

Aviva Life Licensing Instructions

Please download, complete and fax appointment paperwork to Tom Bodine (Fax #: 1-315.655.4784) along with a photocopy of your state(s) insurance license(s).

Please fax copy of the front cover of your errors & omissions insurance showing your policy number and dates of coverage.

Questions? Please call Tom Bodine at 1-877-341-3342
or email Tom at sfp@theusbroker.com

Please make sure that you have completed:

1. Aviva Agent Appointment
2. Front Cover of E&O Insurance
3. Don't forget to fax your State License

Application for Agent Appointment



To sell life insurance or annuity products of Aviva Life Insurance Company ("Aviva" or "the Company") an agent must first be properly licensed and then appointed by Aviva in the state in which the business will be written. This form is designed to expedite this process.

Section 1: Agent/Agency Completes

Agent or Agency Name		Social Security Number	Taxpayer ID Number
DBA Name		Principal's Name (if applicant is corporate entity)	
Residence Address (Number & Street, City, State, Zip Code)			
Business Address (if different) (Number & Street, City, State, Zip Code)			
Mailing Address (if different) (Number & Street, City, State, Zip Code)			
Date of Birth (Month/Day/Year)	Gender	Phone Number	Fax Number
	___ M ___ F	()	()
Email Address (Required for Appointment)			
Direct Deposit Information (Required for Appointment) - Please complete the following information AND attach a void check			
Bank Name and Address			
Bank Account Number		Bank Routing Number	

Section 2: General Agent/Supervisory Agent Completes

General Agent/Supervisory Agent	Agent Code
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Section 3: States in which Appointments are Requested (Attach Copies of Licenses)

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Section 4: Background Information (Agent Completes)

PLEASE NOTE: The Violent Crime Control and Law Enforcement Act of 1994, Title 18 U.S. Code Section 1033, prevents "Prohibited Persons" from engaging in the business of insurance. Under this statute, a person convicted of a Federal or State felony may be a prohibited person.

If you answer "Yes" to any of the following questions, please provide full details.

- Have you ever been convicted of, or pled guilty or no contest to, a federal or state felony?..... Yes No
- Is there currently a criminal investigation or proceeding in which you or your insurance agency are involved?..... Yes No
- Do you intend to use any sales or training materials, including seminars, direct mail, etc.?..... Yes No

<ul style="list-style-type: none"> Are you NASD Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the box to the right: 	<table border="1"> <tr> <td>Name of Broker/Dealer</td> <td>Your CRD Number</td> </tr> </table>	Name of Broker/Dealer	Your CRD Number
Name of Broker/Dealer	Your CRD Number		

- Are you currently indebted to any insurance company, ever filed for bankruptcy, or had any federal, state, or other liens against you? Yes No
- Have you ever had an appointment terminated by any company for cause, or ever been notified in writing that you were the subject of a consumer complaint or internal investigation?..... Yes No
- Are there any judgements, suits, pending actions or proceedings currently in process, or has any state or federal authority (including state Insurance Department, SEC or NASD) ever taken any disciplinary action against you or any business entity of which you were a principal? Yes No
- Have you ever been terminated or denied appointment with Aviva or any of its predecessors or affiliates?..... Yes No
- Are you currently covered by Errors & Omission Insurance?..... Yes No
(Attach a copy of the Specification page indicating a minimum of \$1 million coverage from a company with an AM Best rating of A or better.)
- Has a claim ever been made against your E&O coverage?..... Yes No
If you have ever made an E&O claim, attach a separate sheet with the details.

Section 5: Employment/Occupation History History must cover past 5 years. Attach a separate sheet if necessary.

From _____	To _____	Company Name _____	Position _____
Contact Person _____	Street Address _____	City _____	State _____ Zip Code _____
From _____	To _____	Company Name _____	Position _____
Contact Person _____	Street Address _____	City _____	State _____ Zip Code _____

Section 6: Certifications and Authorization to Obtain and Disclose Information

I understand and agree that as part of the Aviva agent appointment process, and in order to maintain my appointment in good standing, a background investigation may be conducted by a consumer reporting agency to verify the information in the Appointment Form or at any time during the term of my appointment. This investigation will include one or more consumer reports and may include one or more investigative consumer reports. The consumer report may include, but is not limited to, verification of my educational background, prior employment records, military records, credit history and criminal records, obtained, in whole or in part, through personal interviews with neighbors, friends, associates and acquaintances who may have knowledge concerning any such items of information.

I understand that a notice of the investigative consumer report may be provided to me. I may make a written request for additional information concerning the nature and scope of the investigation requested of the consumer reporting agency by Aviva. I understand that if adverse action is to be taken against me in whole or in part due to the results of the above-referenced consumer report or investigative consumer report, such report(s) will be made available through the consumer report provider under the Fair Credit Reporting Act, as amended. I further understand that I may have additional rights under applicable state law. **Pursuant to Section 604(b) of the Fair Credit Reporting Act, this serves as formal notice that a consumer report may be obtained by Aviva in connection with your application for appointment.**

I hereby authorize all companies, agencies, broker/dealer corporations, credit agencies, current and former employers, educational institutions, federal and state courts (civil and criminal), law enforcement agencies and all other persons to release and forward to Aviva and its consumer reporting agency any and all information, references and records sought in connection with any request for a background investigative report. I hereby release the above-referenced entities, the consumer reporting agency, Aviva and any of its affiliated companies (and any of its or their current or former agents, directors, employees, officers and representatives) from any and all liability that may arise directly or indirectly from seeking or providing this information or complying with this request.

I acknowledge that telephone conversations with Aviva may be recorded and/or monitored in order to maintain quality service and consent to same. Any photocopy of this authorization shall be as valid as the original. This authorization shall remain valid during the appointment process and for such time as my appointment with Aviva is active. I understand that the information contained in this Appointment Form will be used to determine my eligibility for appointment as an Agent with Aviva and for other purposes related to my appointment as Aviva may determine in its sole discretion. If appointed, I agree to comply with all policies and procedures of Aviva and understand that all commissions, service fees or other compensation may be paid directly to the General Agent/Supervisory Agent. I hereby certify that all information contained in the Application for Agent Appointment Form is true and complete.

Signature of Applicant Agent _____ Date _____

Section 7: Code of Conduct Agreement

I have read the Company's Market Conduct and Compliance Practices "Doing Business With Us Guide" as provided by my MGA and certify that I understand, and will comply with, the Company's policies, procedures, and code of ethical market conduct.

By signing below, I acknowledge that I will make recommendations and present products consistent with the insurance needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and Company procedures; I will communicate any client concerns or complaints to the Company in a timely manner and will notify the Company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company's products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

Signature of Applicant Agent _____ Date _____

Section 8: Acknowledgement of the Review of, And Agreement To, the Agent Contract and Compensation Schedules

Applicant Agent's Compensation Schedule(s) and Contract Type (to be completed by MGA/Upline Agent):

Life (Color): _____ Annuity Non-TSA (Color): _____ TSA (Color): _____

Contract Type (e.g. Level): _____

I hereby certify that I have read and reviewed all information submitted by the Applicant Agent and, to the best of my knowledge and belief, all such information is in accordance with Aviva's published policies and procedures. I hereby recommend this agent for appointment with Aviva.

MGA/Upline Agent Signature: _____

SHORT FORM AGENT CONTRACT

By execution hereof, the Applicant Agent hereby acknowledges that he/she/it has received, read and understands the Terms Details to the above-referenced Contract Type ("Agent Contract") and Compensation Schedule(s), which are incorporated by reference herein, and agrees to be bound by their terms and conditions, as such Agent Contract and Compensation Schedule(s) are amended from time to time.

Written notification of appointment of the Applicant Agent by the Company will constitute agreement by the Company to abide by and be subject to all of the terms and conditions set forth in the Agent Contract and the Compensation Schedule(s).

If Agent is an Individual:

Print Name: _____

Signature: _____

Date: _____

If Agent is a Business Entity:

Financial Guaranty:

The undersigned individual(s) hereby unconditionally, jointly and severally, guarantee the full and faithful performance of each and every obligation of Applicant Agent under this Contract. The undersigned waives notice of acceptance, presentation and protest and any other notice with respect to obligations guaranteed hereby.

Print Name of Business Entity:

The Authorized Signatory(ies) below represent and warrant that he/she/they have the necessary authority on behalf of themselves, and any stockholders, officers, directors, members and principals of the above-noted Business Entity, to sign below and bind the Business Entity to the Agent Contract and Compensation Schedule(s).

By its Authorized Signatory(ies) (attach additional sheets if necessary):

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Please be sure to send this completed form, along with all required attachments, to Aviva at the address noted below.

Note: Your appointment will be effective only upon written notification by the Company. Agents must be appointed with Aviva prior to soliciting any Aviva product, except where expressly permitted by state law. In such states, agents may solicit Aviva products prior to appointment, but only in compliance with the applicable law. Aviva expressly reserves the right to refuse or reject any application submitted prior to appointment.

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