

Producer/Agency Form



- 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: _____ MGA Number: _____
MGA Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

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.: _____

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: \$ _____

- 1. Have you ever filed for bankruptcy? Yes No
- 2. 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
- 3. Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?
 Yes No
- 4. 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

- 5. Have you ever been *alleged* to have engaged in any fraud?
 Yes No
- 6. Have you ever been *found* to have engaged in any fraud?
 Yes No
- 7. Have you ever been convicted of any crime?
 Yes No
- 8. Have you ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction?
 Yes No
- 9. Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?
 Yes No
- 10. Do you hold a current Certificate of Continuing Education for California and/or Iowa? Yes (Please attach a copy) No
- 11. 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.)

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) authorize the Company to conduct an investigation of my background and to disclose the results of any such investigation to the Agency(ies) with which I am or become affiliated; and (iii) 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

Name of Agency: _____ AGA Code: _____
Approved compensation level/contract type(s): _____
Signature of Authorized Agent: _____ Date: _____

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

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

ADMIN 5477 (01-2011)

Agent Transfer Request

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

I hereby authorize Fidelity & Guaranty Life Insurance Company to make the following changes to my existing agent or producer agreement. Please Note: A release is not required for agents who request reappointment under a new hierarchy following all guidelines noted below are met. Application sign dates will determine eligibility for release.

LIFE Agents

- A. Contract Effective Date or Hierarchy Effective date is greater than 90 days and there has been no submitted business within the past three months.
- B. If an agent has been contracted over 90 days and there has been production in the last 12 months, but no new business in the past 6 months, the agent can move to a different hierarchy however must remain at the current compensation level for at least 3 months. The agent will need to remain at the compensation level for a period of three months before any increase will be considered. Any agent that becomes a non-producer for the purpose of moving hierarchies after the six-month period will not be eligible to re-contract unless it is under the prior hierarchy.

ANNUITY Agents

- Appointment date is greater than six months and
- No submitted business within the past six months

A Vector check will be completed on all hierarchy change requests to ensure agent is in good standing within the industry. If we determine there is an Outstanding Vector we will require proof the agent has worked out a payment plan with the carrier noted. If Vector is not resolved, we reserve the right to terminate the agent's Fidelity & Guaranty Life appointment providing 30-day notice. If there is an outstanding Fidelity & Guaranty Life agent debit balance outstanding, the debt must be paid in full prior to any transfer/hierarchy change.

Agents/Agencies with an outstanding debit balances are required to pay the balance in full prior to any consideration of a hierarchy release. We may permit the reduction of agent debt to be offset by submission of new business within the initial thirty days.

The agent needs to obtain an unconditional release from their current MGA; if an agent has never produced business they will be able to receive up to street level compensation. Any request for an above street level contract will require Home Office Approval.

Agents requesting to be terminated are eligible for rehire within the previous MGA providing they disclose an adequate production commitment.

Agent Name: _____

Agent Address: _____

Agent Email Address: _____

Agent Number: _____

Tax ID Number: _____

Agent Phone: _____

Agent Fax: _____

Agent Signature: _____

Agency Authorized Signature and Title: _____

Fidelity & Guaranty Life Compensation Schedule _____

Fidelity & Guaranty Life Producer Code of New Appointing General Producer _____

Signature Authorized Producer _____ Date _____
(Upline Signature/Authorization)

The Appointing General Producer's signature indicates acceptance of responsibility for this agent/agency to the extent outlined in your General Agent Agreement with Fidelity & Guaranty Life Insurance Company. This change will be effective when completed paperwork and all supporting documentation if necessary, (i.e. release etc.) is received and accepted by Fidelity & Guaranty Life Insurance Company.

Authorization Agreement for Direct Deposit To Savings or Checking Account

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

I (we) hereby authorize FIDELITY AND GUARANTY LIFE INSURANCE COMPANY ("FIDELITY AND 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 and 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 and Guaranty upon demand, and agree to hold Fidelity and Guaranty harmless from any and all liability in connection therewith. Fidelity and 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 and 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 AND GUARANTY LIFE INSURANCE COMPANY**: Fax No. 410-895-0129

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

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.