



American General Life Insurance Company

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:

_____ 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 _____ Date _____

This contract has been assigned # _____ by American General Life.