



P.O. Box 71216  
 Des Moines, IA 50325  
 888-221-1234  
 Fax 515-221-0138  
 www.american-equity.com

# Agent Appointment Application

(Please TYPE or PRINT clearly in Black Ink)

1. Name \_\_\_\_\_  
*(as it appears on your license - please attach current copy)*

2. If currently licensed as Partnership or Corporation, give name, address, Tax ID No. (please attach current copy of license)

Name	Street	City	State	Zip
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3. Residence Address (required)	Street	City	State	Zip	How Long
	4. Business Address		State	Zip	

5. Residence Phone (\_\_\_\_\_) \_\_\_\_\_ 6. Business Phone (\_\_\_\_\_) \_\_\_\_\_

7. Fax # (\_\_\_\_\_) \_\_\_\_\_ 8. Preferred Mailing To:  Residence or  Business

9. E-Mail \_\_\_\_\_ 10.  Female  Male

11. Date of Birth \_\_\_\_\_ 12. Taxpayer Identification Number \_\_\_\_\_

13. Social Security Number \_\_\_\_\_ 14. Resident License Number \_\_\_\_\_

15. For which states do you wish non-resident appointments? \_\_\_\_\_  
*(attach copy of current licenses; fees required for non-resident appointments)*

16. Do you have a Securities License?  Yes  No (If Yes, complete the Broker Dealer Declaration Form #3013-BD)

17. Do you have a Debit balance as a result of the sale of any insurance related product or activity?  Yes  No If Yes, give name of company and explanation \_\_\_\_\_ Balance \$ \_\_\_\_\_

18. If you answer "Yes" to any of the questions below, please write details on a separate sheet and attach to this application.
- a. Have you ever had your insurance or securities license suspended or revoked?.....  Yes  No
  - b. Have you ever had a complaint filed against you or been investigated with an insurance department or the NASD?.....  Yes  No
  - c. Has any claim ever been made against you, your surety company, or errors and omissions insurer or have you been refused surety bonding?.....  Yes  No
  - d. Have you ever been convicted of a crime, felony or misdemeanor including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law?.....  Yes  No
  - e. Have you ever been involved in any litigation, including bankruptcy?.....  Yes  No
  - f. Are there any unsatisfied judgements/liens outstanding against you?.....  Yes  No

19. Errors and Omissions Coverage?  Yes  No If Yes, amount \$ \_\_\_\_\_

20. Antimoney Laundering (AML) Certification?  Yes  No If Yes, check one box  LIMRA  OTHER (if "other" please enclose a copy of your certificate of completion.)

## AGENT'S DECLARATION AND AUTHORIZATION

- (1) I hereby certify that all my answers to the above questions are true. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination for cause at the sole discretion of the Company. **Agent agrees that by accepting commissions from the Company, he/she acknowledges and certifies that he/she has read and accepts all of the terms and conditions of the Agent's Contract Form 121, a copy of which is attached hereto and incorporated herein by reference.** By signing this Agent Appointment Application I hereby consent to receive facsimiles and E-mails to the above fax number and E-mail account. The Company shall be allowed to fax and email me in connection with our business relationship.
- (2) I authorize the Company and individuals to give, at any time, any information regarding my character, general reputation, personal traits, employment and any other information they have, whether or not in their records, and release the Company and individuals from all liabilities for any damage whatsoever for issuing this information. I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.
- (3) *Certification* - Under penalties of perjury, I certify that:
- a. The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
  - b. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

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

Date \_\_\_\_\_