

SIGNATURE OF AGENT/APPLICANT

Amalgamated Life Insurance Company AGENT PROFILE FOR APPOINTMENT

	AGENT TROTTEE FOR ALL ON ALL O		
Sec	tion 1		
Nam	ne of Applicant/Entity		_
Tax Identification/SSN#DOB			_
Nam	nes of license holding Officers (if applicable)		
	ne NumberFax Number		
	ail Address		
	iness Address		
List	tion 2 all the states you wish to be appointed in by Amalgamated Life Insurance Company. Provide a current legible licent state listed.	ense certif	icate for
back	Insurance Department of various states requires insurance companies to investigate the competence, character kground of agents. If your response to questions 1 through 8 is "yes", please give full details under explanation. Ler if needed.	Jse additio	onal
	The state of the first transfer to the state of the state	YES	NO
2	Do you have outstanding debt(s) to any insurance companies?		
3	Do you currently have any outstanding and /or unsatisfied judgements or liens against you? Have you ever made a compromise with creditors, filed a bankruptcy petition, or have been declared		
3	bankrupt, or insolvent either personally, or in business?		
4	A. Have you ever been charged with, convicted of, or pleaded guilty to: any crime, whether a felony or misdemeanor, fraud, dishonesty, misrepresentation, and/or mishandling of money?		
5	B. Any violation of state insurance department regulation or statute? Are you, or your firm and/or partner(s) or principle(s), currently a party to any litigation or arbitration involving you or your firm's business activities?		
6	Have you ever been the subject of an investment or insurance-related consumer-initiated complaint or proceeding?		
7	Have you ever had an insurance license(s) or other licensee denied, suspended or revoked by any state or federal regulatory agency?		
8	Are you the subject of any investigation or proceeding(s) which could result in a "yes" answer to any of the above?		
9	Have you read the company's rules and procedures regarding Regulation 60, required by the New York Department of Financial Services?		
10	Have you read the company's Training Manual on Anti-Money Laundering required by the New York Department of Financial Services?		
Expl	lanation		-
Auth as d	tion 3 norization to collect and disclose information: I authorize the company to obtain or have prepared an investigative lefined under the Fair Credit Reporting Act. I understand that consumer reporting agencies may disclose the infor as set forth in the contract with a member company or organization. I acknowledge that I have received and care Fair Credit Reporting Act Notice.	rmation co	ollected

DATE

Br-Prof-4-17