



APPLICATION FOR AGENT APPOINTMENT

GREAT AMERICAN® LIFE INSURANCE COMPANY

AIMS LICENSING: 1-800-325-9876

Mr.
 Full Name Mrs.
 Ms.

	Last	First	Middle	Suffix
Business Mail Address <i>(Home Office & Policies)</i>	Street / P.O. Box	City	State	Zip
UPS Shipping Address <i>(Required)</i>	Street	City	State	Zip
Supply Mail Address <i>(If different from above)</i>	Street / P.O. Box	City	State	Zip
Residence Address <i>(Required)</i>	Street / P.O. Box	City	State	Zip

Previous Street Address
(If less than 5 years at above Resident address)

Street	City	State	Zip

Social Security Number _____ Birth Date _____ Birth Place _____
 Business Phone (_____) _____ Fax (_____) _____
 Residence Phone (_____) _____ E-mail Address _____

BUSINESS AND LICENSE INFORMATION

Year you entered business _____ Licensed to sell: Life Health Annuity Variable Annuity Other _____
 Resident License State _____ Other State(s) _____
 Errors & Omissions Carrier _____ E&O Expiration Date _____
 E&O Coverage Amount \$ _____ (Attach Declaration Page with This Application)

LICENSE HISTORY Include insurance companies you are appointed with, or have been appointed with during the last five years.

Primary Insurance Company Affiliations in the Last 5 Years			
Company	From	To	Current Debit Balance (if any) \$
Company	From	To	Current Debit Balance (if any) \$
Company	From	To	Current Debit Balance (if any) \$
Company	From	To	Current Debit Balance (if any) \$

Are You Listed with Vector One? Yes No Unknown
 If "YES" Name of Company: _____ Amount of Debit Balance \$ _____

APPOINTMENT REQUEST

Individual Corporation Partnership
 Name of Company _____ Tax ID Number _____

State(s) where you are requesting an appointment with Great American Life	Resident	Non-Resident	Please enclose a copy of your current resident state license and appropriate state fee.
	<input type="checkbox"/>	<input type="checkbox"/>	If you are applying for a non-resident appointment, enclose a copy of your non-resident license(s) and appropriate state fee(s). If you are applying for a first-time non-resident license, please call Licensing for instructions.
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

BACKGROUND INFORMATION

The following questions have been developed to assist the company in selecting reputable, trustworthy Representatives to sell and promote our products. Please answer all questions. **If you answer "Yes" to any of the questions, please attach a separate sheet with details.** The company will use the information and our best efforts to make a fair, informed decision regarding the appropriateness of an appointment. **(A "Yes" answer to any of the following questions will NOT automatically cause this application to be denied.)**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, fraud, or any other act of dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had your agent's license or registration suspended or revoked, or are you now or have you ever been the subject of a professional license/registration or market conduct investigation, claim or proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been involuntary terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has a bonding, surety of E&O provider denied an application or claim, made payment for you or terminated coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer, or director, ever filed bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| BANKRUPTCY DISCHARGE DATE _____ | | |
| 8. Have you ever done business under another name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer, or director, been involved in any regulatory, civil or criminal matters not disclosed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you or have you ever been appointed with Great American Life? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTICE: I certify that the information contained herein is true and complete to the best of my knowledge and belief. **I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof.** I agree to promptly notify the Company if any of the information on this application changes. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, managing agent, up-line management and company management. I further understand the Company may deny me request for appointment, at its sole discretion.

- I acknowledge that I am familiar with the insurance and securities laws (if applicable), and regulations of the jurisdictions to which I am applying for appointment.
- I agree that a photocopy of this authorization and release shall be valid and binding as an original.
- I understand and agree that I am not authorized, and am expressly forbidden, to solicit business for the Company until my license and appointment have been secured.
- I certify that I have read the Agent Agreement attached to this application and agree to be bound by all terms and conditions of said Agreement.

Under penalty of perjury, I certify that the Social Security Number shown or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholdings by the Internal Revenue Service.

Signature of Individual Soliciting Appointment **X** _____ Date _____

Signature of Corporate Officer (if applicable) _____ Date _____

TO BE COMPLETED BY MANAGING AGENT

The undersigned certifies that the applicant has answered the above questions as indicated, and that to the best of my knowledge and belief, those answers are true and complete. The undersigned acknowledges that they are the managing agent of, and agree to be jointly and severally responsible for the faithful performance of the Agent Agreement by the agent or agency appointed herein. The undersigned has verified that the addresses shown for Business Mail and Supply Addresses are correct.

Printed Name of Managing Agent _____ **Agent Number** _____

Signature of Managing Agent _____ **Date** _____



DIRECT DEPOSIT FORM FOR PAYMENT OF AGENT COMMISSIONS

(Not applicable for Licensed-Only Agents.)

Great American Life pays commissions only by Direct Deposit (electronic funds transfer). Paper checks are not sent. Commission statements are available online at www.galic.com. All contracted agents/agencies must complete this form. Please carefully read and complete all sections, and return this form to American Insurance Marketing Services, Inc. (AIMS), at the following address. For additional information, call the AIMS Licensing Department at 1-800-325-9876. Fax (334) 272-5081.

AIMS, Inc.
P.O. Box 241407
Montgomery, AL 36124-1407

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Great American Life Insurance Company (GALIC) to deposit any amounts advanced or owed to me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by GALIC to my account. In the event that GALIC deposits funds erroneously into my account, I authorize GALIC to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until GALIC and Bank have received written notice from me of its termination in such time and in such manner as to afford GALIC and Bank reasonable opportunity to act on it.

Agent Name _____

Social Security No. _____ Agent No. _____

Agent Signature _____ Date _____

Agent Email Address _____

Please provide us with your Email address so that we may forward your advance and chargeback statements electronically.

This form is for: New account Change of account Stop direct deposit

Account Type: CHECKING ACCOUNT. Please attach a VOIDED CHECK with this form. Deposit slips are not acceptable for checking accounts.

SAVINGS ACCOUNT. Please confirm with your bank the correct Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip.

Bank Name/City/State _____

9 Digit Routing/Transit Number _____

Account Number _____



LTC AGENT LICENSING & APPOINTMENT INSTRUCTIONS

TO AVOID DELAYS IN YOUR APPOINTMENT, PLEASE FOLLOW CAREFULLY

- Complete the **Application for Agent Appointment** .
- Review the Agent's Code of Ethical Conduct (page 6).
- Complete the appropriate contract.

A. Agents who will be paid directly by Great American

1. Complete the **Agent Agreement**.
2. Sign the Commission Schedule.

Note: If you are applying for the **Advance Commission Program**, an additional contracting form is required. Contact your Managing Agent or AIMS for information.

B. Agents who will be paid by their Managing Agent:

1. Complete the **Licensed-Only Agent Agreement**

- Include a check made payable to Great American Life Insurance Company for the state required appointment fee.

State _____ **Fee** _____ **Note:** Additional states may require additional fees.

- The following states require proof of your LTC Continuing Education:
CA – 8 hrs., **CO** – 2 hrs., **IL** – 6 hrs., **IN** – 8 hrs., **MD** – 2 hrs., **WA** – 6 hrs.
- Include a photocopy of your current insurance license for each state in which you are requesting appointment.
- Include a copy of your E & O Policy's Declaration Page. A minimum of \$300,000 is required. For E & O assistance, call the AIMS Licensing Department.

Send all completed contracting forms to your Managing Agent, or to American Insurance Marketing Services, Inc. at the following address:

- AIMS, Inc., P.O. Box 241407, Montgomery, AL 36124-1407
- **For overnight delivery:** AIMS, Inc., 4240 Carmichael Rd. Montgomery, AL 36106



AGENT'S CODE OF ETHICAL CONDUCT

As an agent of Great American Life Insurance Company, you represent our company to the public, and you embody our professional reputation in your dealings with clients. Our Company supports the Principles of the Insurance Marketplace Standards Association. We ask that all our representatives review, understand and agree to the following statement as your commitment to the highest standards of doing business:

- I will treat my clients as I would want to be treated.
- I will study the terms and provisions of any GALIC contract which I will sell, so that I can relate it accurately to the potential buyer.
- I will ask questions to learn the client's situation, so I may assist the client in selecting a product that is appropriate to the client's needs, retirement plans, tolerance for risk, and financial situation.
- I will conduct all business with honesty, fairness and integrity.
- All advertising and sales materials I use and comments I make in the sales process will be based on principles of fair business dealing and good faith, and they will have a sound basis in fact.
- I will refrain from focusing sales on inappropriate, disparaging allegations about the competitors and their products – comments on the competition will be based on factual knowledge and true comparisons of features and benefits.
- I will comply with all applicable insurance laws and regulations, and with all state and federal laws regarding fair competition.