



Broker Dealer Financial Professional Appointment Request

INSURER: Fidelity & Guaranty Life Insurance Company

Step 1: Complete, sign, and date this form.

Step 2: Submit completed form, by fax to 410.895.0129 or by email to contracting.support@fglife.com.

Broker Dealer Designation: **IBD** **Bank**

Broker Dealer Name:		Financial Professional Name:	
Business Address:			
City:	State:	ZIP:	Business Phone:

Resident Address, if different than Business Address:			
City:	State:	ZIP:	Financial Professional Social Security Number:
Financial Professional Email Address:		National Producer Number (NPN #):	FINRA CRD #:

Additional States other than your Resident State in which you are Requesting Appointment:

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 (referred to as the "Company"), 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.

Financial Professional Signature:
Date: