

- If being appointed non-resident in Florida, please provide all counties soliciting business. _____
- Have you ever represented American National or any of its subsidiaries? **Yes** **No** If "Yes," provide details _____
- Have you sold insurance through another name or agency in the past five years? **Yes** **No** If "Yes," provide details _____
- The Violent Crime & Control Act of 1994 makes it a criminal offense for anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to willfully engage in the business of insurance.
 Have you ever been indicted or convicted of any such felony? **Yes** **No**
 Have you been arrested for any other crime? **Yes** **No**
 If yes, please give specifics as to charge, date, jurisdiction and outcome: _____

- Have you ever filed or been declared bankrupt? **Yes** **No**
- Are you currently obligated under a non-compete agreement with any insurance company or agency? **Yes** **No**
- Are you presently indebted to any insurance company or agency? **Yes** **No** If "Yes," provide details _____

To Whom	Nature of Debt	Amount	Payment Terms
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- Has a deficiency claim been made against you for any past insurance transactions? **Yes** **No**
 If "Yes," provide details _____

- Have you ever had, or now have, any federal, IRS, state tax liens or garnishments? **Yes** **No**
- Are you currently covered by errors and omissions insurance? **Yes** **No**

E & O Carrier _____ Limits _____

Policy # _____ Effective Date _____ Expiration Date _____

- Have you ever filed an errors and omissions claim? **Yes** **No**
- Have you ever been disciplined by a state insurance department? **Yes** **No**
- Have you ever been cautioned or disciplined for violating a professional code of ethics in any organization? **Yes** **No**
- Have you ever been expelled or disciplined by a professional organization such as the NALU? **Yes** **No**
- Are you aware of any other information that American National should have in assessing a business relationship with you and/or your company? **Yes** **No** If "Yes," please attach a detailed statement.

The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with American National Insurance Company for the sole purpose or intention principally to solicit or place insurance on the applicant's own life or that of relatives, employer's or employees.

I have received, read, understand and agree to comply with the contents of the Producer's Code of Conduct, the Advertising Guidelines, the Notice of Privacy Policy and the Company Guide to Anti-Money Laundering adopted by American National Insurance Company.

Furthermore, each of the undersigned declares for himself/herself, and all other interested parties, that all of the answers in the pages of this application and any supplements to it are full, complete and true to the best of his/her knowledge and belief. In addition, the undersigned specifically attests that the Social Security Number or Tax Identification Number on the application is the correct number for the entity applying for appointment with American National Insurance Company.

I, the Applicant, have read, on the date shown below, a copy of the above statements as required by law. I have also read, understood, and signed a copy of Authorization Form #4708. I understand that in signing this form and form 4708, I hereby authorize the Company, at any time, to investigate my background, including my credit history.

Applicant has the right to make a written request to Company's Home Office within a reasonable period of time for additional, detailed information concerning the nature and scope of the investigation.

Date

Applicant



Producer's Code of Conduct

As a representative of the American National family of companies I recognize my responsibility to:

Conduct myself in the highest character with *honesty, integrity, and fairness* at all times.

Provide information to clients in a professional manner which is *honest, relevant, and designed to meet the client's needs*.

Understand and accurately *represent* the Company's products and services.

Ensure my *personal interests do not conflict* with those of clients or the Company.

Render *prompt and quality service* both before and after the sale to clients and their beneficiaries.

Learn and follow all Company policies and procedures related to my role as a producer.

Keep informed with respect to applicable laws and regulations and to observe them in the practice of my profession.

Not replace a life or health insurance or a financial product of a client unless it is in their best interest.

Foster *good will, courtesy, and consideration* in the treatment of policyowners and the general public, while maintaining *respect* for the Company.

Meet all continuing education requirements.

Endorse and support the Insurance Marketplace Standards Association's (IMSA's) Principles of Ethical Market Conduct.

- Conduct business according to high standards of honesty and fairness and to render that service to its customers which, in the same circumstances, it would demand for itself.;
- Provide competent and customer-focused sales and service;
- Engage in active and fair competition
- Provide advertising and sales materials that are clear as to purpose and honest and fair as to content;
- Provide for fair and expeditious handling of customer complaints and disputes;
- Maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.





American National Insurance Company Company Guide to Anti-Money Laundering

As an insurance producer, your skills and services help our clients achieve financial success and security. Since you are on the front lines of a multi-billion dollar industry, you are in a unique position not only to serve our clients, but also to serve this country by helping prevent money laundering and the financing of terrorist activities.

To comply with new federal anti-money laundering regulations for insurance companies, our family of companies is implementing a detailed anti-money laundering program. You have an important role to play in that program. You may often be in a critical position to obtain information regarding the customer, the customer's source of funds for the products we sell, and the customer's reasons for purchasing an insurance product.

That in selling individual annuities and life insurance, the Company's anti-money laundering program requires you must:

- Ensure that all information requested on the product application and associated documents is accurate and complete, including the USA PATRIOT Act Notification and Customer Identification Verification form for all non-variable business.
- **Contact the appropriate Anti-Money Laundering (AML) compliance officer if a customer resists providing information.** (See contact information further in this document.)
 - Records of this information must be retained as long as the contract remains in force and for five years thereafter.
- Notify the appropriate AML compliance officer if you detect any money laundering red flags, so that the Company can determine whether a suspicious activity report (SAR) must be filed with the U. S. Department of the Treasury or any agency thereof.

Possible Red Flag Activity (*for a comprehensive list of red flag activity, contact the AML officer at American National*)

- The purchase of a product that appears to be inconsistent with a customer's needs
- The purchase or funding of a product that appears to exceed a customer's known income or liquid net worth
- Any attempted unusual method of payment, particularly by cash or cash equivalents, such as money orders or cashier checks
- Payment of a large amount broken into several smaller amounts
- Little or no concern by a customer for the performance of an insurance product, but much concern about the early termination features of the product
- The reluctance by a customer to provide identifying information, or the provision of information that seems fictitious
- Any other activity which you think is suspicious

ANICO AML Contact Information

Report Suspicious Activity To Your AML Compliance Officer. Your AML Compliance Officer is then responsible for notifying ANICO's Hot Line. If you do not have an AML Compliance Officer, it is your responsibility to report suspicious activity to ANICO's Hot Line.

Contact: Judith L. Regini (Judy), Assistant Vice President, Corporate Compliance, Chief Compliance Officer for Anti-Money Laundering

Or **Erin Elliott,** Quality Assurance Analyst I

Mail: P.O. Box 1896, Galveston, Texas 77553-9902

Phone: (800) 933-5975

Fax: (409) 621-3885

Email: AMLCompliance@anico.com

Types of Payments Accepted

Advise customers that only the following types of payment may be accepted:

- Personal checks and pre-authorized check payments.
- Cash (currency or coin) in amounts less than \$1,000.
- Cash equivalents (money orders, cashier's checks, traveler's checks, bank drafts).
 - Cash and cash equivalents must be reported to the IRS and FinCEN on Form 8300 when payments received by the Company in a single transaction or in two or more related transactions total more than \$10,000. Related transactions occurring within any 12-month period would be aggregated for reporting purposes even if individually they were less than \$10,000. [Agents may have independent reporting obligations and should check their Company's website for additional information.]
- **If a customer provides a form of payment that is not permitted, do not accept the payment and notify the appropriate AML compliance officer if it is in an amount greater than \$1,000.**

NOTE: An employee, agent or broker must not, under any circumstances, disclose that he has reported suspicious activity or red flags to the Company. It is the sole responsibility of the Company's AML officer to determine whether a SAR is filed with the Dept. of Treasury. The AML officer and the Company are prohibited from disclosing to the agent and any other person that a SAR has been filed.

The Company and its producers share an important responsibility to comply with the Company's program and all applicable anti-money laundering laws. A failure to do so will constitute grounds for discipline, up to and including termination. In addition, violation of anti-money laundering laws may expose those responsible to substantial penalties under federal law.

For More details on each of these requirements, contact the AML Officer of American National.

AUTHORIZATION

Required by The Fair Credit Reporting Act

The Federal Fair Credit Reporting Act, as amended, provides that any consumer reporting agency may furnish a consumer report in accordance with the *written instructions of the consumer to whom it relates*.

In accordance with that provision, the person signing this form as "Applicant" hereby authorizes any person or agency to give, in writing, orally, or in any other form, to American National Insurance Company or its designated representatives any information gathered or maintained by a consumer reporting agency bearing on the Applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the Applicant's eligibility for credit, employment or any other purpose authorized under Section 604 of the Act.

Further, the Applicant understands that American National Insurance Company may, as part of its normal procedure, request that an investigative consumer credit report be made whereby information on the Applicant's character, general reputation, personal characteristics or mode of living is obtained through personal interviews with business associates, employers, friends, neighbors and others with whom the applicant may be acquainted or who may have knowledge concerning any such items of information. The Applicant authorizes the individual or agency conducting the investigation to give, in writing, orally, or any other form, to American National Insurance Company or its designated representatives any information gathered or obtained during this investigation pertaining to Applicant's production, persistency, commissions, earnings, estimated future earnings, commission advances loans, and debts, including, but not limited to, any indebtedness that may have been charged to the Applicant's manager or agency, or which may have been written off.

The Applicant authorizes American National Insurance Company or its designated representatives to use the reports furnished in accordance with this authorization in any deliberations which it or they may undertake to determine whether or not American National Insurance Company will make an offer of a contract to the Applicant.

(Applicant's Printed Name)

(Applicant's Signature)

(Date)

(Social Security Number)



FILE REQUIREMENT CHECKLIST

Provide all applicable documentation and forms requested below and include this Checklist when returning to American National's Home Office. Please check off each item you are including or have provided to the applicant.

Region Number: OVCA **Applicant's Name:** _____

- _____ "Application to Represent American National", Form 3779
- _____ "Production Requirement Agreement" (required for RGA and SGA only)
- _____ Authorization Form 4708 (Required by The Fair Credit Reporting Act)
- _____ Contract – **Submit 1 copy of Face Page only. (Please provide all information requested on Face Page.)** (NOTE: If Solicitor, submit 1 copy of "Solicitor Appointment", Form 9035.)
- _____ 1 Copy of the Applicable Compensation Schedule
- _____ A Check for Non-Resident License Appointment Fees (Non-Contiguous States Only) If **faxing, check must be mailed under separate cover to IMG Contract Clerk, Contracting & Licensing Department, P.O. Box 1762, Galveston, Texas 77553-1762 – Please include cover sheet listing name of Applicant and Social Security Number.**
- _____ If applicant is to be appointed in **Florida**, a list of all counties in which the applicant will be soliciting is required.
- _____ If applicant is being appointed in **Virginia**, a signed "Insurance Activities Requiring Persons to be Licensed in Virginia" Form is required.
- _____ Statement regarding Direct Deposit must be given to applicant if not electing Direct Deposit. (Check if applicable). (Not required for Solicitor)
- _____ Copy of declaration page of applicant's Errors & Omission Coverage (required for all applicants).
- _____ Copies of Producer's Code of Conduct, Advertising Guidelines, Notice of Privacy Policy and Company Guide to Anti-Money Laundering were given to applicant.

	<u>Name</u>	<u>Hierarchy (including applicant)</u>		<u>SSN or Personal Code</u>
NMD	<u>Net Worth Financial Group, LLC</u>			<u>V4946</u>
RGA	<u>N/A</u>			<u>N/A</u>
SGA	<u>N/A</u>			<u>N/A</u>
GA	<u>N/A</u>			<u>N/A</u>
A/Sol	_____			_____

NEW BUSINESS APPLICATION DATE _____ PROVIDE APPLICATION DATE IF CONTRACT IS FOR SIMULTANEOUS SUBMISSION STATE AND NEW BUSINESS APPLICATION IS ATTACHED. IF NEW BUSINESS IS ATTACHED, FILE MUST BE MAILED. DO NOT FAX NEW BUSINESS.

Please fax or mail contracts to IMG Contract Clerk, Licensing and Contracting Department. Fax number: 888-237-1012, Address: Licensing & Contracts, P.O. Box 1762, Galveston, Texas 77553-1762.

Home Office Use Only – Business Segment 77 Responsibility Code 89077



INDEPENDENT MARKETING SOLICITOR APPOINTMENT

In consideration of my appointment by American National Insurance company ("American National") to solicit applications for American National, I hereby agree:

1. That my contract is with Net Worth Financial Group, LLC (hereafter referred to as Recruiting Organization); and
2. That American National has no obligation to me for commissions, expense allowances, or any other form of compensation whatsoever; and
3. That I shall comply with the rules and regulations of American National and all applicable state laws and regulations; and
4. That I shall not alter, modify, waive, or change any of the terms, rates or conditions of any advertisement, receipt, policy, or contracts of American National; and
5. That I shall promptly remit to Recruiting Organization or American National any and all monies received by me on behalf of American National; and
6. That I shall hold harmless and indemnify American National for any liability that it may incur as a result of any actions taken by me; and
7. That American National may, upon request of Recruiting Organization or upon its own initiative, cancel this appointment at any time; and
8. That I will forfeit all compensation, if any, to which I would otherwise be entitled after termination, in the event I shall attempt to influence any policyholder or agent to terminate their contract with American National and I also agree that since neither American National nor Recruiting Organization has an adequate remedy at law for such use of influence, either may institute proceedings to enjoin me from further such attempted use of influence.
9. I have received, read, understand and agree to comply with the contents of the Producer's Code of Conduct, the Advertising Guidelines, the Notice of Privacy Policy and the Company Guide to Anti-Money Laundering adopted by American National Insurance Company. Furthermore, each of the undersigned declares for himself/herself, and all other interested parties, that all of the answers on this appointment and any supplements to it are full, complete and true to the best of his/her knowledge and belief. In addition, I specifically attest that the Social Security Number or Tax Identification Number on this appointment is the correct number for the entity applying for appointment with American National Insurance Company.
10. I understand that in signing this form, I hereby authorize American National Insurance Company to investigate my background including my credit history at any time. (See Form 4708, attached.)
11. The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with American National Insurance Company for the sole purpose or intention principally to solicit or place insurance on the applicant's own life or that of relatives, employers or employees.
12. I understand that the Violent Crime and Control Act of 1994 makes it a criminal offense for anyone who is engaged in the business of insurance to willfully permit anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to participate in the business of insurance.

Agreed to this _____ day of _____, _____.

_____ Applicant (Please Print)	_____ Applicant (Signature)
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I hereby recommend the appointment of this applicant, subject to the terms of my contract with American National.

<u>Net Worth Financial Group, LLC</u> Recruiting Organization (Please Print)	_____ Recruiting Organization's (Signature)
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_____ Date	NMD Office Code	V4946 Personal Code
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For Home Office Use Only

_____ Approved by American National	_____ Effective Date
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American National Insurance Company One Moody Plaza Galveston, Texas 77550-7999

