AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

P.O. Box 71216
Des Moines, IA 50325
888-221-1234
Fax 515-221-9947
www.american-equity.com

Contract/Appointment Transmittal

(For National Marketing Organization (NMO) use only)

PLEASE PRINT ALL INFORMATION CLEARLY.
THIS FORM SHOULD BE SIGNED BY AN AUTHORIZED NMO REPRESENTATIVE.

NEW AGENT - To request an appointment for a new agent, complete sections A, B and C. Submit this transmittal with:

- Agent Appointment Application (form 3000) and the Agent Contract (form 121) for commission levels GA1 through RMO 14. Include a Corporate Agency Guarantee (form 4061) when setting up a Company with an appointment.

-OR-

- Agent Appointment Only Application (form 3000-AA) and the Appointment Only Agreement (form 3002) for appointed only agent who will not be paid commissions by AEL. The Overriding Supervising agent receiving the commission must sign the Appointment Only Agreement (form 3002).

IMPORTANTThe Consumer Authorization (form 4063) must be submitted with ALL agent appointment forms.**
(Oklahoma requires an additional Authorization, form 4064 for residents of Oklahoma)

Other Information to include: Proof of completion for Anti-Money Laundering (AML) training
Appointment fee's for non-resident state appointments
Copies of active insurance licenses

CHANGES - This transmittal should also be used to change an existing agent's commission level and/or up-line hierarchy.

- If an agent is changing from appointed only (no commissions paid), to a commission level GA1 or higher, a new Agent Appointment Application (form 3000) and Agent Contract (form 121) must be completed. When changing from a level GA1 or higher to an appointed only agent (no commissions paid), a new Agent Appointment Only Application (form 3000-AA) and an Appointment Only Agreement (form 3002) must be completed.
- Changes between commission levels GA1 and RMO14 and/or hierarchy changes do not require additional forms. Please include Agent #.

SECTION A – Please Print

AGENT NAME: _____

☐ New Agent
☐ Change Existing Agent #_____
Commission Level Hierarchy
☐ Transfer Agent and
☐ Include eligible down-line

Complete ONLY if the agent is seeking an appointment for their Company:

COMPANY NAME: _____

SECTION B – Select Only One level

☐ No Level – APPOINTED ONLY – all commissions are paid directly to the Overriding Supervisor *(See Section C)*

Commission level:

☐ GA1 ☐ GA2 ☐ GA3 ☐ GA4 ☐ GA5 ☐ GA6 ☐ GA7 ☐ GA8 ☐ GA9

☐ MGA10 (street level) ☐ SMGA11 ☐ FMO12 ☐ MO13 ☐ RMO14

SECTION C: - Please Print

Immediate Overriding Supervisor this agent will be contracted directly under:

NAME: _____ AGENT NUMBER: _____

National Marketing Organization:

NAME: UNKEFER & ASSOCIATES, INC. AGENT NUMBER: _____

DATE _____ AUTHORIZED SIGNATURE: _____
(NMO Authorized Representative)