



# Financial Institution Bank and IBD Contracting Request

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

☐ Fidelity & Guaranty Life Insurance Company ☐ Fidelity & Guaranty Life Insurance Company of New York

Complete, Sign and Date this Form.

Printed Name of Authorized Person:				
Address of Authorized Person:			Email Address	
City:	State:	Zip:	Phone:	Fax:

This is a request for the appointment of:

Financial Institution Name:			Preferred Method of Contact:	
			<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Business Address:			Corporate TIN #:	
City:	State:	Zip:	Business Phone	
Business Fax:		Resident State License #:		

1. Has the Financial Institution ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction? ☐ Yes ☐ No
2. Has the Financial Institution ever had their license to offer or sell insurance products or securities suspended or revoked in any jurisdiction? ☐ Yes ☐ No
3. Do you support internal Continuing Education training for your advisors and provide CE certifications for California and/or Iowa?

☐ Yes. Please attach a copy and/or provide vendor name who supports your advisor training:

☐ No

4. Do you support internal Anti-Money Laundering training course for your advisors? ☐ Yes ☐ No (If not, your advisors are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)

**If the Answer to any question from 1-4 above is yes, please attach an explanation. Additional information such as supporting documents may be required.**

**Fidelity & Guaranty Life Insurance Company** Des Moines, IA  
**Fidelity & Guaranty Life Insurance Company of New York** New York, NY



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## TO BE COMPLETED BY APPOINTING FIRM

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.

Authorized Person - Financial Institution Name:	Signature of Authorized Person::
Date:	

Fidelity & Guaranty Life Insurance Company Des Moines, IA  
Fidelity & Guaranty Life Insurance Company of New York New York, NY