

# PRODUCER INFORMATION

**INSTRUCTIONS:**

**STEP 1:** Complete, sign, and date this form below. Please note the term "you" or "your" refers to the entity or individual named below.

**STEP 2:** Send/Email this form to your Appointing General Agency.

MGA Name: \_\_\_\_\_

MGA Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Check one or both:*

**FIDELITY AND GUARANTY  
LIFE INSURANCE COMPANY**

**AMERICOM LIFE AND ANNUITY  
INSURANCE COMPANY**

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**PRODUCER INFORMATION (Please Print or Type)**

This is a request for the appointment of:

1. Producer Name: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Residence Phone: ( ) \_\_\_\_\_

4. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Business Phone: ( ) \_\_\_\_\_

6. Business FAX: ( ) \_\_\_\_\_

7. E-Mail Address: \_\_\_\_\_

8. Preferred Method of Contact:  Phone  Fax  Email

9. Social Security #: \_\_\_\_\_

10. Date of Birth: \_\_\_\_\_

11. Gender:  Male  Female

12. (California licensed agents only.) Do you hold a current Certificate of Continuing Education?

Yes (Please attach a copy)  No

I Request to be Appointed in:

\_\_\_\_\_ Resident State \_\_\_\_\_ License Number

\_\_\_\_\_ Non-resident State \_\_\_\_\_ License Number

\_\_\_\_\_ Non-resident State \_\_\_\_\_ License Number

\_\_\_\_\_ Non-resident State \_\_\_\_\_ License Number

\_\_\_\_\_ Non-resident State \_\_\_\_\_ License Number

BY SIGNING BELOW, I HEREBY AUTHORIZE FIDELITY AND GUARANTY LIFE, AMERICOM LIFE AND ANNUITY TO (A) CONDUCT A BACKGROUND INVESTIGATION IF REQUIRED BY STATE INSURANCE CODES OR IF OTHERWISE DEEMED APPROPRIATE OR DESIRABLE BY THE COMPANIES, AND (B) DISCLOSE THE RESULTS OF THE INVESTIGATION TO THE MASTER GENERAL PRODUCER, THE GENERAL PRODUCER AND/OR THE PRODUCER BY WHOM I WAS REFERRED TO THE COMPANIES FOR APPOINTMENT.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE COMPANY'S MARKET CONDUCT GUIDE, AND AGREE THAT I SHALL COMPLY WITH AND BE BOUND BY ALL OF THE STANDARDS, TERMS, CONDITIONS AND REMEDIES CONTAINED THEREIN (INCLUDING THOSE WHICH MAY BE CONTAINED IN ANY ATTACHMENTS/ADDENDA THERETO), ALL OF WHICH ARE INCORPORATED HEREIN BY REFERENCE, AND AS MAY BE AMENDED FROM TIME TO TIME. I FURTHER AGREE THAT I SHALL COMPLY WITH ANY FUTURE STANDARDS, TERMS CONDITIONS AND REMEDIES COMMUNICATED TO ME BY THE COMPANY AS THEY RELATE TO MARKET CONDUCT, OR OTHERWISE.

**Signature: X** \_\_\_\_\_

Date: \_\_\_\_\_

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**TO BE COMPLETED BY APPOINTING GENERAL AGENT:**

**FIDELITY AND GUARANTY LIFE**

**AMERICOM LIFE**

Fill in the approved compensation level/contract type(s): \_\_\_\_\_

AGA Authorization: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Name of AGA: \_\_\_\_\_ AGA Code: \_\_\_\_\_

Contact AGA by:  FAX: \_\_\_\_\_  E mail: \_\_\_\_\_

F I D E L I T Y   A N D   G U A R A N T Y   L I F E   I N S U R A N C E   C O M P A N Y  
 A M E R I C O M   L I F E   A N D   A N N U I T Y   I N S U R A N C E   C O M P A N Y