

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:

<p><b>Mail and other communication:</b></p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>	<p><b>Commission Information Only:</b></p> <p>Agency Name: _____</p> <p>Agency Code: (TIN if pending) _____</p> <p>OR</p> <p>Business Address: _____</p> <p style="text-align: center;">_____ City State Zip</p> <p>Phone Number: _____</p>
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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)*