

Complete this section when Agent is also submitting New Business

Insured Name: _____ Policy Number (if known): _____

Application Signed State: _____ Application Signed Date: _____

Date: _____ Submitted By: _____ Code #: _____

Corporation Name: _____

Agent Name: _____ Agent Number (if available): _____

CONTACT INFORMATION

FOR MISSING DOCUMENTS OR PAGES

Name: _____

Phone: _____

Fax: _____

Email: _____

FOR L&C FOLLOWUP

Name: _____

Phone: _____

Fax: _____

Email: _____

DOCUMENTS ATTACHED

New Agent Contracting

(Required Forms)

- Appointment Application
- Agency Agreement

OR

- Life Sales Solicitor's Agreement
- EFT Forms AND Voided Check

(Optional Forms)

- Assignment of Commission
- Assignment of Agent Contract

Contract Maintenance

- Address Change Form
- Contract Change Form

Other

- Outstanding Requirement
- State Correspondence
- Termination Request
- Other _____

SPECIAL INSTRUCTIONS:

SUBMISSION INSTRUCTIONS

FAX AND TRADITIONAL MAIL

Toll Free Fax: 877-484-3142
Mailing Address: American General
P.O. Box 4229
Houston, TX 77210-4229

OVERNIGHT ADDRESS

Overnight Address (non-USPS shipments)
American General
2727 A Allen Parkway B-F4
Houston, TX 77019

P.O. Box 4229, Houston, TX 77210-4229 • Fax 1-877-484-3142

Individual
SSN: _____
Applicant Name: _____
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Resident Address: _____ _____
Business Address: _____ _____
Phone Number: _____
Business Number: _____
Fax Number: _____
Email Address: _____
<input type="checkbox"/> I am an officer of the Corporation.

Corporation
TIN: _____
Corporate Name: _____
Corporate Address: _____ _____
Phone Number: _____
Fax Number: _____
Email Address: _____
<input type="checkbox"/> Additional authorized signers for the corporation: _____

Background Information Required on All Applicants

	YES	NO
1. Have you ever been convicted of or plead guilty or no contest to:		
a. Any Felony?	<input type="checkbox"/>	<input type="checkbox"/>
b. Any Misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
c. A violation of federal or state securities or investment related regulation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you now owe money to any life or health insurance company?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or a firm in which you were a partner, officer, or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgments against you? ..	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any insurance or financial services employer, or broker-dealer terminated your contract or permitted you to resign for reason other than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, censured, barred, or otherwise disciplined your membership, license, registration, or disciplined you with fines or by restricting your activities?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a resident of CA, OK, or MN and would like a copy of the consumer report obtained on you, please check here.....	<input type="checkbox"/>	

REMARKS SECTION: Details of "yes" answers above. Provide date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.

Agent Name: _____

SSN / FEIN: _____

Licensing and State Appointment Request

AGL Only: Please submit appropriate fees for nonresident appointments. USL does not appoint outside the state of NY.

In which states do you want to be appointed? _____

Variable Licensing – Complete ONLY when variable appointment is requested

Who is your Broker/Dealer? _____ CRD Number: _____

Check one:

I would like to utilize the support services of my intermediary (IW) to service my VUL sales. _____
(IW name/code number)

I do not plan to use the support services of my intermediary for VUL sales.

*An intermediary is an agency or organization that may provide you with one or more of the following: new business application processing, sales support, or other services. American General Life Companies, LLC refers to these intermediaries as 'IMO's', or 'agencies'. If you currently work with an intermediary for fixed business, this organization may provide similar support for variable sales. When an intermediary is contracted by American General Life Companies, LLC to support sales of variable universal life products, it is referred to as an Independent Wholesaler.

NOTE: You will be assigned a separate agent number for variable business.

Additional Forms Section

Annualization: Please attach annualization form when requesting annualization. (Available on a limited basis.)

Electronic Funds Transfer (EFT): Please attach EFT form and a copy of a voided check when requesting to receive commissions electronically.

Signature and Authorization

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that in signing this form, I hereby authorize the American General Life Companies, LLC (hereinafter collectively referred to as the "American General Affiliates") that I have requested appointments with to investigate my background, including my credit history and interviews with former employers and/or primary insurance company. I authorize the American General Affiliates and individuals named in the application to give the American General Affiliates any information regarding me that they have available. I agree that if any of my answers to the questions in the Background Information Section change, I will notify American General Affiliates in writing within 10 days of the incident. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates to report information about earnings and debit balances to any credit bureau or similar organization. I understand that my signed authorization is valid for an indefinite period of time.

I further authorize American General Affiliates to verify my previous employment and securities registration history, insurance licensing status, or regulatory review information (RIRS) through the CRD, FINRA/PDB and state insurance department systems. I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I will immediately review the "Compliance Manual" for the American General Life Companies, LLC and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

By signing the authorization, I certify that my E&O policy extends coverage to the person or entity requesting contracting and/or appointment. I agree to provide a copy of the E&O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my contract and appointment(s) is active with American General Affiliates. I further understand and acknowledge that this is a minimum level only, and if my E&O coverage needs are in excess of \$1 million, I agree to ensure that my E&O coverage needs are addressed appropriately.

The Department of Treasury's final rule for Anti-Money Laundering Programs for Insurance Companies requires that the company integrate their producers and/or brokers into an anti-money laundering program and to provide training. As a producer or broker appointed with one or more of the American General Life Companies, LLC, I am required to complete an approved AML training course available online through LIMRA.

Date: _____ Signature: _____
Signature of Individual

Print Name: _____
Print Name of Individual –or– Principal of Corporation

American General

Life Companies

Recruiter Page

Agent Name: _____

SSN / FEIN: _____

Recruiter Section – UPLINE ONLY
CHOOSE ONLY ONE BOX.

Primary mailing and commission address: (Commission checks are made payable to the agent, unless an Assignment of Commissions form is submitted)

- Use primary mailing address, phone contact, e-mail and faxes as given on page 1. (Corporate address if completed)
- Use information provided below:

Mail and other communication: Agency Name: _____ Agency Code: (TIN if pending) _____ OR Business Address: _____ _____ City State Zip Phone Number: _____ Fax Number: _____	Commission Information Only: Agency Name: _____ Agency Code: (TIN if pending) _____ OR Business Address: _____ _____ City State Zip Phone Number: _____
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- Contract Level Requested: Life Sales/Solicitor Agent/Producer GA 2 GA 1 GA
 Recruiting GA1 Recruiting GA IMO MO NMO

Direct Upline Agent Code: _____ (TIN if pending)

Independent Wholesaler (IW) Code: _____ (if applicable)

Commission Level – Must be Completed

AGL
Life Products: First Year Level (Required) _____
Life Renewal Level (Required) _____
Specialty Products: First Year/Renewal Level _____
AGL Annuity: First Year/Renewal Level _____
A & H: First Year Level _____
A & H Renewal Level _____
(HO Approval) Productivity Bonus Level _____

USL: (Signed USL contract(s) must accompany packet.)
USL Recruiter/Upline Number: _____
GA1: Override _____%
EAP _____%
GA2: EAP _____%

Will any New Business be submitted within the next 30 days? Y / N (circle one)

Policy Number: _____ Proposed Insured Name: _____

Signature of Recruiter

The undersigned [recommending representative or Intermediary] by executing this application recommends the applicant to American General Life Companies, LLC as a suitable person to represent the companies. The recommending individual or Intermediary also agrees to supervise and assume responsibility for the applicant, if appointed by American General Life Companies, LLC, in accordance with the terms of his/her Contract.

Signature: _____ Date: _____
Signature of Recruiter

Print Name: _____ Agent/Agency Code # _____
Print name of Recruiter (Required)

American General

Life Companies

Fair Credit Reporting Act – Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointment process, each company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living, from First Advantage or another consumer reporting agency. First Advantage is located at P.O. Box 3367, Seminole, FL 33775 or by calling 1-800-321-4473. You have the right to request, in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Send your request to:
Licensing and Contracting Department
P.O. Box 4229
Houston, TX 77210-4229

Also, each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates, unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.

Additional State Law Notices

California: Under section 1789.22 of the California Civil Code, you may view the file maintained on you by First Advantage upon submitting proper identification during normal business hours. You may obtain a copy of this file upon paying the duplication costs. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. You may also submit a written request by certified mail, along with proper identification, for a copy of this file. You may in the written request ask for the information to be provided by telephone, provided that you pay the costs associated with the telephone call.

New York: You have the right, upon request, to be informed of whether or not a consumer report was requested.

The United States Life Insurance Company in the City of New York, New York, NY

THIS CONTRACT is made this _____ day of _____,

by and between _____ General Agent of The United States

Life Insurance Company in the City of New York, New York, NY and _____
(hereinafter called "The Producer")

1. AUTHORITY

a) The General Agent appoints the Producer to solicit and procure applications for all types of insurance and annuities issued by the Company subject to the terms, conditions, and limitations set forth herein.

b) The Producer shall be free to exercise his own judgment as to the persons whom he will solicit and the time and place of such solicitations but shall comply with and be bound by the rules of the Company not interfering with such freedom of action of the Producer. Nothing contained herein shall be construed to create the relationship of employer and employee between the Company or the General Agent and the Producer.

c) The Producer has no authority to do and agrees not to do or attempt to do the following: (1) to make, alter or discharge any contract, policy or receipt, nor to waive any forfeiture provisions or condition thereof; (2) to receive any monies on behalf of the Company except initial premiums and then only upon strict compliance with the terms and conditions of the receipts, policies or contracts issued by the Company and with the rules of the Company; (3) to rebate or offer to rebate any part of a premium; (4) to issue or circulate any advertising material, circular or pamphlet relating to the Company unless the same shall have been authorized and approved in writing by the Company; (5) to make any misrepresentation or incomplete comparison for the purpose of inducing a policyholder in this or any other company to convert, lapse, forfeit or surrender his insurance therein; (6) to bind or obligate the Company or subject the Company to any liability unless specifically authorized in writing by the Company; (7) to endorse any checks payable to the General Agent or the Company.

2. COMPENSATION

a) The General Agent agrees to pay to the Producer the commissions shown in the Commission Schedule in effect at the time of application for the policies, a copy of which is attached hereto, in accordance with the Company's rules and subject to the terms and conditions of this Contract, on premiums covering insurance policies hereafter issued by the Company on applications submitted by the Producer through the General Agent, when and as such premiums are paid to and accepted by the Company.

b) The Producer shall have no claim for commissions on any business unless the Producer actually solicited the application and his name appears thereon as Agent. It is agreed that the Producer shall have no claim against the Company for commissions under this Contract except as provided under the terms of the Agreement of the Company annexed hereto.

c) The Commission Schedule may be changed at any time, with respect to business written thereafter, upon written notice from the General Agent to the Producer.

d) Any monies due the Producer hereunder shall be subject to reduction or offset for any indebtedness of the Producer to the General Agent or the Company.

e) If the Company shall, either during the continuance of the Contract or after its termination, return the premium on any policy for any reason, the Producer agrees to repay all commissions received on premiums so returned to the General Agent or the Company upon demand.

f) If any policy shall terminate for non-payment of premium and be reinstated subsequently, the Producer shall not be entitled to any further commissions on such policy unless it is reinstated by the Producer himself during the continuance of this Contract.

3. GENERAL PROVISIONS

a) The Producer agrees to comply with all applicable insurance laws and regulations and with all the published rules, regulations and instructions of the Company now in force and such as may hereafter be adopted.

b) The Producer specifically agrees to indemnify and to save the General Agent and the Company harmless against or from liability of any type for judgments, litigation costs, damages, attorney's fees, fines, penalties or other losses or expenses incurred by the General Agent or Company resulting from or growing out of any unauthorized act by the Producer, the Producer's employees or representatives.

c) The Producer shall maintain in good order the records and accounts of business transacted on behalf of the Company for inspection by, or delivery to the General Agent or the Company upon request.

d) No assignment of the commissions or other rights accruing under this Contract shall be binding upon the General Agent or the Company unless consented to in writing by the General Agent and the Company; any such assignment shall be subject to the right of reduction or setoff as provided in paragraph 2(d) above.

e) If, subject to the written consent of the Company, the Agreement between the General Agent and the Company is assigned to a successor General Agent, the successor General Agent shall be substituted for and in the place of the General Agent under this Contract and shall assume all liability for payment of the commissions hereunder and such payment shall release the General Agent named herein from any and all liability therefor.

f) All premiums received by the Producer for the Company shall be immediately paid over to the General Agent.

g) This Contract shall supersede any and all previous agreements between the General Agent and the Producer with respect to any individual life insurance policies, group policies, and annuity contracts written after the date of this Contract.

h) The failure of the General Agent to enact strict compliance with the terms of this Contract or the failure to declare any default when the same shall become known to the General Agent, shall not operate as a waiver of such conditions nor release the Producer from his obligation to perform this Contract strictly in accordance with its terms.

i) The Company reserves the right to discontinue writing all or any part of its business in any jurisdiction upon written notice thereof by the General Agent to the Producer and neither the Company nor the General Agent shall incur liability to the Producer by reason of the Company doing so.

4) TERMINATION

a) Any violation of any sections of paragraphs 1(c) or 3(f) of this Contract, or, the Producer's withholding or converting to his own use funds or property of the General Agent or the Company, an applicant, or insured, shall effect an immediate termination of this Contract and a forfeiture of any and all commissions and other rights which would otherwise accrue to the Producer. It is expressly agreed that prior termination of this Contract shall not terminate this provision.

b) This Contract shall automatically terminate upon (i) the death of the Producer, if the Producer be an individual (ii) the dissolution of the partnership, if the Producer be a partnership, or (iii) the dissolution of the corporation, if the Producer be a corporation.

c) This Contract, unless otherwise terminated as provided in sections 4(a) or 4(b) above, may be immediately terminated by either the General Agent or the Producer upon the mailing of written notice to the other party at the last known address of such other party.

5) SPECIFIC PROVISIONS - INDIVIDUAL INSURANCE

a) No commissions will be allowed on premiums waived on account of total and permanent disability of the Insured.

b) If a policy is changed or converted to a new policy or if a new policy is issued and a previously existing policy on the same life is terminated within six months before or after the issue of the new policy, the commissions payable on the new policy shall be determined by the rules of the Company current at the time of such change, conversion or new business.

c) If this Contract be terminated other than as provided in paragraph 4(a) hereof, the Producer shall receive commissions as provided in the Commissions Schedule with respect to premium paid to and accepted by the Company on and after the date of such termination subject to all rules of Paragraph 2 of this Contract.

6) SPECIFIC PROVISIONS - GROUP INSURANCE

a) The first year commission rate shall apply to premiums for each policy covering the period of one year (or any part thereof) from the effective date of each policy; the renewal commission rate shall apply to premiums for each policy year thereafter so long as the Producer is legally authorized to solicit such insurance by the insurance department having jurisdiction over the policies.

b) Renewal commissions will continue to be paid so long as the Producer (1) is legally authorized to solicit such insurance by the insurance department having jurisdiction over the policies; (2) is continuously and actively engaged as an Agent, Broker, or Producer in the insurance business; (3) is recognized by the policyholder as Agent, Broker or Producer of record; (4) services the policies covered by this Contract in a manner satisfactory to the Company; and (5) this Contract remains in force.

c) In the event of the extension of any of the policies to cover persons not included on the effective date of the policy or in the event the existing policy is revised to increase the schedule of insurance or add a new benefit for those already insured, this Producer Contract shall not apply to premiums for such additional insurance but commissions shall be paid in accordance with the rules of the Company existing on the date of the extension or addition.

d) Commission adjustments will be made at the end of each premium paying period. Except as provided in the preceding paragraph, if the original premium for any premium paying period has been increased by net adjustments during said period, additional commission will be allowed upon the net increase; if it has been decreased, a refund of commission must be made by the Producer and such refund commission shall be a first charge against any commissions accrued or to accrue under any insurance policy in the Company and may be deducted therefrom.

7) AGREEMENT OF THE COMPANY

THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK, NEW YORK, NY hereby agrees that, in the event the Agreement between the General Agent and the Company is terminated,

a) it will pay directly to the Producer the commissions which may thereafter become due and payable to the Producer under this Producer's Contract; b) the Producer without further action or notice, may continue to submit applications for policies and contracts issued by the Company directly to the Company or such representative as may be designated by the Company to receive them until this Producer's Contract shall be otherwise terminated; c) unless this Producer's Contract is terminated as provided in paragraphs 4(a) or 4(b) or by either the Producer or the Company giving written notice of termination to the other party, it shall continue in force as between the Company and the Producer upon the same terms and conditions as set forth in the Contract.

CONTINUING SERVICE FEE AGREEMENT - INDIVIDUAL LIFE INSURANCE

This Agreement, effective the same date of the Producer's Contract is between the Producer and THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK, NEW YORK, NY (hereafter called "The Company")

Subject to the terms and conditions herein provided, the Company will pay to the Producer, a Service Fee on business written by the Producer and issued by the Company.

1. **Service Fee.** In order to qualify for the Service Fee, the Producer must have completed the Basic Qualification hereafter described. The Service Fee will be paid during the calendar year immediately following the calendar year in which the Basic Qualification has been completed and in any calendar year thereof which is immediately preceded by a calendar year in which the Producer has earned at least \$1200.00 of the first year commissions. If, however, the Producer be an individual and completes the Basic Qualification, then beginning on his retirement date, hereinafter defined, the Service Fee will be paid each calendar year thereafter so long as the Producer shall live. The retirement date of an individual shall be the first day of January of the earliest calendar year (1) following his 65th birthday and (2) immediately preceded by seven calendar years in which the Producer has earned not less than \$1200.00 first year commissions in each of four thereof.

The Service Fee shall be payable only on individual life insurance policies and annuity contracts having issue dates on or after the beginning of the first calendar year which is credited to the Basic Qualification, issued by the Company on applications solicited by the Producer and on which his name appears as Agent. The Service Fee shall be equal to 2% of the premiums accruing on such policies and contracts after the tenth policy or contract year thereof as shall be paid to and accepted by the Company during any calendar year in which the Service Fee is payable.

2. **Basic Qualification.** In order to qualify for the Service Fee, the Producer must have earned first year commissions on business written for the Company of at least \$600.00 in each

calendar year for two calendar years followed by first year commissions of at least \$1200.00 in each calendar year for any succeeding eight calendar years. PROVIDED, HOWEVER, that if the Producer fails to earn at least \$600.00 of first year commissions in each calendar year for any two consecutive calendar years, he shall not receive any credit toward his Basic Qualification for any calendar year prior thereto. Only calendar years after the effective date of this Agreement shall be credited toward the Basic Qualification.

3. Disability. If, in the sole judgment of the Company, the Producer is totally disabled for a period of 60 days or more in any calendar year, the requirement for qualification in such calendar year may be reduced proportionately.

4. First Year Commissions. For the purpose of this Agreement first year commissions shall mean first year commissions earned by the Producer on first year premiums on individual life insurance policies and annuity contracts issued by the Company on applications solicited by the Producer and on which his name appears as Agent. For the purpose of this Agreement first year commissions shall be earned when such first year premiums are actually due and paid to and accepted by the Company. The Company's determination of first year commissions which are to be taken into account for the purpose of this Agreement shall be final and binding upon the Producer.

5. Payment of Service Fee. Any Service Fee accruing hereunder shall be paid quarterly unless the Company elects to pay on some other basis but in no event less frequently than annually.

6. Termination of Service Fee. Accrual of all Service Fees shall cease upon termination of the Producer's contract. Any such termination shall not affect the payment of any Service Fees which have accrued prior thereto, unless termination has been in accordance with section 4(a) of the Producer's Contract.

7. Nonassignability. The Producer may not assign this Agreement or any right or interest which may accrue to him hereunder, it being an express condition of this Agreement that it shall not be subject to assignment.

8. Independent Agreement. This Agreement shall be deemed separate and independent from any General Agent, District Agent, Producer, Agent or Broker Agreement between the Producer and the Company or any General Agent or District Agent of the Company and shall not affect, modify or limit in any way the rights or obligations of the respective parties under such General Agent, District Agent, Producer, Agent or Broker Agreement.

9. Relationship. Nothing contained herein shall be construed to create relationship of employer and employee between the Company and the Producer, it being understood that the Producer is not obligated hereunder to solicit applications on behalf of the Company, and that he shall be free to exercise his own judgment as to the persons whom he will solicit and the time and place of such solicitations.

10. Modification or Termination of Agreement. The Company reserves the right to change, modify or terminate this Agreement upon prior written notice to the last known address of the Producer provided, however, that no such change, modification or termination shall affect the Producer's rights hereunder which have accrued prior to the effective date of such change, modification or termination.

IN WITNESS WHEREOF, the parties hereto have duly executed the foregoing Producer's Contract and Continuing Service Fee Agreement on the day and year written above.

Signature of General Agent as party to the Producer's Contract

Signature of Producer as party to both the Producer's Contract and Continuing Service Fee Agreement

GENERAL AGENT

PRODUCER

Signature of individual authorized on behalf of Company for the Agreement of the Company annexed to the Producer's Contract and as a party to the Continuing Service Fee Agreement.

AUTHORIZED SIGNATURE

The United States Life Insurance Company
in the City of New York, New York, NY
830 Third Avenue
New York, NY 10022
(212) 709-6000

American General

Life Companies

Direct Deposit Authorization

Please be advised this form cannot be processed unless all sections are completed per the instructions below.

Agent Codes #1 _____ #2 _____ #3 _____	Tax Identification Number (TIN)	Corporation Name	Transaction Type <input type="checkbox"/> Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel
	Social Security Number	Agent Name	

Financial Institution			Phone	
Address		City	State	Zip
Bank Identification Number <i>*Cannot begin with the number 5</i>		Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a VOIDED CHECK</i>

AUTHORIZATION STATEMENT I authorize American General Life Company and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Life Company to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.	
Signature	Date Signed
GA Signature (if Applicable)	Date Signed

INSTRUCTIONS:
Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent Code(s) and check the Enroll box. NOTE: If you already have Direct Deposit and wish to change your bank or account, check the Revise box.
Section 2 Please complete Financial Institution information. Please attach a Voided Check for Checking Accounts. Please attach a Deposit Slip for Savings Accounts.
Section 3 Read authorization statement, sign, date and submit to: FAX: 1-866-826-5961 or MAIL: PO BOX 4229, Houston, TX 77210-4229
Not for use by Policy Holder