AVIVA

Independent Producer Contract Appointment Application and Agreement

Check all Aviva company(ies) with which you wish to apply for an Independent Producer Contract:

❑ American Investors Life Insurance Company
❑ Aviva Life and Annuity Company
❑ Aviva Life and Annuity Company of New York:
└ ❑ General Agent ❑ Associate General Agent ❑ Agent

All Questions Must Be Completed. Attach a Copy of Current Insurance License(s). All sub-licensees on corporate licenses must complete the Producer Information - we will run background checks on all sub-licensees.

INDEPENDENT PRODUCER INFORMATION: (*Note: Required Field)

*Last Name: _____ *First Name: _____ Middle Init.: _____

Former Names: _____ *Gender: ❑ Male ❑ Female

*Social Security Number: ___ ___ ___-___ ___-___ ___ ___ ___ *Date of Birth: _____

*Home Address: _____ *City: _____

*County: _____ *State: _____ *Zip Code: _____

*Mailing Address (req'd. if PO Box above): _____

Residence Phone: _____ *Business Phone: _____ *Fax: _____

E-mail Address: _____

Complete this section <u>only</u> if commissions are to be paid to a corporation or subagent arrangement:

Pay to: ❑ TIN/Corporation ❑ Subagent/LOA/Zero Comp Arrangement

Provide Information if Business or Subagent Arrangement:

Corporation Name: _____ Tax I.D. Number: __ __ - __ __ __ __ __ __ __

Names on Corporate License: _____

Corporation Address: _____

For Aviva Life and Annuity Company of NY General Agents Only:

Commissions Paid: ❑ One Check to GA ❑ Separate Checks to GA

Office Contact Information:

Administrative Contact: _____

Marketing Contact: _____

Software Contact: _____

Beneficiary of your commissions in the event of death - (separate form available upon request):

Name(s): _____ Social Sec. #:__ __ __-__ __-__ __ __ __

Address: _____

E&O insurance is required for appointment - Do you have current coverage? . . . . . ❑ Yes ❑ No

Attach declaration page showing proof of E&O coverage. Coverage available through Aviva if needed.

Have you completed the required anti-money laundering training program? . . . . . ❑ Yes ❑ No

Attach proof of completed training course (if other than LIMRA).

Recruiter Information

Recruiter Corporate or Individual Name: _____

Recruiter Phone: _____ Recruiter Fax: _____ Recruiter #: _____

BACKGROUND INFORMATION: Respond to all questions for you personally and on behalf of any organization over which you have exercised or currently exercise control. (Note: If you answer "Yes" to any question, then you must attach an explanation and related documents - e.g. orders, settlement agreements, Sec. 1033 waiver.)

a. Have you ever applied for a contract with any of the Aviva companies? . . . . . ❑ Yes ❑ No

If Yes, then list the Aviva companies and agent codes: _____

b. Do you have any new business pending? List Aviva company: _____ ❑ Yes ❑ No

Client name: _____ State: _____ Date of App.: _____

c. Do you hold a securities license? . . . . . ❑ Yes ❑ No

If Yes, who is your broker/dealer: _____

d. Have you ever had your insurance license, securities license, or other fiduciary license suspended or revoked, or have you ever had an application for an insurance license denied by an insurance department? *(other than for noncompliance with continuing ed. or renewal fee requirements)* . . . . . ❑ Yes ❑ No

e. Have you ever had a complaint filed, a regulatory inquiry/ investigation, an arbitration, or been sued by an insurance department, NASD, state securities office, attorney general or any other regulatory agency? . . . . . ❑ Yes ❑ No

f. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage? . . . . . ❑ Yes ❑ No

g. Are you presently involved in any litigation or are there unsatisfied judgments or liens (including state or federal tax liens) against you? . . . . . ❑ Yes ❑ No

h. Have you been charged with or pled guilty to, nolo contendere to or been found guilty of any felony or of any misdemeanor, or, are you now under indictment? . . . . . ❑ Yes ❑ No
**If you were convicted of any felony involving dishonesty or a breach of trust, then you must provide us with proof of written consent from the State Insurance Commissioner to work in the insurance business. (See 18 U.S. Code Sec. 1033).*

i. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business? . . . . . ❑ Yes ❑ No

j. Have you ever been discharged from any employment or had an agent contract terminated for reasons other than low production? . . . . . ❑ Yes ❑ No

k. Have you filed for bankruptcy in the last 7 years? . . . . . ❑ Yes ❑ No

If you answered Yes to any questions (d) through (k), please attach an explanation and documentation for each. Note: You are required to report any adverse action that may be taken against you in regards to Questions (d) through (k) to the Company's Legal Department within 5 days of such change.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ATTACH VOIDED CHECK). I hereby authorize the Aviva companies listed above and the financial institution named below to initiate credit entries to my account and to reverse any entries made in error. I understand that the company will give me prior notice of any such reversal. This authorization will remain in full force and effect until the Aviva companies above have written notice from me of its termination in such time and in such manner as to afford the Aviva companies a reasonable opportunity to act on it. *Note:* commissions are only paid by electronic funds transfer (EFT) unless we agree otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. *Fill in your Account Info below.*

*Depositor Name: _____

*ABA Routing/Transit#: __ __ __ __ __ __ __ __ __ *Acct. #: _____

*Name of Financial Institution: _____

INDEPENDENT PRODUCER AGREEMENT: By my signature below, I acknowledge that I have read the attached copy of the Independent Producer Contract and I understand this Application will form and become a part of my Contract. I agree to be bound by all of the terms and conditions of the attached Contract including any schedules, supplements, and amendments. I agree that, if appointed, any misrepresentation of facts herein provided will be grounds for termination of the Contract for cause at the sole discretion of the Aviva companies. I am not appointed to represent the Aviva companies listed above until and unless this Application is accepted by the companies and I am notified of such acceptance by Aviva's confirmation letter. Upon acceptance of my application, the Contract shall consist of this Application, the Independent Producer Contract attached hereto, and any changes thereto the Aviva companies make from time to time, as posted on the agent website or as Aviva may notify me in writing. I represent and warrant that all information and answers to questions are true and complete.

Independent Producer Signature: _____ Date: _____