



Producer/Agency Form

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York

- Producer
 Agency
 Broker Dealer
 Fidelity & Guaranty Life Insurance Company
 Fidelity & Guaranty Life Insurance Company of New York

Instructions

Step 1. Complete, Sign and Date this Form. If you are a corporate principal, complete a separate form for the corporation. Forward the form(s) to your appointing agency.

Step 2. Appointing General Agencies, please complete the portion of the form authorizing the hierarchy set up and compensation.

Step 3. Once contracted and you have been given access to SalesLink, you will be asked to sign additional Agreements via an electronic signature.

MGA Name: _____ MGA Number: _____

MGA Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

To be completed by the Appointing Agency

Name of Agency: _____ AGA Code: _____

Approved compensation level/contract type(s): _____

Signature of Authorized Agent: _____ Date: _____

Producer/Agency Information

Producer/Agency Name:			
Residence Address:	City:	State:	Zip Code:
Residence Phone:	Cell Phone:		
Business Address:	City:	State:	Zip Code:
Business Phone:	Fax:	Email address:	
Date of Birth:	NPN:	CRD (if applicable):	
Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Agency	Corporation TIN Number:	
Resident State License Number:	Additional states in which you wish to be appointed:		
Florida agents must specify the counties in which your office is located or where you will solicit business:			



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If the answer to any question from 1-11 below is yes, please attach an explanation. Additional information such as supporting documents may be required.

1	Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been the subject of any complaint related to the solicitation or sale of any insurance product(s), securities or any financial product or service, in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been accused of or charged with any improper conduct related to the solicitation or sale of any insurance product(s), securities or any financial product or service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you ever been convicted of any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever been barred, fined, or disciplined by any insurance, securities, or other regulator in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you hold a current Certificate of Continuing Education for California and/or Iowa? (If yes, please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you taken the AML training course? (If not, you are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Direct Deposit Information - REQUIRED

Bank Name:				Phone Number:			
Address:			City:		State:	Zip Code:	
Routing Number:			Account Number:				
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			Daily EFT Pay: <input type="checkbox"/> Check This Box to Request Daily EFT Pay Frequency				

This authorization is to remain in force until Fidelity & Guaranty has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it. This authorization is governed by Maryland law, including Maryland Uniform Commercial Code.

I (we) hereby authorize FIDELITY & GUARANTY LIFE INSURANCE COMPANY or FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK ("FIDELITY & GUARANTY") to deposit my (our) commission payment with the financial institution identified below ("Bank") and the Bank to credit the same to my (our) account as described below. In the event that Fidelity & Guaranty notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account by it in error, I (we) hereby authorize the Bank to return said funds to Fidelity & Guaranty upon demand and agree to hold Fidelity & Guaranty harmless from any and all liability in connection therewith. Fidelity & Guaranty will process chargeback of commissions within its commission system, and only net commission due will be eligible for deposit to my (our) account.

Signature of Payee	Date



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DISCLOSURE AND AUTHORIZATION

Please be advised that a consumer report may be obtained from a consumer reporting agency, and an investigative consumer report may be made by a consumer reporting agency, for the purpose of evaluating you for engagement, reassignment, or retention as an independent contractor. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Some of this information may be obtained by contacting and interviewing your present and previous employers or references supplied by you.

Please be advised that if interviews are conducted to obtain some of the above-described information, you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation.

You also have the right to request a written summary of your rights to obtain and dispute information in consumer reports and to obtain credit scores.

By signing below, 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) are active with the company. I further understand and acknowledge that this 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.

By signing below, I: (i) certify that all of the information provided on this form is true and correct and I acknowledge that my failure to provide truthful and accurate information is a valid basis for the immediate termination of my relationship with Fidelity & Guaranty Life Insurance Company and/or Fidelity & Guaranty Life Insurance Company of New York (the "Company" in reference to either or both, as applicable), for cause; (ii) acknowledge that I have received, read, and will comply with the Company's Code of Ethical Conduct and Market Conduct Guide, and that I have received, read, and agree to be bound by the terms of the Company's Producer/Agency Agreement (each as amended from time-to-time). I understand that I can access all of these documents on SalesLink.

By signing below, I authorize consent and direct Fidelity and Guaranty Life Insurance Company, at the Company's sole discretion, to disclose my name and social security number to Vector One for purposes of conducting initial and/or periodic commission related debit balance screening(s) through Vector One's Debit-Check service. This service will conduct commission related debit balance screening(s) utilizing Debit-Check, as allowed by state law. I authorize the Company to consider the results of the screening to determine eligibility for appointment and/or advance commissions. I further authorize, consent and direct, upon termination or expiration of the engagement, the Company to submit information concerning any commission related debit balance owed to the Company to the Vector One Debit-Check service. I hereby authorize, consent, and direct Vector One to intentionally disclose such information upon a commission related debit balance screening to authorized Debit-Check subscribers who submit an inquiry.

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Fidelity & Guaranty Life or any of its affiliates or carriers. I acknowledge and agree that this Disclosure and Authorization shall remain valid and in effect during the term of my engagement as an independent contractor.

Signature of Producer or Agency Principal:	
Printed Name:	Date: