



AMERICAN SAVINGS LIFE INSURANCE COMPANY
935 E. Main Street, Mesa, Arizona 85203-8849
Phone: 1-800-880-2112 | Fax: 1-480-835-5355
Email: Contracting@AmericanSavingsLife.com
www.AmericanSavingsLife.com

Agent/Agency Appointment Background Verification Release & Disclosure

Full Legal Name: _____ Male Female

Other names used in the last 5 years: _____ Nickname: _____

Social Security #: _____ Date of Birth: _____ Phone #: _____

Email Address: _____ Driver's License #/State: _____

Home Address/City/State/Zip: _____

Business Address/City/State/Zip: _____

Mailing Address: Home or Business. Are you a legal United States of America Citizen? Yes No

Is this American Savings Life contract to be in the name of a LLC, Partnership, S or C Corporation? Yes No

If yes, submit entity documents (i.e.: W-9, state insurance license) and provide the Legal Entity Name of this
additionally to be contracted agency: _____

Have you ever been convicted of a crime or have any pending criminal proceeding against you? Yes No

If yes, describe: _____

Has FINRA or any State or Federal regulatory agency ever found you in violation? Yes No

If yes, describe: _____

Has any insurance companies cancelled your contract for cause (other than production)? Yes No

If yes, describe: _____

Are you presently indebted to any insurance company or agency? Yes No

If yes, describe: _____

LIFE INSURANCE & ANNUITY LICENSE INFORMATION

Resident License #/State: _____ Other state(s): _____ NPN: _____

Have you ever had an insurance license cancelled, suspended or revoked (either personal or entity)? Yes No

If yes, describe: _____



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ANNUITY COMPANIES YOU CURRENTLY SELL FOR

Other Annuity Company's Name	Type of Annuities You Sell

PERSONAL REFERENCE OR SPOUSE

Name	City & State	Phone or Email Address

The information provided in my application is true and complete. False statements on this application and any related documents may be considered sufficient cause for dismissal and contract termination.

In connection with my application for agent appointment, I understand that American Savings Life Insurance Company (ASL) may request a consumer report or an investigative consumer report relating to information as to my character, general reputation, personal characteristics, mode of living, work habits, job performance, experience, trustworthiness, reasons for termination and academic credentials verified. I further understand that ASL may be requesting information regarding my criminal history from various private and public resources, along with other available public records.

I further understand that an investigative report may include information obtained by interviews with personal references, former employers and/or their designated representative, co-workers and/or associates, with whom I am acquainted or who may have knowledge concerning the above information. I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release will be as valid as the original. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment was denied because of information obtained by ASL. I understand that I have a right to request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the information requested. Said disclosure will be made within five business days of the date the request was received by ASL or within five business days of the time the report was first requested.

I hereby authorize and release from liability, without reservation, ASL's authorized background investigation company, ASL, and any law enforcement agency, administrator, state/federal agency institution, information service bureau, consumer reporting agency, employer, employee, insurance company or person gathering or furnishing the above-mentioned information.

X

Signature of Agent Applicant

Date