

AMERICAN GENERAL LIFE COMPANIES

AGENT SURVEY FORM

[INDIVIDUALS ONLY]

PAGE 1: CODING INFORMATION

Complete all pages. Type or print clearly. For assistance in completing this form or questions concerning licensing or appointment, please call 1-800-538-8381. Return completed Survey Forms to the requestor listed below.

Requestor name and address: American General Annuity Administration (DPEN), PO Box 1277, Wilmington, DE 19899-1277

BRANCH OFFICE: Money Concepts International Inc. Tax ID: 20-4715468

Name: _____

Address: _____

Complete a Survey Form for each person submitting applications either individually or through a corporation/agency.

APPLICANT NAME: (As it appears on license)

Date of Birth: _____ - _____ - _____ Sex: M ___ F ___
Month Day Year

Last First MI Maiden

Social Security #: _____
(must be provided)

Residence: _____
Street

Place of Birth (if other than U.S.): _____

City State Zip

Home Telephone #: _____

Business Address: _____
Street

Business Telephone #: _____

City State Zip

Facsimile #: _____

Have you ever been licensed with AIG Life, AGLDE, Delam or Allife before?

Yes ___ No ___ If yes, when? _____

In what state(s) are you requesting appointment with the Company? (attach license copy(s) for these states only) _____

FLORIDA residents must specify the Florida county where their business office is located: _____

NON-RESIDENT FLORIDA agents soliciting in Florida must list the county(s) in Florida in which they intend to personally solicit: _____

PLEASE ATTACH CURRENT COPIES OF YOUR LICENSES RESIDENT: _____ NON-RESIDENT: _____

VARIABLE LICENSING: Are you a registered rep under the NASD? Yes ___ No ___ Provide a copy of your current NASD U-4 status report if you want to sell our variable products. IN ORDER TO SELL OUR VARIABLE PRODUCTS, YOUR BROKER DEALER MUST HAVE A CURRENT SELLING AGREEMENT WITH AMERICAN GENERAL EQUITY SERVICES CORPORATION (AGESC).

PAYMENT/COMMISSION CHECKS TO BE ISSUED TO: Money Concepts International Inc.
(Name as it appears on license)

MAILING ADDRESS: 11440 N. Jog Rd., Palm Beach Gardens, FL 33418
THIS BOX MUST BE COMPLETED

If other than the applicant, I authorize the release of payments/commissions to the licensed person or entity indicated above, and further agree to indemnify and hold the Company harmless from any liability from or arising out of any payments made in accordance with such designation.

LICENSE INFORMATION (If the answer to any of these questions is yes, attach a full explanation.)

- 1. Have you had an insurance license suspended or revoked? Yes ___ No ___
- 2. Have you ever had complaints registered against them with any Department of Insurance, or other state regulatory agency? Yes ___ No ___
- 3. Have you ever been fined or otherwise reprimanded by any licensing authority? Yes ___ No ___

THIS IS NOT A LICENSE APPLICATION. This form is for Home Office Use Only and must be accompanied by an Agency transmittal, completed Agency agreement(s), licensing/appointment forms, and any other State requirements.

PAGE 2: CONFIDENTIAL HISTORY/BACKGROUND INFORMATION

Please type or print – be sure to answer each question completely and attach full explanation to any 'yes' answer.

I. PERSONAL INFORMATION

1. If you have resided at your current address for 3 years or less, provide previous location(s) to cover a 5 year period:

2. Professional Designation: LUTC [] CLU [] FLMI [] OTHER: _____
Please Specify

3. Recognition: MDRT [] NQA [] NSAA []

4. Do you owe money to any insurance company, other than commission adjustments not due over 30 days? Yes [] No []

5. Do you have any unsatisfied judgments, liens, or garnishments against you? Yes _____ No _____

6. Have you filed a bankruptcy petition or been declared bankrupt or insolvent? Yes _____ No _____

7. Has a bonding company denied, paid out on, or revoked a bond for you? Yes _____ No _____

8. Have you ever been convicted of any criminal offense in any court (other than minor traffic infractions for which a court appearance was not required)? Yes _____ No _____. If yes, please describe each offense and state with particularity the specific offense involved, the date and location of the conviction, and whether the conviction was for a felony or misdemeanor.

9. Have you ever been charged with any criminal offense in any court (other than minor traffic infractions for which a court appearance was not required)? Yes _____ No _____. If yes, please describe each offense charged and state with particularity the specific charge involved and whether the conviction was for a felony or misdemeanor.

10. Do you have Errors and Omissions Insurance? Yes _____ No _____ (If yes, please attach a copy of your policy)

Policy Number _____

Company _____

II. EMPLOYMENT HISTORY:

List ALL positions held in the last 5 years. Start with present or most recent employment.

EMPLOYER NAME AND ADDRESS	EMPLOYMENT DATES	REASON(S) FOR LEAVING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List ALL insurance companies and Broker/Dealers (if NASD Licensed) with which you hold a current appointment:

I understand that any misrepresentation of the facts contained herein constitutes grounds for termination for cause of such appointment made by the company. I certify that the answers to the above questions are true and correct to the best of my knowledge, information and belief. Further, I understand and agree that the Company may furnish any information contained herein or subsequently developed by the Company, or its agents, to any affiliate or subsidiary of the Company and to any federal, state or local governmental or regulatory agency. If appointed, I agree to comply with and be bound by all the guidelines, rules, bulletins, or other written instructions issued by Company, now in force or as they may be hereafter promulgated, amended or supplemented and all applicable laws and regulations of any insurance department or other governmental authorities having jurisdiction over the agent, Company, or the subject matter of any contract. I understand and agree that I am not permitted to solicit insurance until I am licensed by the applicable state insurance department and, if required, appointed by the Company.

On behalf of the Agent, I hereby certify that the answers to the above questions are true and correct to the best of my knowledge, information and belief.

Agent Signature: X _____
(DO NOT PRINT)

Date: _____

e-mail Address: _____

American General Life Companies

- American General Life Insurance Company of Delaware ("AGLDE")
 American International Life Assurance Company of New York ("AILife")

AUTHORIZATION

I, _____, authorize the insurance company indicated above (the 'Company') and its affiliates to obtain an investigative consumer report on me to be used in connection with my application for appointment by the Company.

I further authorize all persons and entities, including but not limited to, employers, credit bureaus, investigative consumer reporting agencies and any other custodians of financial, personal or professional information regarding me, to release to the Company any and all data respecting my salary, duties, personal and professional behavior, credit and financial information, mode of living, and my character, including general reputation and personal characteristics.

I release and agree to hold all such persons authorized above harmless from all liability and responsibility for doing so.

Further, I understand and agree that the Company may furnish any information contained herein or subsequently developed by the Company, or its agents, to any affiliate or subsidiary developed by the Company, or its agents, to any affiliate or subsidiary of the Company and to any federal, state or local governmental or regulatory agency.

A photocopy of this authorization shall be deemed as valid as the original, and this authorization shall remain as valid and in full force and effect now and at any time in the future. I acknowledge that I have read and understand the above authorization.

Signature: X _____

Date: _____

Witness: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy in the files of every consumer reporting agency (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your files has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to \$6.00.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give a written notice telling you it has reinstated the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to the CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than 7 years old; 10 years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for 2 years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them in State and Federal court.

The FCRA gives several different Federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors, and others not listed below	Federal Trade Commission Consumer Response Center FCRA Washington, DC 20580 202-326-3761
National banks, Federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20210 800-613-6743
Federal Reserve System member banks (except National banks and Federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20561 202-452-3693
Savings association and Federally chartered savings banks (word "Federal" or initials "F. S. B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20562 800-842-692
Federal Credit Unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051