

# American National Insurance Company - Independent Marketing Group Contract Checklist - Must be submitted with Contract



*Failure to submit Checklist, required documentation, or appropriate Hierarchy will delay appointment.*

Applicant Name: \_\_\_\_\_

Region Number: \_\_\_\_\_

Marketing Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_

## REQUIRED DOCUMENTS FOR CONTRACTING

- Applicable Producer Agreement (Agent, GA, SGA or RGA) Return Signature Page Only
- For Solicitor - Solicitor Appointment, Form 9035 (Rev. 12/19)
  - Signature Page Signed & Dated
  - Full Name Printed or Typed
- Application to Represent American National, Form 3779 (Rev. 12/19)
- Production Requirement Agreement - Current year (required for RGA and SGA)
- Proof of Errors & Omission Coverage - copy of declaration page (not required for Solicitor)
- Fair Credit Reporting Act Disclosure, Form 11145-NM (required by The Fair Credit Reporting Act)
- Applicable Compensation Schedule
- For Florida appointment** a list of all counties in which applicant will solicit business (non-resident appointments only)
- For Virginia Appointment** a copy of signed Insurance Activities Requiring Persons to Be Licensed in Virginia, Form 939-A-M
- Anti-Money Laundering** - If applicant has taken an AML basic training course through a vendor other than LIMRA, applicant should submit a copy of certification of completion. If applicant **has not** taken a basic training course, upon appointment, ANICO will register the applicant with LIMRA and applicant must access LIMRA's Web site ([aml.limra.com](http://aml.limra.com)) to complete the basic training course. (**Financial Institutions** - submission of completed Form IMG FIM 001 will satisfy AML basic training course requirement.) See Anti-Money Laundering Compliance, Form 1770 (Rev.05/15)
- Product Specific Annuity Suitability Training** – Required training prior to submitting an application for any annuity business with ANICO. Go to [www.img.anicoweb.com](http://www.img.anicoweb.com), Annuities, Sales Support, select Annuity Suitability
- New Business** - If contract is for Simultaneous Submission State and New Business is included, list the **New Business Application Date**: \_\_\_\_\_. If New Business is submitted with contract, file must be mailed. **Do not Fax New Business**

**Please sign  
and date all  
applicable  
Forms.**

## THE FOLLOWING DOCUMENTS MUST BE GIVEN TO EVERY APPLICANT

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Producer's Code of Conduct, Form 4516 (Rev. 04/15)</li> <li><input type="checkbox"/> Notice of Privacy Policy, Form 4977</li> <li><input type="checkbox"/> Direct Deposit, Form 4589 (Rev. 04/15) (n/a for Solicitor)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Advertising Guidelines, Form 4512 (Rev. 04/15)</li> <li><input type="checkbox"/> Company Guide to AML, Form 4475(Rev. 05/15)</li> <li><input type="checkbox"/> AML Compliance, Form 1770 (Rev. 05/15)</li> </ul> |
|--|--|

## HIERARCHY MUST BE LISTED (including Applicant)

Name	SSN or Personal Code
NMD: _____	_____
RGA: _____	_____
SGA: _____	_____
GA: _____	_____
Agent/Sol: _____	_____

**Fax or mail contract to IMG Contract Clerk, Life Producer Services Department:**

**Fax:** 1-866-568-0449; **Mail:** American National Insurance Company, LPS Department, P.O. Box 1762, Galveston, TX 77553-1762

Home Office Use Only: Business Segment: \_\_\_\_\_ Responsibility Code: \_\_\_\_\_

AMERICAN NATIONAL INSURANCE COMPANY  
GALVESTON, TEXAS  
AGENT'S AGREEMENT



American National Insurance Company (hereinafter designated as "Company") hereby appoints \_\_\_\_\_ its AGENT ("you") with the authority and obligations set forth in this Agreement, and you accept your appointment subject to the terms and conditions of this Agreement and all related Schedules and Supplements related to it.

**Effective Date** - This Agreement shall become effective on \_\_\_\_\_, \_\_\_\_\_. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

AGENT:

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or Type Name Here)

AMERICAN NATIONAL INSURANCE COMPANY:

By: *DAB 12*

Title: Executive Vice President  
Independent Marketing Group

Date: \_\_\_\_\_  
(Indicate Appropriate Compensation Schedule)

RECRUITING ORGANIZATION:

By: \_\_\_\_\_  
(Signature of Organization Representative)

Submitted by: \_\_\_\_\_  
(Print or Type Name of Organization)

Recruiter's Personal Code #: \_\_\_\_\_

BENEFICIARY TO RECEIVE COMMISSIONS  
PAYABLE AFTER DEATH (LIMITED TO ONE  
INDIVIDUAL):

Name of Beneficiary (Print or Type)

Relationship: \_\_\_\_\_

**Authority** - You are hereby authorized to develop and supervise the company's business in conformity with the rules and regulations of the Company. You shall recruit and recommend for appointment by the Company individuals and agencies qualified and experienced in life insurance sales and service as agents. You shall train and supervise such agents in accordance with the standards of the company and the requirements of the state or states in which they function for the Company. You acknowledge that all agents in your hierarchy are independent contractors of the company and, at a subagent's election or at the sole discretion of the Company can be transferred by the Company in accordance with the Company's transfer rules.

You shall solicit applications for ordinary life insurance and annuities to be issued by the Company and submit such applications received to the Company, provided that you are properly licensed as required by any governmental authority applicable to you. You shall deliver policies issued by the company, collect the first premium therefor, transmit all collections immediately to the Company, and make every effort to maintain in force all policies issued by the Company.

You shall at all times comply with the rules and regulations of the Company pertaining to underwriting practices, acceptance of risks, delivery of policies, and all other areas of conduct of the Company's business. The relationship between the Company and you created by this Agreement is that of an independent contractor, and nothing in this Agreement shall be construed as creating the relationship of employer and employee between the Company and you. Neither you nor your employees nor agents shall be deemed to be the employee or servant of the company. You shall not be a full-time insurance agent as defined by the Federal Social Security Law. None of the benefits provided by the Company to its employees, including, but not limited to, worker's compensation insurance and unemployment insurance are available to you, your employees or agents. If training courses, sales methods and material or similar aids and services are extended or made available to you, it is agreed that their purpose and effect shall not be to give the Company control over your time or direction, but only to assist you in your business.

Licensing of agents shall be in compliance with the statutory and regulatory requirements of the Departments of Insurance



**APPLICATION TO REPRESENT AMERICAN NATIONAL INSURANCE COMPANY**  
**Independent Marketing Group**  
 Galveston, Texas

Full Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mr.  Mrs.  Ms.  Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Military Status \_\_\_\_\_

Residence Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit ZIPCode \_\_\_\_\_

Residence P/O Box or Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit ZIPCode \_\_\_\_\_

Residence Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit ZIPCode \_\_\_\_\_

Business P/O Box or Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit ZIPCode \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

Send all mail to  Residence Street Address  Residence P.O. Box  Business Street Address  Business P.O. Box  
 Other \_\_\_\_\_

• Is the contract to be in the name of a **corporation or partnership**?  Yes  No If Yes, submit corporate license.  
 If Yes Name \_\_\_\_\_ City & State \_\_\_\_\_

Tax ID No. \_\_\_\_\_  Partnership  Corporation

• List all non-resident states you wish to be appointed with through Independent Marketing. \_\_\_\_\_

• **If being appointed non-resident in Florida**, please provide all counties soliciting business. \_\_\_\_\_

• 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 presently indebted to any insurance company or agency?  Yes  No If Yes, provide details.

To Whom	Nature of Debt	Amount	Payment Terms
<ul style="list-style-type: none"> <li>• Have you ever had, or now have, any federal, IRS, state tax liens or garnishments? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Are you currently covered by errors and omissions insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Proof of E&amp;O coverage required.</b> Submit copy of declaration page (not required for solicitor).</li> <li>• Have you ever filed an errors and omissions claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Have you ever been disciplined by a state insurance department? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Have you ever been cautioned or disciplined for violating a professional code of ethics in any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Have you ever been expelled or disciplined by a professional organization such as the NALU? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>			

**Anti-Money Laundering (AML) Certification (Required to issue business)**

- Have you completed AML training within the last 12 months?  Yes  No  
 If Yes, check one box.  LIMRA  Other If Other, attach a copy of your certification of completion.
- Was AML training completed through a Broker/Dealer?  Yes  No  
 If Yes, Broker/Dealer name \_\_\_\_\_ Broker/Dealer CRD \_\_\_\_\_  
 See Form #1770 for American National Insurance Company AML Compliance Requirements.

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.

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 Program 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, understand, and signed a copy of Authorization Form 11145-NM. I understand that in signing this application and Form 11145-NM, 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 Signature

**ACKNOWLEDGMENT AND AUTHORIZATION  
REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS**

I hereby authorize American National Insurance Company and its subsidiaries and affiliates (together "the Company"), or their designated representatives, to obtain consumer reports and/or investigative consumer reports at any time after I sign this authorization and throughout the term of my appointment, to the extent permitted by law, and to use the reports furnished in accordance with this authorization in any deliberations which the Company or its designated representatives may undertake to determine whether or not the Company will make any offer of a contract and other related decisions for the duration of my appointment with the Company.

I understand that Reports may include information about my prior employment or military record, education, credit worthiness and history, character, general reputation, personal characteristics, criminal record (including the state of Georgia) and mode of living. I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates.

In accordance with this authorization, I hereby authorize any consumer reporting agency, law enforcement agency, administrator, state or federal agency, institution, school, university (public or private), information service bureau, employer, or insurance company to furnish consumer reports, investigative consumer reports, and/or any and all background information requested by Interstate Background Research Inc, other designated representatives, and/or the Company in accordance with certain permissible purposes, including the written instructions of the consumer to whom it relates and/or for employment or contracting purposes.

By signing below, I also acknowledge receipt of the (1) Disclosure Regarding Consumer Reports and Investigative Consumer Reports Under the FCRA, (2) the Disclosure Regarding Consumer Reports and Investigative Consumer Reports Under State Law, and (3) the Summary of Your Rights Under the Fair Credit Reporting Act.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of ARTICLE 23-A of the New York Correction Law

**California applicants or employees only:**

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

**Minnesota applicants or employees only:**

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**Oklahoma applicants or employees only:**

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_  I do not have a middle

name Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I understand that entering my name above constitutes my electronic signature and is intended by me to have legally binding effect. I acknowledge and agree that any misstatements or omissions in this application will be grounds for termination of the application process or revocation of appointment. I understand that in signing this form I hereby authorize the Company to investigate my background, including, but not limited to, my credit history, criminal records and any public records, including motor vehicle records, prior to and up to, termination of my contract/employment with American National Insurance Company and its affiliates.



**Certification of Completion -- Anti-Money Laundering Training**  
**AGENTS – COMPLETE SECTIONS ONE THROUGH THREE**

**Section One: Agent Information**

Agent's Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

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

Phone: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

**Section Two: Training Information**

Title of training program \_\_\_\_\_

Date training program completed \_\_\_\_\_

*Training was delivered by: (Check all that apply)*

Insurance company:  (please specify full name and contact information)

\_\_\_\_\_

Broker Dealer:  (please specify full name and contact information)

\_\_\_\_\_

Bank:  (please specify full name and contact information)

\_\_\_\_\_

Vendor: (please specify full name and contact information)

\_\_\_\_\_

Other  (please specify full name and contact information and attach outline of training program if available)

**Section Three: Agent Affirmation of Anti-Money Laundering Training Program Completion**

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the insurance company's AML Guide and (ii) that I am knowledgeable about my obligations under the regulation.

Signature of Agent \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**SECTION FOUR IS FOR BROKER-DEALERS, BANKS, AND INSURANCE COMPANIES ONLY**

**Section Four: Attach a certificate documenting the contents of the training program or complete and execute the items below (please check all that apply).**

Training program covers the ACLI Core Elements for an AML Course

Training program is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011)

I affirm that the above referenced agent completed the above referenced training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

**Entity Delivering Training:** \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_



# AMERICAN NATIONAL INSURANCE COMPANY

## Direct Deposit - Mandatory

There are a number of benefits to having your commissions paid by Direct Deposit.

- \* *SECURITY* – Transfer is done electronically – no extra trip to the bank to stand in line.
- \* *CONVENIENT* – Your commissions will be deposited even though you may be out of the office or out of town.
- \* *GUARANTEED* – In your account by Friday of the pay week.
- \* *HOW MUCH PAID FOR THE WEEK* – Call 1-888-801-8845 for your commission amount (can begin calling after 12:00 P.M. on Tuesday of the pay week).

If you change banks while on Direct Deposit, we encourage you to continue to maintain your existing account until we can change bank accounts in our systems. This should eliminate delays in receiving direct deposits.

Direct Deposit is one of the steps in American National Insurance Company's automation process that will make it easier for you to access information regarding your payment of commissions.

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I authorize American National Insurance Company and the bank listed to deposit my commissions to the account name below. This authority will remain in effect until I provide a new authorization or cancellation. The company reserves the right to initiate debit entries for recovery of sums due to credit entries processed in error, if determined within the week of the credit entry.

### A Voided Check must be submitted with your request for Direct Deposit.

AGENT NAME \_\_\_\_\_  
 AGENCY # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CHECKING ACCOUNT # \_\_\_\_\_  
 9 DIGIT ROUTING # \_\_\_\_\_  
 CREDIT UNION \_\_\_\_\_  
 % TO CHECKING ACCT. \_\_\_\_\_

SSN# \_\_\_\_\_  
 DEPOSITORY (BANK) NAME \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 SAVINGS ACCOUNT # \_\_\_\_\_ / / \_\_\_\_\_  
 9 DIGIT ROUTING # \_\_\_\_\_  
 MONEY MARKET ACCT. \_\_\_\_\_  
 % TO SAVING ACCT. \_\_\_\_\_

\_\_\_\_\_  
(Name as it appears on checking account)

\_\_\_\_\_  
(Name as it appears on savings account)

If contract file is submitted electronically through nomoreforms, a voided check should be scanned and submitted as an attachment to the file or you may fax a copy to 1-866-568-0449. If submitting voided check by fax, please include a cover sheet indicating original file was submitted through nomoreforms and list applicant's name.

### EFT PROCEDURES

Once you have signed up, your check will be automatically deposited into your checking and/or savings account approximately 3-4 weeks from the day the Home Office received the request. You will receive a "DEPOSIT ADVICE" form which will replace your check stub. This form will show your gross and net pay for the month and year-to-date. It will also show other deductions.

For Agent Use Only