



Agent Contracting

**Please complete the following contracting package and FAX to
866-866-2232 (toll-free) or 732-792-9777**

**AnnuityCommissions.com
28 Harrison Ave., Suite D209
Englishtown, NJ 07726**

**If you have any questions or changes to existing contracts, please contact
Hersh Stern at 866-866-1999 (toll-free) or 732-792-1011.**

IMPORTANT

Before you may place annuity business with this insurance company you will need to satisfy the following requirements:

- 1. Current state-specific life insurance license**
- 2. A minimum of \$1,000,000 in E&O coverage**
- 3. Completion of LIMRA Anti-Money Laundering Course**
- 4. Completion of applicable state-specific annuity training**
- 5. Completion of applicable company-specific product training**

Agent Appointment Instructions

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK

Agents must complete a Producer Information Form from either a Managing General Agent or one of our field representatives. The compensation arrangement received will depend upon the level of committed production.

To ensure proper and timely contracting, it is important that you provide complete, accurate information. Attach all required documentation and/or fees. Make sure you read and understand the Market Conduct Guide. Keep all appointment documentation together, and submit the completed package to your recruiting General Producer:

- **Signed and completed Producer Information**

Note: Licensed Agents that sell annuities should include a copy of their current Continuing Education Certificate (both General CE & Annuity Suitability CE (if applicable)). Producer Information Form should be completed and signed for all individuals and/or agencies, corporations who are to receive payment of agent compensation directly from Fidelity & Guaranty Life. Agents who wish to have their commissions assigned to their agency should also complete the producer information form; corporation or who are principals of an agency/corporation complete this form. Be sure to indicate those states you wish to be appointed. Sign and complete W9.

- **Electronic Funds Transfer** (EFT direct deposit form) - Complete and sign the Authorization Agreement for Direct Deposit form and enclose a voided check or deposit slip.
- **Anti-Money Laundering Certification** (AML) – All agents are required to complete the AML training, provide proof of completion.
- **Submit a copy of your Errors & Omissions (E&O) certificate of coverage** with your signed contracting paperwork.

E&O coverage is mandatory in:

Alabama	Massachusetts	Rhode Island.
Kentucky	Mississippi	

Mandatory License for Overrides

Agents are required to be appointed by Fidelity & Guaranty Life Insurance Company in those states that they solicit business, both resident and non-resident license. Non-resident licensing is required for any overrides, which are paid in:

Alabama	Louisiana	New Mexico	South Carolina
Florida	Mississippi	New York	Utah
Kentucky	Montana	Pennsylvania	West Virginia

Sensitive States

States have guidelines on whether or not an agent can solicit business prior to appointment date.

We designate states that have restrictions as "Sensitive States". These states include:

Alabama	Iowa	North Carolina
District of Columbia	Louisiana	Pennsylvania
Georgia	New Mexico	Utah

Fidelity & Guaranty Life pays all state appointment fees and renewal fees.

General Continuing Education

Insurance companies are to confirm that all Continuing Education requirements are fulfilled prior to Agent's soliciting business for certain states. Fidelity & Guaranty Life will not process agent appointment in these states until the current Continuing Education Certificate has been received. In addition, Fidelity & Guaranty Life will not accept new business until the Continuing Education requirements have been received for the appointment to be processed.

These states are:

California	Iowa
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Annuity Suitability Certifications

*Fidelity & Guaranty Life will not process agent appointments or accept new business until we have received the current Annuity Suitability Certification. A list of these mandatory states can be found on our website under our training tracker on the [State Regulatory Guidelines for Training](#) matrix. **Note: *Any business received prior to the completion of the required courses will be returned.**

FAX Transmittal For Contract and Licensing

Complete & Fax to
866-866-2232 with
copy of license + E&O

INSURER:

- FIDELITY & GUARANTY LIFE INSURANCE COMPANY
 FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK

USE THIS COVER SHEET IF YOU ARE FAXING IN NEW AGENT CONTRACTING FOR AGENTS WHO HAVE SUBMITTED BUSINESS.

DATE: _____

FAX TO: CONTRACTING AND LICENSING FAX # 410-895-0129

FROM: **HERSH STERN** _____ FAX # **866-866-2232**
FG-000244294--TJ 1124

AGENT TO BE APPOINTED: _____

Please print the agent's/corporate name, if applicable, on the line corresponding with the appropriate compensation schedule and complete the entire hierarchy structure upward.

Individual/Corporate Name	Agent Number	Schedule
		R 7 L 5

PLEASE COMPLETE INFORMATION REGARDING THE BUSINESS SUBMITTED.

Name of Insured	Social Security Number	Date Submitted

Hersh Stern

Signature

Date

Fidelity & Guaranty Life is the marketing name of Fidelity & Guaranty Life Insurance Company and, in New York only, Fidelity & Guaranty Life Insurance Company of New York. Only Fidelity & Guaranty Life Insurance Company of New York is authorized to sell insurance and annuities in New York.

Fidelity & Guaranty Life products are underwritten by Fidelity & Guaranty Life Insurance Company in all states and DC other than New York and, in New York Only, Fidelity & Guaranty Life Insurance Company of New York.

Producer/Agency Form

Complete & Fax to
866-866-2232 with
copy of license + E&O



**Producer
Agency**

**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 bottom 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: 156640 MCCORMICK STERN 000244294 MGA Number: _____
 MGA Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 866-866-1999 Fax: 866-866-2232

Producer/Agency Information

Producer/Agency Name: _____
 Residence Address: _____
 City: _____ State: _____ Zip: _____
 Residence Phone: _____
 Cell Phone: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone: _____ Fax: _____
 e-mail address: _____
 Date of Birth: _____
 Social Security Number: _____
 Corporation TIN Number: _____
 Gender: M F Agency
 Resident State License No.: _____

- Have you ever been *alleged* to have engaged in any fraud?
Yes No
- Have you ever been *found* to have engaged in any fraud?
Yes No
- Have you ever been convicted of any crime?
Yes No
- Have you ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction?
Yes No
- Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?
Yes No
- Do you hold a current Certificate of Continuing Education for California and/or Iowa? Yes (Please attach a copy) No
- Have you taken the AML training course? Yes No
(If not, you are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)

Attach additional non resident licenses in which you wish to be appointed.

Broker Dealer Name: _____

Life Target Premium - Previous 12 Months: \$ _____
 FG Life Premium - Next 12 Months: \$ _____

Fixed/Fixed-Indexed Annuity Premium - Previous 12 Months: \$ _____
 FG Annuity Premium - Next 12 Months: \$ _____

- Have you ever filed for bankruptcy? Yes No
- 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?
Yes No
- Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?
Yes No
- 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?
Yes No

If the Answer to any question from 1-9 above is yes, please attach an explanation. Additional information such as supporting documents may be required.

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.

Signature of Producer
 or Principal of Agency: _____
 Date: _____

To be completed by the Appointing Agency

HERSH STERN

000244294

Name of Agency: _____ AGA Code: _____

Approved compensation level/contract type(s): _____ R 7 L 5 _____

Signature of Authorized Agent: Hersh Stern Date: _____

Only Authorized forms can be faxed directly to Fidelity & Guaranty Life at 410.895.0129.

**FAIR CREDIT REPORTING ACT DISCLOSURE AND
AUTHORIZATION FOR EMPLOYMENT PURPOSES**

Please be advised that a consumer report or investigative consumer report may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee. 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 this form, 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 Release and Authorization shall remain valid and in effect during the term of my employment.

Agent Name/Principal of Agency Name: _____

Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

Complete & Fax to
 866-866-2232 with
 copy of license + E&O

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Authorization Agreement for Direct Deposit to Savings or Checking Account

INSURER:

Complete & Fax to
866-866-2232

FIDELITY & GUARANTY LIFE INSURANCE COMPANY

FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK

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.

Agent Number	Payee's Name (Please Print)	Bank Account Number		Bank Name
Bank Address	City	State	Zip Code	Bank Phone Number
ABA Transit / Routing Number (Lower left corner of your check)			Bank Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	

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.

Payee's Signature

Date

Joint Payee's Signature (if jointly paid, both parties must sign)

Date

Attach Voided Check Here

Return to FIDELITY & GUARANTY LIFE INSURANCE COMPANY:

Fidelity & Guaranty Life is the marketing name of Fidelity & Guaranty Life Insurance Company and, in New York only, Fidelity & Guaranty Life Insurance Company of New York. Only Fidelity & Guaranty Life Insurance Company of New York is authorized to sell insurance and annuities in New York.

Fidelity & Guaranty Life products are underwritten by Fidelity & Guaranty Life Insurance Company in all states and DC other than New York and, in New York Only, Fidelity & Guaranty Life Insurance Company of New York.