



Contracting Checklist for Aviva

Please submit the following information and documents to **SMIG** when licensing with Aviva:

- Completed and Signed Independent Producer Contract Appointment Application and Agreement
- Completed and Signed Consumer Report Authorization Form
- Completed and Signed Independent Producer Contract
- Include copies of current license(s), individual and corporate
- Completed and Signed EFT Direct Deposit form with Voided Check (required)
- Include copy of E&O Coverage
- Completed and Signed W-9
- Complete Anti-Money Laundering Training Certification

STATE LICENSING FEES MAY APPLY!!!

Send the above information to SMIG:

By Email: contracts@smig-inc.com

By Fax: 314-685-8013

By Mail: Senior Marketing Insurance Group
712 N 2nd St, Suite 310
Saint Louis, MO, 63102

The licensing process cannot begin until all of the above items have been received!!! If you have any questions, please call us at: 1-866-345-0109.



Aviva Life and Annuity Company
Licensing and Contracting
P.O. Box 14590
Des Moines, IA 50306-3590
888/466-6306
888/329-1329 Fax
www.avivausa.com

Independent Marketing Organization Producer Contracting Instructions

Thank you for your interest in Aviva Life and Annuity Company. Please make sure the following forms have been completed before submitting to your recruiter. Remember that the contracting process is not complete until all paperwork has been received and approved.

- Complete and sign Independent Producer Contract Appointment Application and Agreement (form 61010). Includes Automatic Deposit Authorization (EFT). In order to be set up for Automatic Deposit, a voided check or copy of a voided check must be attached.
- Sign Consumer Report Authorization (form 16254)
- Sign Independent Producer Contract (form 16142)
____ If signing on behalf of a corporation or partnership, include title.
- Include copy(s) of current license(s), individual and corporate
- Complete W-9 form
- If commissions are to be paid to a corporation, please complete and include:
Assignment of Commissions Agreement (form 15836) and one of the following:
*Corporate license & listing of corporate officers with titles
or
Certificate of incorporation & listing of corporate officers with titles
or
Articles of incorporation which include officers names & titles
- Authorization Agreement for Automatic Deposit (Form 14216)
- Include copy of Errors & Omissions coverage
If copy of E&O coverage lists the corporation as the Insured, please attach a letter from the E&O Carrier listing the individuals of the corporation covered under the policy. A minimum coverage of \$1 million per claim is required.
- Complete Anti-Money Laundering Training Certification (form 16050).
 - If vendor is other than LIMRA, also include certificate of completion from vendor and, if available, the training outline.

Recruiter:

- Include completed Compensation Transmittal

*Corporate license is mandatory in the following states:

Kentucky
Montana
New Mexico
Utah

Return all paperwork to your recruiter. Your recruiter will then forward your paperwork to Aviva Life and Annuity Company for contracting.



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Independent Producer Contract Appointment Application and Agreement

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

- 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 only 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: _____





- Aviva Life and Annuity Company
- Aviva Life and Annuity Company of New York

Consumer Report Authorization

Authorization and Release for Use of Consumer Reports

In making this application for a Producer's Contract, I understand that a credit report and consumer investigation may be prepared. I understand that such reports may be prepared whereby information about me is obtained through personal interviews with neighbors, friends, or others with whom I am acquainted. These reports include information as to my character, reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation performed in preparing such reports. I understand that the Company may disclose to upline agent(s) and/or recruiter(s) any reports referred to in this Authorization, including any information obtained in the future on my sales or other activities and including any information relating to any termination of my contract with the Company and I authorize the Company to disclose any such information. The Vector One network will be checked for any reported outstanding producer debt with previous employers. I hereby authorize all of the Aviva insurance companies checked above (the "Company") to procure a credit report and/or consumer investigative report, and release the Company from all liability in connection from procuring and using such reports. This authorization and release, in original or copy, shall be valid for this and any other reports or updates.

For California, Minnesota, and Oklahoma Residents Only

Pursuant to the laws and regulations of the states of California, Minnesota, and Oklahoma, you are hereby notified that a consumer credit report will be obtained through:

Business Information Group
PO Box 541
Southampton, PA 18966

Vector One
PO Box 12368
Scottsdale, AZ 85267-2368

NAIC
2301 McGee Street, Suite 800
Kansas City, MO 64108-2662

in connection with this application. The Vector Insurance Network will be checked for any reported outstanding debt with previous employers. Please indicate below whether or not you wish to receive at no charge to you a copy of these reports. Yes No

I also authorize the above checked Aviva insurance companies to share with any of the Aviva insurance companies with which I may contract now or in the future any credit reports and consumer investigation reports that may be obtained. I also authorize the Aviva insurance companies checked above to continually obtain credit reports and consumer investigation reports in the future without prior approval by me and without notice by the Company for as long as I may be contracted with the Company.

Date: _____

Signature of Producer: _____

Social Security Number: __ __ - __ - __ __ __

Printed Name: _____



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Independent Producer Contract

Producer: _____ Contract Date: _____

This Contract is made between the Aviva Company affiliate(s) listed on your Producer Contract Application for which you applied and its predecessors, successors and/or assigns ("we" and "us") and the person, firm or corporation named above.

1. Appointment

We hereby appoint you to act as our independent producer, subject to the terms and conditions stated below, to procure applications for the insurance products described in the attached addendums. You are authorized to solicit only those insurance products where the products have been approved for sale by the respective state insurance authority and you have been properly licensed. You agree to comply with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc. that we publish from time to time. You agree to make reasonable efforts to determine the insurable needs and/or financial objectives of the customer based upon relevant information obtained from the customer and enter into transactions that assist the customer in meeting their insurable needs and/or financial objectives including, but not limited to, conducting an insurance suitability analysis as may be required by law or Company practice. You may not apply as an owner of any insurance policy on the life of a prospective customer, nor list yourself as beneficiary of any such policy, unless you have a legitimate insurable interest in the life of the proposed insured as determined by appropriate law and by us. You may not make any representations, promises or warrants regarding product benefits or values not specifically stated in the insurance contract. This includes any statements that insurance current contract dividends or interest, or any contract values based on current dividends or interest, are guaranteed. This also includes any statements regarding the future projected values of any insurance product. You agree to notify us upon receipt of any customer complaint you or any of your sub-producers receive concerning you or any of your sub-producers, or us or any of our products in accordance with any complaint handling policy, procedure or guideline as we may publish from time to time. You also agree to give your full and complete cooperation in responding to any customer complaint or inquiry and will promptly respond, in writing, if and when we so request. You may not give any legal, investment or tax advice on our behalf unless licensed to do so.

2. Independent Contractor

You are our independent contractor. Nothing contained in this Contract may be construed to create an employer-employee relationship between you and us. You are free to exercise independent judgment as to the time, place and manner you may perform the acts you are authorized to perform under this contract; but from time to time we may set forth certain rules, policies, guidelines and operating procedures with respect to the conduct of business by which you must abide. You have no authority, express or implied, to act in any manner or by any means for or on behalf of us in any capacity other than that of an independent contractor, and you have no authority to act in any manner except as herein expressly set forth. No authority may be implied from the authority expressly granted herein. All applications for insurance contracts must be acceptable to us in our sole discretion and our right of acceptance or rejection is absolute and unrestricted. For commissions paid on all premiums, you are an independent contractor and are responsible for withholding and reporting any and all taxes, such as federal, FICA, state withholding and any local self-employment taxes on your commissions.

3. Authority over Producers

You have authority to recruit and recommend to us individuals to be appointed as our producers. No recommendation or application for appointment or contract will be effective until approved by us at our home office. You may designate producers on whose production you are to receive compensation from us, in a form that is acceptable to us. You are responsible for the activities of any such producers on whose production you are entitled to receive and/or have received compensation from us (referred to as "your producers"). You are responsible for providing proper and adequate supervision and training of your producers, and for such producers' compliance with the terms and conditions of their contracts with us and with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc. that we publish from time to time. You are responsible for all tax reporting that may be required with respect to your producers, including any withholding and reporting such as federal, FICA, state withholding and any local self-employment taxes.

4. Company's Exclusive Authority

Only we have the authority to change any of the terms, rates or conditions of our contracts or policies. You, on your own behalf or on behalf of your producers, have no authority personally or on our behalf to make, modify or waive any of the terms



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relief, coupled with any claim by us for damages, in any state or federal district court in Des Moines, Iowa, and you agree that those courts have personal jurisdiction over you for the purpose of such actions, which shall not be subject to the Arbitration provisions of this Contract.

19. Contract Binding on Principals

In the event that you are contracting with us as a corporation, partnership, LP, LLC., or other business entity, it is further agreed and guaranteed by the principals of said business entity that all terms and conditions of this Contract shall be binding on them severally and jointly in the same manner as upon the entity named as the producer.

20. Consent to Electronic Agreement & Notice

In the event that you enter into this Contract by electronic means through our website, you hereby agree and consent that this Contract shall be legally binding upon your estate, heirs, executors, administrators, personal representatives, successors and assigns. You hereby waive any and all defenses that this Contract was not in writing or properly executed as may be required by the Statute of Frauds or any other similar law, rule or regulation. You hereby agree that we fulfill our obligation to deliver to you any document, statement, notice, or other communication if sent via electronic delivery. Documents sent by electronic delivery will contain all the information as it appears in the printed hardcopy version as prepared and distributed by the originator, with the possible exception of graphic insertions such as photographs or logotypes. Electronic delivery may be in the form of an email, an electronic mail attachment, or in the form of an available download from our website. You represent that you will download the relevant document promptly after receiving notice of its availability. Should you experience any difficulty opening a document electronically delivered by us, you will promptly advise us in order to allow us to make the required delivery by other means. Failure to advise us of such difficulty within forty-eight hours after delivery shall serve as an affirmation that you were able to receive and open said document.

21. Entire Agreement

Except for compensation payable with respect to business sold under any previous contract between you and us, this Contract supersedes any previous agreements between you and us. This Contract sets forth the entire agreement between you and us and may not be altered or modified except in a writing signed by you and our authorized officer. Notwithstanding the foregoing, we reserve the right to amend this Contract at any time, effective on a prospective basis only. Such amendment will be effective at such time as we display new Contract provisions at our agent website or when we notify you of such changes. Your continuation of the relationship created hereby will be deemed to be your acceptance of such changes. You may request the most current edition of this Contract by calling or writing us.

Except for our right to amend this Contract from time to time as stated above, for purposes of providing notices required or permitted by this Contract, waiving any right under this Contract, or amending any term of this Contract and notwithstanding any law recognizing electronic signatures or records, "a writing signed," "in writing" and words of similar meaning, shall mean only a writing in a tangible form bearing an actual "wet" signature in ink manually applied by the person authorized by the respective party, unless both parties agree otherwise by making a specific reference to this section.

No forbearance or neglect by us to enforce any term, condition, or provision of this Contract shall be construed as a waiver of any of its rights or privileges hereunder or affect its rights arising from any default or failure of performance by you. You agree that a declaration of invalidity or unenforceability of any particular provision or provisions of this Contract will not in any manner affect any other provision and that you will comply fully with all remaining provisions contained herein.

The provisions of any supplemental addendums, amendments or schedules attached hereto, including the Producer Contract Application signed by you and attached hereto, are incorporated in this Contract in their entirety by this reference, as if fully set forth herein.

This Contract shall be governed by the laws of the State of Iowa, without regard to principles of conflicts of law. In addition, the parties to this Contract agree that the District Court of Polk County, Iowa shall have exclusive jurisdiction over any and all disputes which may arise with respect to this Contract, consent to such jurisdiction, and agree that proper venue exists therein. This Contract is executed below and upon our approval of the attached Application for Contract.

/s/ _____
COMPANY OFFICER NAME AND TITLE

/s/ _____
Producer name and signature





Aviva Life and Annuity Company
 P.O. Box 1555
 Des Moines, IA 50306-1555
 800-800-9882
 www.avivausa.com

Assignment of Commissions Agreement

THIS ASSIGNMENT OF COMMISSIONS AGREEMENT (the "Assignment"), is made as of this ____ day of _____, 20____, by and between _____ (the "Assignor"), residing at _____ (the "Assignee"), located at _____

and Aviva Life and Annuity Company (the "Company") located at Des Moines, Iowa.

WHEREAS, Assignor is a party to a contract with the Company dated as of _____ ("Agent's Contract"), whereby Assignor solicits applications for insurance policies ("Applications") that are underwritten by the Company, pursuant to which the Company agrees to pay first-year commissions when policies resulting from those applications solicited by Assignor are issued and renewal commissions when renewal premiums are paid by the policyholders on the policies;

WHEREAS, Assignor has an agreement in place with Assignee ("Engagement Agreement") whereby Assignor has entered into a working relationship with Assignee and has agreed to assign to Assignee all first-year and renewal commissions and all other amounts (collectively "Commissions") accruing to Assignor under the Agent's Contract, and Assignee has agreed to retain Assignor's services with respect to insurance sales and compensate Assignor for such services;

NOW THEREFORE, in consideration of the foregoing and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and agreed, the parties hereto agree as follows:

1. Assignor hereby assigns to Assignee all of Assignor's right, title and interest in and to all Commissions.
2. Assignee hereby accepts the assignment of all of Assignor's right, title and interest in and to the Commissions.
3. Assignor hereby directs the Company to pay all amounts assigned hereunder directly and solely to Assignee and specifically agrees that such payment will discharge the Company's obligation as set out in the Agent's Contract or the Assignment to make such payments and will release the Company from any and all liability to make such payments.
4. Where applicable, the Assignee agrees to be responsible for the withholding of all Federal, state and local taxes, and any social security or unemployment taxes due and owing with respect to the Commissions arising out of or relating to this Assignment.
5. This Assignment shall be effective for all Applications as of the Application's signature date, but shall have no effect on Commissions due on or paid for Applications signed prior to such date. Upon termination of this Assignment, all Commissions not yet credited or paid to Assignee shall revert to Assignor.
6. This Assignment shall be subject to the terms and conditions of the Agent's Contract and to any present or future claim of the Company, including but not limited to i) any indebtedness of Assignor to the Company and/or ii) any charges made or fees assessed against Assignor by the Company.
7. Assignor and Assignee hereby indemnify in full and hold harmless the Company and its officers and employees from any liability which may arise by virtue of any actions the Company or its officers or employees may take pursuant to this Assignment
8. Neither Assignor nor Assignee shall have the right to assign this Assignment without the prior written consent of the Company, and any purported assignment without such consent shall be null and void and of no force and effect. All representations, warranties, covenants, powers and rights herein contained shall be binding upon, and inure to the benefit of, Assignor, Assignee and the Company and their respective successors and permitted assigns.
9. This Assignment shall terminate upon the occurrence of one or more of the following events: (a) termination of the Engagement Agreement; (b) dissolution of Assignee; (c) change in Assignor's status from an individual to a corporate or other legal entity; (d) change in Assignee's name or form of operation; and (e) mutual assent. In each of the forgoing instances, Assignee and the Company must properly execute a "Termination of Assignment of Commissions Agreement" form for the termination to be effective.
10. This Assignment may be executed, acknowledged and delivered in any number of counterparts and each such counterpart shall constitute an original, but together such counterparts shall constitute only one instrument.
11. The terms of this Agreement shall be governed by, and construed in accordance with, the laws of the State of Iowa.

IN WITNESS WHEREOF, the parties have caused this Assignment to be executed this ____ day of _____, 20____, by their duly authorized representatives.

Date: _____

Name: _____
 Assignor (Agent Signature)

Assignee (Company Receiving)
 Assignee's Tax ID No. _____

Date: _____

By: _____
 Name: _____
 Title: _____

Date: _____

Aviva Life and Annuity Company
 By: _____
 Name: _____
 Title: _____



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Aviva Life and Annuity Company
 7700 Mills Civic Parkway
 West Des Moines, Iowa 50266-3862
 800/800-9882
 www.avivausa.com

Authorization Agreement for Automatic Deposit

I hereby authorize Aviva Life and Annuity Company and the financial institution named below to initiate credit entries to my account (this includes my authorization to you to reverse any entries made in error).

PLEASE PRINT

Depository Name		Branch
Address		City
State	Zip	Telephone #

Bank Transit ABA No. _____

Account No. _____

Note: PLEASE ATTACH A COPY OF A VOIDED CHECK WHICH SHOWS YOUR BANK ABA NUMBER AND ACCOUNT NUMBER.

This authority is to remain in full force and effect until Aviva Life and Annuity Company has written notification from me of its termination in such time and in such manner as to afford Aviva Life and Annuity Company a reasonable opportunity to act on it.

Date	Agent Code
Agent Name	Agent Signature

• ARE YOUR COMMISSIONS ASSIGNED TO A CORPORATION? YES NO
 IF ANSWER IS YES, EFT INFO MUST MATCH THE CORPORATION

• THIS FORM MAY BE FAXED TO 800/531-0038

Return form to:
Agency Services
Aviva
PO Box 1555
Des Moines, IA 50306-1555
Fax: 1-800-875-0223



Anti-Money Laundering Training Information Form

****DO NOT COMPLETE THIS FORM IF YOU COMPLETED LIMRA TRAINING WITH AVIVA OR ANOTHER CARRIER****

AGENTS: COMPLETE SECTIONS ONE THROUGH THREE ONLY

SECTION ONE: AGENT INFORMATION

Agent's Name _____

Agent's Number _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (*daytime*) _____ (*evening*) _____

SECTION TWO: TRAINING INFORMATION

Title of training program _____

Date training program completed _____

Training was delivered by: (Check all that apply)

Vendor: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

Insurance company: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

Broker Dealer: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

Bank: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

Other: (*Please specify full name and contact information. Attach certificate and outline of training program*)

SECTION THREE: AGENT AFFIRMATION OF ANTI-MONEY LAUNDERING TRAINING PROGRAM COMPLETION

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA PATRIOT Act Section 352 (US 31 CFR 103.137). I acknowledge that Aviva retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the Aviva Producer's Guide to Anti-Money Laundering for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

Signature of Agent _____ **Date** _____

FOR HOME OFFICE USE ONLY:

SECTION FOUR: ATTACH A CERTIFICATE DOCUMENTING THE CONTENTS OF THE TRAINING PROGRAM OR COMPLETE AND EXECUTE THE ITEMS BELOW (*Check all that apply*).

Training program covers the ACLI Core Elements for an AML Course

Training program is in compliance with regulations issued under USA PATRIOT Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011)

I affirm that the above referenced agent completed the above reference training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA PATRIOT Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

Entity Delivering Training _____

Name _____ **Title** _____

Signature _____ **Phone Number** _____

FOR INTERNAL USE ONLY -- THIS FORM IS NOT A TRAINING CERTIFICATE