

# American General

Life Companies

## Contracting and Appointment Coversheet For Cross Sell

### American General Life Companies

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**American General Life Companies is the marketing name for the insurance companies and affiliates** including American General Life Insurance Company of Delaware, American General Assurance Company, American General Life Insurance Company and The United States Life Insurance Company in the City of New York.

Name of Individual or Corporate Producer: \_\_\_\_\_

SSN: \_\_\_\_\_ TIN: \_\_\_\_\_ NPN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If a Corporation, Principal's Name\*: \_\_\_\_\_

SSN: \_\_\_\_\_ NPN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Existing Producer Number(s): \_\_\_\_\_ (Existing Producer Number Must Be Active)

Cross Sell Appointment(s) - Check All That Apply  Core  Group Worksite  Individual Worksite

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

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

Business Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

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

Telephone Number: ( ) \_\_\_\_\_

Residents of Florida Provide County: \_\_\_\_\_

Check Existing Distribution Channel or Affiliation:

IAG  NFP  AGLA  VALIC  IMO  BHINI  NBA  NAIM  Life Brokerage

Other \_\_\_\_\_

Attach Required Documentation:

\_\_\_\_\_ Signed Hierarchy Form (Not Required For VALIC Advisor)

\_\_\_\_\_ Signed Commission Addendum

\_\_\_\_\_ Signed Agreement/Contract

\*If the Corporate Principal is also seeking Appointment, a separate request is required.

### Return All Documents To:

American General Life Companies Tampa Solution Center

PO Box 30099

Tampa, FL 33630-3099

Fax Number (877) 360-2501

Telephone Number (877) 672-1648 (select option 4, followed by option 5, then option 3)