RESET

American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (USL)

Address mail to:
Annuity Service Center

Regular Mail
P.O. Box 15570
Amarillo, TX 79105-5570

Overnight Mail
1050 North Western Street
Amarillo, TX 79106-7011

☎1-800-445-7862
FAX: 818-615-1543

Preliminary Data Sheet

1. **DO NOT USE HIGHLIGHTERS.** Please print or type.
2. Mail complete information to above mailing address or fax to (818) 615-1542 or email SA_DCC_LicensingReq@sunamerica.com.

1 Appointment Type

Please check box(es) for desired representation.

❑ Individual Appointment
❑ Broker/Dealer Appointment

Are you located in a Bank? ❑ Yes ❑ No
Are you located in a Wirehouse? ❑ Yes ❑ No
Are you an Independent Financial Advisor? ❑ Yes ❑ No

2 Personal Information

Corporate Name (if applicable) _____

Last Name _____ First Name _____ MI _____

Date of Birth _____ SSN/TIN _____

3 Home Information

Address _____

City _____ State _____ Zip _____ Phone _____

List all previous states of residence _____

4 Office Information

❑ Please check if same as Home Information

Please give both street address and mailing address if different.

Address _____

City _____ State _____ Zip _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Fax _____

5 Current Broker / Dealer Or Agency

Name Oakwood Capital Securities, Inc

Address 600 Highway 169 South, Ste 1410

City Minneapolis State MN Zip 55426 Phone 952-935-4601

6 License Information

Please complete the following sections and attach a copy of your current licenses in states where you would like to be appointed.

CRD # _____ NPN # _____

Resident License (state and number) _____ ❑ Life ❑ Variable

Non-Resident License (state and number) _____ ❑ Life ❑ Variable

_____ ❑ Life ❑ Variable

7 Background Information

All questions must be answered to avoid processing delays.

1. Are you indebted to any insurance company? ❑ Yes* ❑ No
2. Are there any lawsuits, judgements or liens pending against you? ❑ Yes* ❑ No
3. Have you filed for bankruptcy within the last seven years? ❑ Yes* ❑ No
4. Have you ever had your agent's license revoked or suspended in any state or terminated by another insurance company? ❑ Yes* ❑ No
5. Have you ever been subject to an order or disciplinary action by
   - FINRA ❑ Yes* ❑ No
   - The SEC ❑ Yes* ❑ No
   - Any State Insurance Department ❑ Yes* ❑ No
   - Any State Securities Agency ❑ Yes* ❑ No
   - Other Regulatory Agency ❑ Yes* ❑ No
6. Have you ever been convicted of a crime other than a non-felony traffic infraction? ❑ Yes* ❑ No

*** If you answered "yes" to any question, please provide a signed explanation under separate cover. Additionally, if you have been subject to an order or disciplinary action by FINRA, the SEC or any state regulatory agency, please submit a copy of such consent order with your signed explanation of the events.**

8 Acknowledgment of Federal Violent Crime Control and Law Enforcement Act

I hereby acknowledge that I am aware that the Federal Violent Crime Control and Law Enforcement Act of 1994 prohibits any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust to willfully engage or participate in the business of insurance without the written consent of the appropriate state insurance regulatory official.

(Please initial [do not type]) _____

9 Fair Credit Reporting Act Pre-Notification

In making this application for appointment, I understand that the Company may request an investigative consumer report whereby information about me is obtained through personal interviews with third parties, such as financial sources, governmental agencies, past employers, business associates and friends, regarding my personal characteristics and mode of living, whichever may be applicable. I understand that I have the right to request, within a reasonable period of time, disclosure as to the areas of my background which will be researched by the Company and included in the investigative consumer report. I also understand that I may also request a summary of my rights under the 1997 Fair Credit Reporting Act.

Applicant Signature _____ Date _____

10 Acknowledgment

By signing below, I acknowledge that my failure to answer all of the questions contained in this Preliminary Data Sheet fully and truthfully may be sufficient grounds for the termination of my application for appointment and/or future representation with the Company.

Applicant Signature _____ Date _____