

*your*  
**annuity&life**  
*retirement designers*

---

---

## LICENSING REQUIREMENTS

---

---

Please include the following requirements and Fax to **888.207.9489**  
Or E-Mail to **contracting@retiredesign.com**

### **Contracting Requirements**

---

- Completed Contracting Packet
- Copies of all Resident and Non-Resident Licenses
- Current E&O Coverage Declaration Page
- Voided Check for EFT
- If you answered “yes” to any question re: special circumstances, please include an Explanation Document.

### **Training Requirements**

---

- If you are submitting new business with contracting, please provide a copy of the client application. Also please ensure you have completed the Carrier Product Training PRIOR to dating any new business.
- If applicable, provide a copy of your NAIC state required suitability training completion certificate.
- Please complete your AML Training via the LIMRA site.

**<https://aml.limra.com>**

**Username:** First four letters of last name and last six of the social - all lowercase

**Password:** First time users will use the last name (lowercase)

**Licensing Questions please call:**

**800.931.0138**

www.RetireDesign.com



P.O. Box 71216  
 Des Moines, IA 50325  
 888-221-1234  
 Fax 515-221-9947  
 www.american-equity.com

# Contract/Appointment Transmittal

(For National Marketing Organization (NMO) use only)

**PLEASE PRINT ALL INFORMATION CLEARLY.**

**THIS FORM SHOULD BE SIGNED BY AN AUTHORIZED NMO REPRESENTATIVE.**

**NEW AGENT - To request an appointment for a new agent, complete sections A, B and C. Submit this transmittal with:**

- Agent Appointment Application (Form 3000) and the Agent Contract (Form 121) for commission levels GA1 through RMO 14.
- OR-**
- Agent Appointment Only Application (Form 3000-AA) and the Appointment Only Agreement (Form 3002) for appointed only agent who will not be paid commissions by AEL. The overriding supervisor receiving the commission must sign the Appointment Only Agreement (Form 3002).
- Other Information to include:
  - Proof of completion for Anti-Money Laundering (AML) training;
  - Appointment fee's for non-resident state appointments; and
  - Proof of state required annuity training

**CHANGES - This transmittal should also be used to change an existing agent's commission level and/or up line hierarchy.**

- If an agent is changing from appointed only (no commissions paid) to a commission level GA1 or higher, a new Agent Appointment Application (Form 3000) and Agent Contract (Form 121) must be completed. When changing from a level GA1 or higher to an appointed only agent (no commissions paid), a new Agent Appointment Only Application (Form 3000-AA) and an Appointment Only Agreement (Form 3002) must be completed.
- Changes between commission levels GA1 and RMO14 and/or hierarchy changes do not require additional forms. Please include existing Agent #.

## SECTION A – Please Print

AGENT NAME: \_\_\_\_\_

Complete ONLY if the agent is seeking an appointment for their Company:

COMPANY NAME: \_\_\_\_\_

Agent will be a signing agent for this company?  Yes  No

- New Agent
- Change Existing Agent # \_\_\_\_\_
  - Commission Level  Hierarchy
- Transfer Agent and
  - Include eligible down-line

## SECTION B – Select Only One level

- No Level – APPOINTED ONLY – all commissions are paid directly to the Overriding Supervisor  
(See Section C)

Commission level:

- GA1  GA2  GA3  GA4  GA5  GA6  GA7  GA8  GA9
- MGA10  SMGA11  FMO12  MO13  RMO14  
(street level)

## SECTION C: - Please Print

Immediate Overriding Supervisor this agent will be contracted directly under

NAME: \_\_\_\_\_

AGENT NUMBER: \_\_\_\_\_

National Marketing Organization:

NAME: \_\_\_\_\_

AGENT NUMBER: \_\_\_\_\_

DATE \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_  
 (NMO Authorized Representative)



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

Company Name	Street	City	State	Zip
--------------	--------	------	-------	-----
3. Residence Address (required)  

Street	City	State	Zip
--------	------	-------	-----
4. Business Address  

Street	City	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. Company specific product training completed?  Yes  No
15. For which states do you wish non-resident appointments?  
(attach copy of current non resident licenses; fees required for non-resident appointments)
16. Do you have a Securities License?  Yes  No (Please complete form 3013-BD Broker Dealer Declaration form if you need to have commissions paid to your Broker dealer)
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, been investigated by, had an administrative action taken against you, or had a consent decree, reprimand or any disciplinary action taken by any regulatory agency including FINRA .....  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 at any time had a state or federal criminal conviction, guilty plea, nolo contendere plea or plea agreement for a felony or misdemeanor offense of any kind except traffic related incidents?.....  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, date of most recent course completion \_\_\_\_\_ name of course provider \_\_\_\_\_. PLEASE ENCLOSE A COPY OF YOUR COURSE 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 compensation 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 \_\_\_\_\_



# Agent's Contract

AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

CONTRACT EFFECTIVE DATE: \_\_\_\_\_ AGENT: \_\_\_\_\_

American Equity Investment Life Insurance Company (hereinafter "Company", "We", "Our" or "Us") and the Person, Firm, or Corporation named above and whose signature appears on the Agent Appointment Application (a part of this Contract) (hereinafter "Agent", "You", or "Your") mutually agree to the terms and conditions of this Contract. The term "Company", as used in this contract, shall include all companies affiliated with American Equity Investment Life Insurance Company.

## 1. AUTHORITY TO SOLICIT

- (a) You shall be licensed by the state(s) in which You conduct the activities related to this Contract, such as soliciting applications, delivering policies, and accepting any Compensation. You shall conduct the activities related to this Contract in accordance with, and are responsible for knowing and complying with, all applicable rules, statutes, regulations, and other governing procedures as well as the rules, policies, guidelines, and operating procedures of the Company and provisions of this Contract, and any updates thereto.
- (b) You are responsible for knowing the terms and conditions of Our products and for remaining familiar with any updates/changes thereto.
- (c) You shall make reasonable efforts to determine the financial objectives, and the current and future medical status for Life Insurance, of the proposed insured based upon relevant information obtained from the customer and enter into transactions that assist the customer in meeting their financial objectives including but not limited to, conducting a suitability analysis, as may be required by law or Company practice.

## 2. LIMITATION OF AUTHORITY

- (a) You are not authorized to waive, alter, or change any provision or condition of the Company's insurance policies or certificates, Agent's Contracts, literature or receipts, modify, or extend the amount of time for any premium payment due the Company.
- (b) You shall not perform any act other than expressly granted herein, except as specifically authorized in writing by the Company.
- (c) You are not authorized and are forbidden to bind the Company by any promise or agreement, or to incur any debt(s), expense(s), obligation(s), liability(ies), or enter into any contract(s) or legal proceeding(s) in Our name or in connection with any matter pertaining to Our business, without prior written authorization of the Company.
- (d) Your relationship with the Company shall be that of an independent contractor and not an employee. You shall be free to exercise independent judgment as to the time and manner You perform the acts You are authorized to perform under this Contract, but from time to time We must set forth certain rules, policies, guidelines, and operating procedures with respect to the conduct of business that You must abide.

## 3. COLLECTION OF PREMIUM

All monies received or collected for or on behalf of the Company shall be made payable to the Company. You are not authorized to endorse or cash checks, drafts, money orders, or financial instruments made payable to the Company. Agent may not use Agent's own personal or business checks or funds for the payment of premium of a policy not owned by Agent.

## 4. DELIVERY OF POLICY

- (a) All policies must be delivered according to the Company's requirements and all applicable laws and regulations. All policies shall be delivered within the period required by applicable state law. If not, the policy must be returned to Us immediately.
- (b) You may only deliver the Contract if, to the best of Your knowledge, the proposed insured does not have a medical condition considered terminal by a medical doctor.

## 5. AUTHORITY OVER AGENTS

You have authority to recruit and recommend to the Company individuals to be appointed as Agents of the Company. No recommendation or application for appointment or Contract will be effective until approved by the Company at Our Home Office. You are responsible for the activities of any Agents on whose production You are entitled to receive and/or have received compensation from the Company (hereinafter "Your Agents"). You are responsible for providing proper and adequate supervision and training of Your Agents, including but not limited to their compliance with the terms and conditions of their Contracts with the Company and with all laws and regulations concerning the business of insurance.

## 6. COMPENSATION, ADVANCES AND ASSIGNMENT

- (a) "Compensation" shall include commissions, fees, bonuses, or any other compensation awarded to You by the Company.
- (b) Your compensation under this Contract shall be determined in accordance with the applicable Commission Schedule in effect on the date a policy is solicited by You or Your Agents, which are hereafter made a part of this Contract, and any other contract or agreement with the Company, also hereafter made a part of this contract. You are responsible for remaining familiar with any updates or amendments to the Commission Schedule and shall be bound by said updates or amendments.
- (c) At any time, upon demand by the Company, any monies paid as an advance of commissions to You or to Your Agents or otherwise due from You to the Company as shown on Your/Your Agent's statement shall be payable by You to the Company.
- (d) No assignment of any Commissions or other compensations or any portion due or to become due to You, by the Company, shall be valid without prior written authorization from the Company. Authorized assignments are subject to all indebtedness You owe the Company.

## **7. LIABILITY**

You shall be jointly and severally liable to the Company for all monies, including monies paid to You or to Your Agents, including but not limited to: (a) monies collected on behalf of the Company; and (b) monies payable to the Company as a balance due as shown on Your monthly statement. All accounting records maintained by You relating to Our business are subject to inspection at any reasonable time by Our authorized representatives. The Company reserves the right to charge interest on any amounts due under this Contract up to the amount permitted by law. If Agent is a business entity, each individual signing the Agent Appointment Application, Form 3000, on behalf of the entity agrees to be and shall be liable for any debt of Agent and shall personally guarantee the full and faithful performance of all duties and obligations of Agent under this Contract.

## **8. INDEBTEDNESS, INDEMNIFICATION, & REIMBURSEMENT**

- (a) You hereby assign and grant to the Company a security interest in any Compensation payable to or owed to You by Us. Such interest shall be deemed a first and prior lien against all other security interests or liens.
- (b) The Company shall have the right of offset against any Compensation payable or owed to You by the Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other remedies to collect the indebtedness. You agree to pay all costs of collection, including attorney's fees, incurred by Company, its successors, or its assigns in collecting any indebtedness from You.
- (c) You agree to indemnify and hold the Company harmless for any claim, loss, expense, cost, or liability which it may incur resulting from Your or Your Agents' breach of the terms of the Contract or violation of any law or regulation or failure to comply with any court order. This includes all costs, expenses, and attorneys' fees that the Company may incur in recovery.
- (d) Should any claims or lawsuits be made by any third party against You or Your Agents or the Company as a result of alleged wrong doing by You or Your Agents, then You shall indemnify Us and hold Us harmless for any claim, loss, expense, cost, or liability which We may incur defending the action and for any settlement or judgment resulting from such action. The Company may, at its discretion, defend or settle any such claim.
- (e) You agree to hold Us harmless: in the event You fail to repay any indebtedness owed to Us according to the terms of this Contract; if We decide to report Your debit balance through Your agency hierarchy or any third party, including but not limited to a collections agency; and for the Company's compliance with any levy, garnishment, or other lawful attempt to collect Compensation owed to You by the Company.
- (f) The terms of this paragraph 8 shall survive termination of this contract.

## **9. FORFEITURE & NON INTERFERENCE**

- (a) For 2 years following the termination of this Contract, if You, directly or indirectly, induce or urge agents of the Company to discontinue their Contract, or the Company's policy owners to relinquish their policies, You shall forfeit any and all Compensation that You might otherwise have acquired under any and all contract(s) with the Company. Forfeiture under this paragraph shall not limit other remedies We may pursue.
- (b) You agree that You will be liable for any damages We suffer under this provision and We may seek injunctive relief to prevent further breaches of this provision. We are entitled to seek such claims for damages and injunctive relief in any state or federal court in Iowa. You agree that those courts have personal jurisdiction over You for such action, which shall not be subject to the Arbitration clause of this contract.

## **10. ADVERTISING**

You are responsible for knowing and complying with, and remaining familiar with the terms and conditions of Our Advertising Guidelines, including any updates. The terms of these Guidelines are incorporated herein and considered part of this contract.

## **11. NOTICES**

Any notice or demand required or permitted to be given under this Contract shall be in writing and deemed effective (unless otherwise stated herein) upon the personal delivery thereof, if delivered or after having been deposited in the United States mail, postage prepaid, and addressed in the case of Company to Our then principal place of business, and in Your case to Your last known address on the Company's records. Either party may change the address to which such notices are to be sent by giving the other party notice in the above described manner. You consent to receiving communications from Us regarding any matters within the scope of this Contract in any form, including, without limitation, phone solicitations, faxes, emails, private mail delivery services, Federal Express, UPS, and United States mail.

## **12. NON-WAIVER**

The forbearance or neglect of the Company to insist upon strict compliance by You with any of the provisions of the Contract, whether continuing or not, or to declare a termination against You, shall not be construed as a waiver of any of the Company's rights or privileges hereunder. No waiver of any right or privilege of the Company arising from any default or failure of performance by You shall affect the Company's rights or privileges in the event of a further default or failure of performance.

## **13. AMENDMENT**

This Contract cannot be changed by any verbal promise or statement. No written modification or change will bind the Company unless it is signed by the President, a Vice President, or other authorized officers of the Company and expresses an intention to modify or change this Contract. From time to time, We may notify You of amendments to this Contract approved by Us and such amendments will become binding upon You effective upon the giving of such required Notice.

## **14. SEVERABILITY**

Any provision of this Contract which shall prove to be invalid, void, or illegal shall in no way affect, impair, or invalidate any other provision contained herein, and such other provisions shall remain in full force and effect.

## **15. APPLICABLE LAW**

To the fullest extent controllable by Our stipulation, this Contract shall be construed in accordance with Company rules and policies now or hereafter established and shall be interpreted and enforced under Iowa Law.

## 16. TERMINATION OF CONTRACT

- (a) This Contract may be terminated in the event:
- (1) Of Your death;
  - (2) You request to terminate this Contract;
  - (3) You fail to be licensed to sell any insurance products which the Company offers to consumers; or
  - (4) Of Your termination, bankruptcy, insolvency, or assignment for the benefit of creditors.
- We may continue to rely on the validity of this Contract until receiving formal written notice of any of these events.
- (b) This Contract will automatically terminate, at any time, without prior notice, in the event:
- (1) You withhold or misappropriate any money or other property belonging to Us, a policy owner, or insured;
  - (2) You subject Us to liability due to any act, omission, or misrepresentation by You or You falsify, omit, or misrepresent any material information provided to Us;
  - (3) You commit an act, including but not limited to, a criminal act involving a felony or moral turpitude offense, including but not limited to fraud, theft, dishonesty, failure to maintain a fiduciary duty, willful tax evasion, bribery, or perjury or borrow money or take a loan or funds from a client for personal use;
  - (4) You fail to comply with the laws, rules, or regulations of any federal, state, or other governmental agency or body having jurisdiction under this Contract, including without limitation those rules and procedures set forth in Our guidelines, including but not limited to Our advertising, replacement, suitability, and Anti-Money Laundering policies and procedures.
- (c) The Company, at its sole discretion, may terminate this Contract, at any time, without prior notice, if You or Your Agents shall:
- (1) Fail to conform to the rules and regulations of the Company;
  - (2) Fail to pay any indebtedness to the Company on demand;
  - (3) Replace or attempt to replace a policy issued by the Company with that of another Company; or
  - (4) Fail to cooperate or provide information to Us for complaints, inquiries or investigations related to Your Contract.
- (d) The Contract may also be terminated by either party with or without cause by giving fifteen days written notice to the other party. The right to terminate under this subsection (d) is not restricted by the provisions for termination in (b) or (c) above.
- (e) Should You be terminated under this Contract, You shall forfeit all rights to any further compensation and/or commissions from premium added to a Contract after Your termination or any renewal commissions that may have been earned.
- (f) In the event of termination of this Contract for any reason, the liability, lien, reimbursement, indemnification, and set-off provisions hereof, shall continue in full force and effect beyond the termination hereof. If, subsequent to termination, any monies shall become due from You to the Company, and You fail to repay such monies upon due demand, all compensation due hereunder or under any other contract, or agreement, You may have with the Company shall be forfeited. Forfeiture under this provision shall not, in any way, prejudice the Company's right to pursue any remedies available to it to collect any monies owed by You to the Company.
- (g) The terms and conditions of this Contract and any other provisions incorporated hereunder shall remain in effect for all business conducted under this Contract.
- (h) Upon termination of this Contract, You shall immediately deliver to Us all Company materials, supplies, advertising, and other printed material which mentions the Company.

## 20. ARBITRATION

If any dispute or disagreement shall arise under or relate to this Contract and the parties cannot agree on a written settlement within sixty days after any dispute, or disagreement arises (or within a period agreed to by the parties) then, except as otherwise explicitly provided herein, the matter in controversy shall be settled by binding arbitration in Dallas or Polk County, in the State of Iowa. The arbitration shall be conducted pursuant to the Commercial Arbitration Rules of the American Arbitration Association with an arbitrator experienced in insurance and contract law who shall interpret this Contract in accordance with Iowa law. Any decision or award resulting from arbitration shall be in writing and be deemed final. Judgment on an award may be entered in any court of competent jurisdiction but shall remain confidential.

## 21. PRIVACY POLICY

You acknowledge receipt of Our Privacy Policy regarding use of policyholder information. You are responsible for knowing and complying with, and remaining familiar with the terms and conditions of Our Privacy Policy including any updates. The terms of the policy shall be incorporated herein and determined to be part of this contract.

## 22. OTHER POLICIES, PROCEDURES, AND GUIDELINES OF THE COMPANY

- (a) You agree that by accepting Compensation from the Company, You acknowledge and certify that You have read and accept all of the terms and conditions of this Contract. You are responsible for knowing the terms of this Contract and any amendments. You shall keep accurate records relating to the business You transact pursuant to this Contract and You shall make those records available to Us upon request.
- (b) You are required to report to the Company all administrative actions taken against You in any jurisdiction by any regulatory body within 30 calendar days of action being initiated and within 30 calendar days of the final disposition of the matter.
- (c) You are required to report to the Company any criminal prosecution by any jurisdiction within 30 calendar days after the earlier of the initial pretrial hearing date, indictment, consent decree, or judgment for a felony or a moral turpitude offense.
- (d) You may not assign or delegate any duties or responsibilities imposed by this contract without Our prior written consent. If You do so, You unconditionally guarantee the performance and obligations of the assignee and/or delegatee.

AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

By: \_\_\_\_\_  
(Agent signature from appointment application incorporated here)

By: \_\_\_\_\_  
President



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

# Agent Appointment Only Application

(Please TYPE or PRINT clearly in Black Ink)

1. Name \_\_\_\_\_  
(as it appears on your license - please attach current copy of resident license)
2. Residence Address (required)
 

Street	City	State	Zip
--------	------	-------	-----
3. Business Address
 

Street	City	State	Zip
--------	------	-------	-----
4. Residence Phone (\_\_\_\_) \_\_\_\_\_
5. Business Phone (\_\_\_\_) \_\_\_\_\_
6. Fax # (\_\_\_\_) \_\_\_\_\_
7. Preferred Mailing To:  Residence or  Business
8. E-Mail \_\_\_\_\_
9.  Female  Male
10. Date of Birth \_\_\_\_\_
11. Social Security Number \_\_\_\_\_
12. Company specific product training completed?  Yes  No
13. For which states do you wish non-resident appointments? \_\_\_\_\_  
(attach copy of current non resident licenses; fees required for non-resident appointments)
14. Do you have a Securities License?  Yes  No (Please complete form 3013-BD Broker Dealer Declaration form if you need to have commissions paid to your Broker dealer)
15. 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 \$ \_\_\_\_\_
16. 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, been investigated by, had an administrative action taken against you, or had a consent decree, reprimand or any disciplinary action taken by any regulatory agency including FINRA .....  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 at any time had a state or federal criminal conviction, guilty plea, nolo contendere plea or plea agreement for a felony or misdemeanor offense of any kind except traffic related incidents?.....  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
17. Errors and Omissions Coverage?  Yes  No If Yes, amount \$ \_\_\_\_\_
18. Antimoney Laundering (AML) Certification?  Yes  No If Yes, date of most recent course completion \_\_\_\_\_ name of course provider \_\_\_\_\_. PLEASE ENCLOSE A COPY OF YOUR COURSE 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 signing below, he/she acknowledges and certifies that he/she has read and accepts all of the terms and conditions of the Agent's Appointment Agreement Form 3002, 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 \_\_\_\_\_



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

# Agent's Appointment Only Agreement

American Equity Investment Life Insurance Company

## Agent Name \_\_\_\_\_

An Agreement between American Equity Investment Life Insurance Company (hereinafter "Company") and the Agent named above (hereinafter "Me", "I", "Myself").

The Company is hereby requested to make application to the Department of Insurance of My State for the issuance of an appointment authorizing Me to solicit applications on behalf of the Company.

I hereby agree that the Company's consent to the issuance for such appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

1. That I shall be an agent assigned to, and under the control of the Sponsoring Agent listed below.
2. That the Company has no obligation to Me for commissions, policyholder information, 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 My Sponsoring Agent who has agreed to compensate Me for such services; and
3. That I have no 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, policies, procedures, requirements, and rate books of the Company, the laws and regulations of any state/territory 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, or use or distribute any sales or other materials that reference the Company or its products, in any respect, without prior written consent of the Company.
6. That I shall promptly remit to My Sponsoring Agent or the Company any and all monies or securities received by Me on behalf of the Company, full or partial payment of first year or renewal premiums, or any other item whatsoever; and
7. That I shall not obligate the Company nor incur expense or liability on its behalf in any manner whatsoever; and
8. That the Company may, without liability to Me whatsoever, upon request of My Sponsoring Agent or upon its own initiative, cancel this appointment at any time for any reason.
9. I acknowledge receipt of the Company's privacy policy regarding use of policyholder information and I agree to comply with the terms of such policy, as applicable. I will not disclose or use a policyholder's non-public personal or financial information other than to perform My duties under this Agreement.

I request an Insurance Appointment for the State of \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Agent

This applicant is recommended for appointment as an agent assigned to my control, subject to the terms of my Agent's Contract with the Company and this Agreement.

\_\_\_\_\_  
 Print Name of Sponsoring Agent

\_\_\_\_\_  
 Signature of Sponsoring Agent

The Company approves the above agreement subject to all provisions herein.

By: \_\_\_\_\_  
 Authorized Home Office Signature





P.O. Box 71216  
 Des Moines, IA 50325  
 888-221-1234  
 Fax 515-222-5952  
 www.american-equity.com

# AUTHORIZATION AGREEMENT

## *For Pre-Authorized Payments (Credits)*

I (We) hereby authorize American Equity Investment Life Insurance Company, hereinafter called The Company, to initiate **credit entries**, electronically, by paper means or by any other commercially accepted method, to My (Our) checking/saving account indicated below and the financial institution named below, hereinafter called Financial Institution, to credit the same such account.

FINANCIAL INSTITUTION	BRANCH	
CITY	STATE	ZIP
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

I (we) hereby authorize the Company to send My (Our) commission statements electronically to the email account indicated below.

E-MAIL ADDRESS
----------------

This authorization is to remain in full force until The Company and Financial Institution have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Company and Financial Institution a reasonable opportunity to act on it.

NAME(S)	AGENT NUMBER(S)	DATE
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE	
X	X	

### **IMPORTANT: ATTACH VOIDED PERSONAL CHECK BELOW ▼**

\*Please note: Simply depositing your funds in a corporate or agency account will not result in the 1099 being issued to the corporation or agency. Please contact Agency Services at 888-221-1234 option 4 for more information.



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

# CONSUMER REPORT *Authorization*

In connection with determining my eligibility for appointment as an agent of American Equity Investment Life Insurance Company ("American Equity") or its affiliates, and/or for purposes of evaluating me for reassignment or retention as an agent of American Equity or its affiliates, I understand that American Equity or its affiliates will obtain credit and/or investigative consumer reports on me. I understand the investigative reports may contain information regarding my criminal record, credit history, driving record, education record, and job history, or information otherwise bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I understand that this information will be used by American Equity or its affiliates to make decisions about my appointment as an agent of American Equity or its affiliates.

I understand that American Equity or its affiliates may disclose to upline agent(s) and/or recruiter(s) any reports referred to in this Authorization, including any information obtained in the future on my sales or other activities and any information relating to any termination of my contract with American Equity or its affiliates and I authorize American Equity and/or its affiliates to disclose any such information.

By signing this form, I 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 American Equity or any of its affiliates. I agree to keep this Authorization in effect during the term of my contract and acknowledge that American Equity and/or its affiliates may use this form to procure a future report based upon this Authorization. A photocopy of this authorization shall be deemed as valid as the original.

\_\_\_\_\_  
 Printed Name

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

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Social Security Number

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

A complete and accurate disclosure of the nature and scope of these reports, if made, will be provided to you by U.S. mail per your request (please check below)

Yes, I would like a copy of my credit report mailed to me.

**Report Disclosures For California, Maine, Minnesota, Oklahoma, and Washington Residents**  
*(CT Residents see reverse side of this form)*

Pursuant to the laws and regulations of the states of California, Maine, Minnesota, Oklahoma, and Washington, you are hereby notified that a consumer credit report and debit balance verification will be obtained through the following in connection with this application:

Business Information Group PO Box 541 Southampton, PA 18966 www.bigreport.com 800-260-1680	Vector One PO Box 12368 Scottsdale, AZ 85267 www.vector-one.com 800-860-6546
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

***Applicant -- Please read carefully and sign below:***

I also authorize the Company to share with any of the American Equity companies with which I may contract now or in the future any credit reports and consumer investigation reports that may be obtained. I also authorize the Company to continually obtain credit reports and consumer investigation reports in the future without prior approval by me and without notice by the Company for as long as I may be contracted with the Company.

If you have any questions regarding your rights under the Federal Credit Reporting Act, please go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or contact your state's credit reporting authority where available.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

# **CONSUMER REPORT *Authorization***

---

## Report Disclosure For Connecticut Residents

You have a right to obtain a copy of your credit file from a credit rating agency. You may be charged a reasonable fee not exceeding five dollars for your first request in twelve months or seven dollars and fifty cents for any subsequent request in that same twelve-month period. There is no fee, however, if you have been turned down for credit, employment, insurance or a rental dwelling because of information in your credit report within the preceding sixty days. The credit rating agency must provide someone to help you interpret the information in your credit file.

You have a right to dispute inaccurate information by contacting the credit rating agency directly. However, neither you nor any credit repair company or credit service organization has the right to have accurate, current and verifiable information removed from your credit report. Under the federal Fair Credit Reporting Act, the credit rating agency must remove accurate, negative information from your report only if it is over seven years old. Bankruptcy information can be reported for ten years.

If you have notified a credit rating agency in writing that you dispute the accuracy of information in your file, the credit rating agency must then, within thirty business days, reinvestigate and modify or remove inaccurate information. If you provide additional information to the credit rating agency, the agency may extend this time period by fifteen business days. The credit rating agency shall provide you with a toll-free telephone number to use in resolving the dispute.

The credit rating agency may not charge a fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the credit rating agency.

If reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the credit rating agency to keep in your file, explaining why you think the record is inaccurate. The credit rating agency must include your statement about disputed information in a report it issues about you.

You have a right to receive a record of all inquiries relating to a credit transaction initiated in twelve months preceding your request which resulted in the provision of a credit report.

You may request in writing that the information contained in your file not be provided to a third party for marketing purposes.

If you have reviewed your credit report with the credit rating agency and are dissatisfied, you may contact the Connecticut Department of Banking. You have a right to bring civil action against anyone who knowingly or willfully misuses file data or improperly obtains access to your file.



P.O. Box 10343  
Des Moines, IA 50306-0343  
888-221-1234  
Fax 515-226-3129  
life.american-equity.com

# PAY ON DEATH FORM

Please complete this form to designate a person to receive any unpaid commission owed to by you under American Equity's commission schedule in the event of your death. Any commission owed and unpaid at the time of your death would be paid to the designee listed below on receipt of a certified copy of your death certificate and in accordance with the terms of the commission schedule in effect at the time the commission to owed.

If no designee is named or if the designee predeceases you, any unpaid owed commission will be paid to your Estate. **This "Pay on Death" Form revokes any previous pay on death forms.**

**AGENT INFORMATION (please print):**

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE INITIAL      SOCIAL SECURITY #      AGENT #

**ACTION TO BE TAKEN:**

- Add POD Designee           Modify POD Information           Change POD Designee

**DESIGNEE INFORMATION: Only one designee may be named**

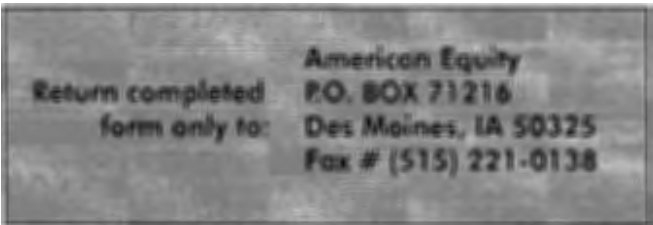
\_\_\_\_\_  
NAME                                      SOCIAL SECURITY #                      DATE OF BIRTH

\_\_\_\_\_  
ADDRESS                                      CITY, STATE                      ZIP

By signing below, I agree that any owed commission not yet paid to me at the time of my death shall be payable to the above-named designee.

\_\_\_\_\_  
AGENT'S SIGNATURE

\_\_\_\_\_  
DATE



**\*FORM MUST BE NOTARIZED\***

State of _____
County of _____
Signed and sworn to (or affirmed) before me on _____ Date
By _____
_____ Name(s) of Person(s)
_____ Signature of Notary Public
_____ Title (or Rank for Military Personnel)
Stamp/Seal