



## **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.**



**MetLife Investors Street-Level Commissions**  
**Questions? Call Hersh Stern 866-866-1999**

**"FA" Series Fixed Deferred Annuity**

	<b>0-79</b>	<b>80-85</b>	<b>86-90</b>	<b>0-79</b>	<b>80-85</b>	<b>86-90</b>
	% of Premium			Renewal (% Account Value)		
1-Year	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%
3-Year	1.50%	0.75%	0.40%	1.50%	0.75%	0.40%
5-Year	1.50%	0.75%	0.40%	1.50%	0.75%	0.40%
7-Year	1.50%	0.75%	0.40%	1.50%	0.75%	0.40%
10-Year	1.50%	0.75%	0.40%	1.50%	0.75%	0.40%

**"AR" Series Fixed Deferred Annuity**

<b>0-79</b>	<b>80-85</b>	<b>86-90</b>
(% of premium)	(% of premium)	(% of premium)
4.00%	2.00%	1.00%

**"XR" Series Fixed Deferred Annuity**

<b>0-79</b>	<b>80-85</b>	<b>86-90</b>
(% of premium)	(% of premium)	(% of premium)
4.00%	2.00%	1.00%

**"XG" Series Fixed Deferred Annuity**

<b>0-79</b>	<b>80-85</b>	<b>86-90</b>
(% of premium)	(% of premium)	(% of premium)
5.00%	2.50%	1.25%

**"SPIA" Single Premium Immediate Annuity**

	<b>Prem. &lt;\$500k</b>	<b>Prem. &gt;\$500k</b>
5 year period certain*	1.50%	1.75%
6-9 year period certain	2.00%	2.25%
10 year period certain	3.10%	3.25%
Life contingent	3.10%	3.25%

\* This option currently unavailable

## Appointment Form

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### I Four Easy Steps to an Appointment

**1. Complete the Personal Information Sheet**

The Personal Information Sheet is used to obtain information necessary to establish a file on the producer requesting an appointment.

**2. Attach a Copy of your Resident State Insurance License**

Producer should have been issued a certificate (license) when he/she passed his/her resident state insurance exam. If you do not have a copy of this certificate, please contact your resident state insurance department and have a duplicate license issued and mailed to you.

**3. Attach your Non-Resident State Insurance License**

If a producer is going to be soliciting clients in a state(s) other than his/her resident state, he/she must obtain the appropriate securities registration and state affiliation(s) as well as an insurance license(s) with the proper line(s) of authority (varies by state). Please contact your Broker/Dealer home office for assistance in obtaining non-resident licenses and registrations.

**4. Attach a copy of your Error & Omissions declaration page.** E&O is required to be contracted with MetLife.

**Fax your signed forms, license, and E&O to  
1-866-866-2232**

**Questions?**

**Call Hersh Stern at 1-866-866-1999**

Fax to 866-866-2232



Appointment Form

I Personal Information

Please check one: [ ] Broker/Dealer [ ] Planner [ ] Bank [ ] Wirehouse

Producers Name Date of Birth Social Security #

Branch/Business Address Business Phone

City State Zip

Resident Address

City State Zip
Hersh Stern Agency (HST 000001) 866-866-1999

Branch Office Address (if different from Business Address) Branch Phone

City State Zip Branch Phone
N/A

Representative number at your firm (required) E-Mail Address

II. Licensing Information

Resident State License Number (a copy of the license must be sent along with this form)

Non-Resident State License Number(s) (a copy of the license must be sent along with this form)

Hersh Stern Agency HST 000001 866-866-1999

Insurance Agency Name Insurance Agency Tax ID # Insurance Agency Phone

CRD number (a copy of the U-4 print-out form WebCRD showing your registration status with your employer must be sent along with this form if applying for a variable appointment)

Please check the MetLife affiliated insurance company(ies) with which you are requesting an appointment:

- [X] MetLife Investors USA Insurance Company
[ ] First MetLife Investors Insurance Company (NY only)
[ ] MetLife Investors Insurance Company
[ ] MetLife Insurance Company of CT
[ ] Other: \_\_\_\_\_

Florida and Pennsylvania requests only, please list employment history for the past five years:

Employer Name Address Years Employed Reason for Leaving

Table with 4 columns: Employer Name, Address, Years Employed, Reason for Leaving. Multiple rows for data entry.

**III. Background Information**

*(Attach a written explanation, including date of event and discharge, for yes answers.)*

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Do you have any prior affiliation with MetLife, MetLife Investors, New England, Walnut Street Securities, Tower Square Securities, General American Life Insurance Company, MetLife Insurance Company of CT, or any of their affiliates?<br>If yes, please indicate which company _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you covered under your own Errors and Omissions (E&O) policy?<br>Please attach the declaration page of your E&O policy.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of any felony?<br>If said felony conviction was related to dishonesty or breach of trust, have you received, subsequent to such conviction, written consent from an authorized insurance regulator that you may be employed in the insurance industry? If yes, attach a copy of such consent. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the FINRA or any Federal or state regulatory agency ever:  |                          |                          |
| (a) found you to have made a false statement or omission or been dishonest, unfair, or unethical?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) found you to have been involved in a violation of investment- OR insurance-related statutes or regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) found you to have been a cause of an investment-OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) entered an order against you in connection with investment- OR insurance-related activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with an investment- OR insurance-related business, or disciplined you by restricting your activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) revoked or suspended your license as an attorney, accountant, or federal contractor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been or are you currently the subject of an investment related, insurance related, or consumer-initiated complaint?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been discharged or permitted to resign because you were accused of:  | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) violating investment-OR insurance-related statutes, regulations, rules or industry standards of conduct?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) fraud or wrongful taking of property?   |                          |                          |
| 8. Have any contracts that you held with any insurance companies been cancelled for cause (not including productivity)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or renewal refused?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had any of the following: sought protection from creditors; declared bankruptcy, had a lien or judgment, had a creditor charge off an account/payables as bad debt or uncollectible, or had any other problems in your credit history?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you under legal order/judgment to make monetary payments to another person or business entity or have you ever had your wages garnished?  | <input type="checkbox"/> | <input type="checkbox"/> |

Appointment Form

**IV. Alliance Participation**  
N/A

**V. IMSA Statement**

The MetLife affiliated insurance companies (MetLife) are committed to conducting business with the highest ethical and legal standards. We have established a tradition of integrity in dealing with our customers. MetLife has adopted the ethical market of conduct program of the Insurance Marketplace Standards Association (IMSA). As described below, MetLife, all employees and distributors are expected to observe the Principles and Code of IMSA:

1. To conduct business according to high standards of honesty and fairness and to render that service to our customers which, in the same circumstance, we would apply to or demand for itself.
2. To provide competent and customer-focused sales and service.
3. To engage in active and fair competition.
4. To provide advertising and sales materials that are clear as to purpose and honest and fair as to content
5. To provide for fair and expeditious handling of customer complaints and disputes.
6. To maintain a system of supervision and review that is reasonably designed to achieve compliance with these principles of ethical market conduct.

**VI. Acknowledgement and Authorization**

I hereby certify that I have read and understand the items on this appointment form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife, Inc., Metropolitan, General American Life Insurance Company, Walnut Street Securities, Tower Square Securities, MetLife Investors, New England Financial, and MetLife Insurance Company of CT and their affiliates (hereafter referred to as "The Companies") may conduct investigations in connection with my request to represent The Companies in the solicitation of certain insurance products. I authorize an inquiry to be made of all sources deemed appropriate by The Companies for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that The Companies may obtain about me will be treated as confidential and may be shared with the appointing general agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources used.

I understand that no right to commission or other compensation shall arise or exist until I have been appointed and all due diligence successfully approved. If I am approved, I shall accept as full compensation for all services to be preformed by me, the compensation provided in the applicable commission and compensation schedule as issued, substituted or changed. As an appointed agent/broker, I shall observe and be bound by the rules and regulations of The Companies.

**FAIR CREDIT REPORTING ACT** – As part of its regular procedures, The Companies may obtain an investigative consumer report. It may deal with character, reputation, personal traits and life style. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report upon request. My signature below constitutes my agreement and authorization to above. I understand that if any of the material information I provided is found to be incorrect or incomplete, it may be grounds for not appointing, contracting and termination at the discretion of The Companies.

I agree to conduct my business in accordance with the **IMSA Principles of Ethical Market Conduct.**

**CORPORATE:**

\_\_\_\_\_  
Name Signature Date

**INDIVIDUAL:**

\_\_\_\_\_  
Name Signature Date

AGENT  
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