Fidelity & Guaranty Life at 410.895.0129.

FAIR CREDIT REPORTING ACT DISCLOSURE AND

AUTHORIZATION FOR EMPLOYMENT PURPOSES

Please be advised that a consumer report or investigative consumer report may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Some of this information may be obtained by contacting and interviewing your present and previous employers or references supplied by you.

Please be advised that if interviews are conducted to obtain some of the above-described information, you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation.

You also have the right to request a written summary of your rights to obtain and dispute information in consumer reports and to obtain credit scores.

By signing this form, I hereby 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 Fidelity & Guaranty Life or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.

Agent Name/Principal of Agency Name: _____

Agent Number/Social Security Number: _____

Signature: _____

Date: _____