



# AGENT APPOINTMENT REQUEST FOR FIXED ANNUITIES

Form ANN43001F(S) 3/99

Agent Name: _____	Former Names: _____
Agency Name: _____	
Agent's Branch Address: _____	
Business Telephone #: _____	Fax #: _____
Agent's Home Address: _____	
Agent's Home Telephone #: _____	
SS#: _____	Date of Birth*: _____
<small>*(For purposes of performing consumer reports or investigative consumer reports and obtaining appointment.)</small>	

Agent's Resident State: _____	License # _____
Lines of Authority:    Life ____            Health ____            Other ____	
List additional states in which Agent is licensed and is requesting appointment: _____	

**Background Information:** (Please answer all questions with a "YES" or "NO" response)

1) Have you ever been charged and/or convicted of any offense other than a minor traffic violation? _____	2) Have you ever had a complaint filed against you with an insurance department or any other regulatory agency? _____
3) Have you ever declared personal bankruptcy? _____	4) Have you ever been fined by an insurance or securities regulatory agency? _____
5) Have you ever been denied an insurance license or had an insurance license suspended or revoked in any state? _____	6) Are there any lawsuits, judgments or liens pending against you? _____
7) Have you ever been appointed and/or affiliated either directly or indirectly with New York Life or any of its subsidiaries? _____	

**\*\*\*Note: If you answer "YES" to any of the above questions, you must attach a signed explanation and Official Documentation to this form.\*\*\***

**Authorization Release:**

I understand and agree that I may be the subject of a consumer report or an investigative consumer report ordered by New York Life Insurance and Annuity Corporation (hereinafter referred to as NYLIAC). I hereby acknowledge receipt of a separate document titled "DISCLOSURE" advising me of the investigation and of my rights. I hereby release former employers, insurance companies, police departments or any other person from liability by reason of furnishing NYLIAC or its agents any information in their possession concerning my character, credit worthiness, ability, business activities, educational background, general reputation together with in the case of former employers, a history of my employment and the reason(s) for termination thereof. I understand that I have the right to request, in writing, disclosure of any investigation by NYLIAC, including the nature and scope of any such investigation. I understand and agree that any misrepresentation of the facts contained herein constitutes grounds for termination for cause of such appointment made by NYLIAC.

I authorize the release of commission payments to the licensed agency indicated above and further agree to indemnify and hold NYLIAC harmless from any liability resulting from or arising out of any payments made in accordance with such designation. I further acknowledge that there is no contractual or employment relationship between NYLIAC and myself, the Agent.

I shall comply with the rules and regulations of NYLIAC, and the laws and regulations of the State Insurance Department relating to my activities in the solicitation of insurance. I agree not to solicit business until I am licensed by the applicable State Insurance Department and have been notified that I am properly appointed with NYLIAC.

**\*Note: Authorization Release must be signed by all agents seeking appointment with NYLIAC.**

Agent's Signature: (photocopy of original signature as valid as original signature)	Date: _____
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<b>NYLIAC USE ONLY</b>	Prepared By: _____	Comments: _____
External Wholesaler: _____	Internal Wholesaler: _____	