

AIG / ESSEX

**IMPORTANT:**

Before sending your contracting back to CPS, please review all pages to make sure they have been completed in their entirety.

Please return your forms as well as a copy of your license and E&O proof to:

CPS Insurance Services  
ATTN: FIXED ANNUITY DEPARTMENT  
9 Corporate Park Dr. #100  
Irvine, CA 92606

If you have any questions, please contact Cheri Daigle at 949-863-0700 ext. 123.

Thank you.

Requesting Appointment with: ☒ AIG ☐ John Hancock

### About Agent:

☐ **\*Pay Agent commissions to:** \_\_\_\_\_  
this should be the entity that \_\_\_\_\_  
signs the selling agreement \_\_\_\_\_

☐ Send Annuity policies to: CPS Insurance Services  
9 Corporate Park Dr. #100  
Irvine CA 92606

☐ Other Instructions: \_\_\_\_\_  
\_\_\_\_\_

☐ Return these documents to General Agency that supplied them to you:

CPS Insurance Services  
9 Corporate Park Dr. #100  
Irvine, CA 92606

\* Commissions are paid to insurance licensed corporation or individual, only. If commissions are to be paid to entity other than the writing agent, a datasheet, background authorization, and license for that entity must be submitted as well

## 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	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
	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. 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 2.** 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 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								
			+					
or								
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. person (including a U.S. resident alien).

**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 2.)

Sign  
Here

Signature of  
U.S. person ▶



Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS must get 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**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.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after December 31, 2001** (29% **after December 31, 2003**). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

# **Agent's Background Authorization Release**

I understand and agree that I may be the subject of a an Investigative consumer report ordered by the Insurance Company and I hereby waive any requirement of prior notification.

I understand and agree that an investigative consumer report may be prepared whereby information is obtained through personal interview with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living.

I understand 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 the investigation.

I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me to furnish bearer with any and all information in their possession in connection with an application for employment, agent contract, license, or appointment.

I hereby release former employers, insurance companies, or any other person from liability by reason of furnishing to the company or its agents any information in their possession concerning my creditworthiness, character, ability, business activities, educational background, general reputation, together with, in the case of former employees, a history of my employment and the reason(s) for the termination thereof.

I attest that I received a stand alone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or for eligibility for a license/appointment required by law to consider an applicant's financial responsibility.

I am willing that a photocopy of this authorization be accepted with the same authority as the original. I specifically waive any written authorization request.

**X** \_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agent's Social Security No.

# Agent Appointment Data Sheet

Agent to be appointed with the following Insurance Company(ies) \_\_\_\_\_

## Agent Information

Agent's Name : \_\_\_\_\_ Sex: M F  
Last First Middle  
 Social Security #: \_\_\_\_\_ - - Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State & Driver's License #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been appointed with any of the above insurance companies? If so, under what agency? \_\_\_\_\_  
 Please list license information for each state you wish to hold a carrier appointment:

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 State: \_\_\_\_\_ License No.: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(A current license copy (ies) must be attached for each state the agent wishes to be appointed in - photocopy is acceptable)

## Insurance Agency Information (commissions will be paid to the following Licensed Agency)

Agency Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_  
 Business Address: 9 CORPORATE PARK DR. #100 Telephone No.: 949-863-0700  
IRVINE, CA 92606

## Agent's Current Employer

Begin Mo/Yr	Company Name	Address

## Agent's Previous Employment History (please provide at least five years history)

Begin Mo/Yr	End Mo/Yr	Company Name	Address

## Agent's Background Information

<p>1. Have you ever been known or conducted business in any name other than as shown on this application? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Have you ever declared personal bankruptcy? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Have you ever been charged and/or convicted of any offense other than a minor traffic violation? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Have you ever had a complaint filed against you with an Insurance Department? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Have you ever been fined by an insurance regulatory agency? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>6. Have you ever been denied an insurance license, or had your insurance licenses suspended or revoked in any jurisdiction? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p>	<p>7. Have you ever been refused bond by a surety company? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Has any surety paid out funds on your coverage? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Are you at present involved in any litigation connected with the insurance business or are there any unsatisfied judgments outstanding against you arising out of the insurance business? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>10. Have you ever been declared a judgment debtor? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>11. Are you an officer or employee of a bank or bank holding company? <span style="float: right;">Check One Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>12. How long have you been an insurance agent/broker? <span style="float: right;">Number of yrs. <input style="width: 50px;" type="text"/></span></p> <p><b>NOTE: If any answer to the above questions is "yes", a written and signed explanation must be attached.</b></p>
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## Agent's Attestation

- I certify that, to the best of my knowledge, the answers to the above questions are true and correct.
- 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.
- I understand that the Violent Crime Control and Law Enforcement Act of 1994 prohibits anyone who has been convicted of a felony involving dishonesty or breach of trust from participating in the business of insurance. Violators are subject to fine and up to 5 years imprisonment.
- I authorize release of commission payments to the Licensed Agency indicated above and further agree to indemnify and hold the Insurance Company 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 the Insurance Company and myself, the Agent.

X  
 Agent's Signature (Photocopy as valid as original)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

The Parties certify that they have read the Agent Agreement to which this signature page is attached, including Attachments A, B, and C and the Commission Schedule.

AGENT:

AIG ANNUITY  
INSURANCE COMPANY:

By: X  
(Authorized Signature)

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(Printed Name)

Name: \_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
(Social Security or Tax Identification)

Date: \_\_\_\_\_