



YOUR APPLICATION MAY BE RETURNED!

You must be licensed and appointed with the company prior to submitting an application. Insurance companies are now ***returning*** applications submitted by brokers who are not ***licensed and appointed*** for the respective company in the state of solicitation.

**** ATTENTION ****

**THIS PAPERWORK MUST BE
RETURNED TO YOUR
BROKERAGE
GENERAL AGENCY.**

**Failure to return to your Brokerage General Agency
will result in a delay of the appointment and possible
rejection, by the carrier, of any business submitted.**

Step 6 NASD Registration

Complete Step 6 only if requesting a variable appointment.

CRD #: _____

Broker Dealer: _____
(Print)

Wholesaler Name (if applicable): _____

Step 7 Regulatory & Background Questions

Please answer the following questions on the individual agent or the principal of the corporation/agency applying for the contract.

- (1) Have you ever been charged with a felony? Yes No
- (2) Have you ever been charged with a misdemeanor including allegations of fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of these offenses? Yes No
- (3) Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? Yes No
- (4) Has any regulatory body ever suspended or revoked any insurance, securities or other professional license? Yes No

If you answered "yes" to any of the above questions, attach explanations.

Step 8 Direct Deposit of Commissions

Having your commissions direct deposited is optional, however, it can speed up the receipt of your commissions by several days.

I wish to have my commissions Direct Deposited (for direct deposit of variable commissions, please contact your Broker Dealer)

Fax # for pre-deposit notification (optional): (_____) _____

***** ATTACH YOUR VOIDED CHECK / SAVINGS DEPOSIT SLIP *****

Bank institution name: _____

Bank institution address: _____

Type of Account: Checking Savings Account #: _____ Routing #: _____

By signing below,

I authorize and request Allstate Life Insurance Company of New York to direct the net amount of any payment to me for crediting in my account at the financial institution designated above. "Payment" means any compensation payable to me under the terms of my contract. This authorization is not an assignment of my rights to receive such payment and revokes all prior payment direction notifications applicable to any such payment. I understand that the financial institution designated above reserves the right to cancel this agreement by notice to me; however, the authorization will remain in full force and effect with ALNY until ALNY has received written notification from me of its termination in such time and in such manner as to afford ALNY a reasonable opportunity to act upon it.

Step 9 Certification & Authorization

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.

Authorization for Release of Information - I hereby authorize any bank, credit bureau, financial institution, insurance company, agency, court of law, person, or organization that has any records or knowledge of my financial status, credit standing, or criminal history to give ALNY or their representative any such information. It is our policy to develop background information on agents who wish to be appointed with our company using credit reports and criminal court records (involving convictions only). If as a result of the investigation, we are unable to appoint you, we will notify you. Subsequent credit reports and criminal court records reports may be requested from time to time in order to update our files.

I agree not to solicit business for ALNY until my license is in my possession and when the company notifies me that I am qualified to write business for this company.

I certify that the information and answers to the questions on this processing form are true and correct to the best of my knowledge. Information found to be incorrect may result in termination.

We certify that the information you have entered here will be held in strict confidence.

PLEASE SIGN HERE: _____ **DATE:** _____

Before submitting to Home Office, include a contract signed by you and your recruiter, as well as the attached Fair Credit Reporting Act (FCRA) form.



Allstate Life Insurance Company of New York

DIRECT DEPOSIT COMMISSIONS ARE NOW AVAILABLE!

We are pleased to announce that we are able to process a direct deposit of your commission check into your checking or savings account! This service has several advantages. First and foremost, you should receive your commissions faster! The funds would be in your account the Monday after the finance cycle. For example, with a normal Tuesday cutoff, we would mail these statements out of the office on the following Monday. With Direct Deposit, we would still mail your regular commission statement on Monday, but the funds would be deposited into your account on Monday as well! Deposit and mailing days may alter due to holidays.

To enroll in Direct Deposit, simply complete the form below and mail or fax it to the Licensing and Contracting Department. Please note that if your commission are assigned, you will need to have the assignee complete the authorization form. Once we have received and processed the necessary information, it will take approximately 10 days to verify the correct information is being sent through ACH. Therefore, once enrolled, you will still receive one, or potentially two paper checks during the waiting period.

To enhance this service even further, we can also fax you notification of your deposit amount before it is placed in your account. Due to the confidential nature of this information, this service will be optional. If you want to receive this fax notification, please indicate your fax number on the Direct Deposit Authorization Form. If you have any questions while completing this form, please contact the home office at 1-800-268-5619.

ALLSTATE INSURANCE COMPANY OF NEW YORK
Authorization For Direct Deposit Commission

AGENT INFORMATION (PLEASE PRINT):

Contract Name _____ LBL Agent # _____
Fax # (for optional pre-deposit notification) _____ Tax I.D. # _____

FINANCIAL INSTITUTION INFORMATION:

*** ATTACH YOUR VOIDED CHECK HERE ***

Institution Name _____
Institution Address _____
City _____ State _____ Zip _____

Type of Account: Checking [] Account #: _____
Savings [] Bank Routing #: _____

I authorize and request Allstate Insurance Company of New York to direct the net amount of any payment to me for crediting in my account at the financial institution designated above. "Payment" means any compensation payable to me under th terms of my contract. This authorization is not an assignment of my rights to receive such payment and revokes all prior payment direction notifications applicable to any such payment. I understand that the financial institution designated above reserves the right to cancel this agreement by notice to me; however, this authorization will remain in full force and effect with Allstate Insurance Company of New York until Allstate Insurance Company of New York has received written notification from me of its termination in such time and in such manner as to afford Allstate Insurance Company of New York a reasonable opportunity to act upon it or until my agent status with Allstate Insurance Company of New York is terminated.

Signature _____ Date _____

Please return this form immediately to the attention of
Licensing and Contracting, either by mail or fax to: (402) 328-6169.

Allstate Life Insurance Company of New York
SPECIAL AGENT'S AGREEMENT — APPOINTMENT

SPECIAL AGENT:

Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Date: _____

RECRUITING ORGANIZATION:

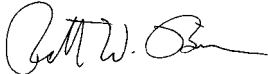
Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Recruiter's Agent #: _____

ALLSTATE LIFE INSURANCE COMPANY OF NEW YORK:



By: Robert W. Birman, Assistant Secretary

Contract Effective Date: _____

Allstate Life Insurance Company of New York ("**ALNY**") hereby appoints the individual or entity named above as its **SPECIAL AGENT** ("**SA**" or "**you**") with duties, powers, and obligations as herein set forth, and **SA** hereby accepts the appointment on the terms and conditions set forth herein. The provisions stated in all supplements are incorporated into and made a part of this Agreement. **Effective Date** -- This Agreement shall become effective on the date shown above. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

Authority — You are authorized to act as an Agent on behalf of **ALNY** for the purpose of developing and supervising the distribution of **ALNY's** insurance products. Specifically, you are authorized to:

- 1) Solicit applications for the policies of insurance and annuity contracts written by **ALNY** and approved for marketing.

Responsibilities — You are required to follow certain guidelines while exercising the authority granted under this Agreement. These guidelines include, but are not limited to, the following:

- 1) For any applications solicited by you, you shall submit such applications when received to **ALNY**. You shall also collect the first premium and transmit all collections immediately to **ALNY**.
- 2) You shall promptly deliver any policy or contract issued by **ALNY** to owner of the policy or contract. In no event shall delivery take longer than 30 days from the date you receive the policy or contract. In the event delivery will take longer than 30 days, you are required to notify **ALNY**.
- 3) You shall make reasonable effort to preserve business issued by **ALNY** and to maintain in force policies issued by **ALNY**.
- 4) You shall at all times comply with the rules and regulations of **ALNY** pertaining to underwriting practices, acceptance of risks, delivery of policies, and all other areas of conduct for **ALNY's** business.

- 5) Licensing of agents shall be in compliance with statutory and regulatory requirements of the Departments of Insurance or other regulatory agencies and in accordance with the standards and procedures established by **ALNY**. Neither you nor any of your agents shall solicit business for **ALNY** until you are notified in writing by **ALNY** that you or they are qualified to write business for **ALNY**.
- 6) You shall notify **ALNY** immediately upon becoming aware of any misdemeanor or felony criminal convictions (excluding minor traffic citations) relating to you, your employees, or any agent licensed under you and appointed with **ALNY**.
- 7) Comply with **ALNY's** policies and procedures concerning the replacement of life insurance policies and annuity contracts. A replacement occurs whenever an existing policy or contract is terminated, converted, or otherwise changed in value. For any transaction involving a replacement, **ALNY** requires you to:
 - a) recommend the replacement only when replacement is in the best interest of the customer;
 - b) fully disclose any and all relevant information to the customer, including: (i) comparing old and new premium expenses, surrender charges, cash values, and death benefits; (ii) any specific loss of cash value or policy value related to surrendering the existing policy; (iii) all guaranteed and maximum values of both policies; (iv) whether a new contestability period and/or suicide clause will start under the new policy; and (v) whether the customer will have to resubmit to underwriting to purchase the new policy;

- c) provide state-required replacement notices to customers on the same day the application is taken and indicate on the application that the transaction involves the full or partial replacement of an existing policy; and
 - d) never recommend that a customer cancel an existing policy until a new policy is in force, and the customer has determined that the new policy is acceptable.
- 8) Adhere to **ALNY's** rules and regulations concerning ethical market conduct, which require that you:
- a) carefully evaluate the insurance needs and financial objectives of your clients, and use sales tools (e.g., policy illustrations and sales brochures) to determine that the insurance or annuity you are proposing meets these needs;
 - b) maintain a current license and valid appointment in all states in which you promote the sale of **ALNY** products to customers and keep current of changes in insurance laws and regulations by reviewing the bulletins and newsletters published by the State Departments of Insurance and **ALNY**;
 - c) comply with **ALNY's** policies concerning replacements, and refrain from providing false or misleading information about a competitor or competing product or otherwise making disparaging remarks about a competitor;
 - d) submit, prior to use, all advertising materials intended to promote the sale of **ALNY** products to **ALNY** for approval;
 - e) immediately report to **ALNY** any customer complaints, whether written or oral, and assist **ALNY** in resolving the complaint to the satisfaction of all parties; and
 - f) communicate these standards to any agents or officer personnel that you directly supervise and request their agreement to be bound by these conditions as well.
- 9) During the term of this Agreement, you will maintain errors and omissions insurance coverage in an amount satisfactory to **ALNY** underwritten by an insurer satisfactory to **ALNY**. Coverage must insure against any negligent act, error, or omission by you or any person employed by you in the rendering of any services related to this Agreement. You will provide proof of such coverage upon our request.
- 10) You shall adhere to **ALNY's** policies and procedures related to maintaining the privacy of our applicants' and customers' personal information. You are prohibited from disclosing and using an **ALNY** applicant's or customer's nonpublic personal information other than to carry out the purposes for which the **ALNY** applicant or customer disclosed the information.

Independent Contractor – The relationship you have with **ALNY** under this Agreement is that of an independent contractor. Neither you nor your employees or agents shall be deemed to be the employee or servant of **ALNY**.

None of the benefits provided by **ALNY** to its employees, including, but not limited to, workers compensation insurance and unemployment insurance, are available to you, your employees, and agents.

Limitation of Authority – You shall not possess or exercise any authority on behalf of **ALNY** other than expressly conferred by this Agreement. Activities that you are specifically not authorized to perform on behalf of **ALNY** include, but are not limited to:

- 1) Making, altering, or discharging any contract.
- 2) Incurring any indebtedness or liability on behalf of **ALNY**.
- 3) Expending, or contracting for the expenditure of, any funds of **ALNY**.
- 4) Extending the time for payment of any premium, binding **ALNY** to the reinstatement of any terminated policy, or accepting notes for payment of premiums.
- 5) Waiving or modifying any terms, conditions, or limitations of any policy.
- 6) Adjusting, settling, or committing **ALNY** to any action regarding any claim.
- 7) Issuing, using, or circulating any advertisement or literature referencing **ALNY** unless the advertisement or literature has first been approved in writing by **ALNY**.
- 8) Entering into any legal proceedings on behalf of **ALNY** in connection with any matters pertaining to **ALNY's** business.
- 9) Delivering any policy issued by **ALNY** prior to the settlement by the applicant of the first premium or required funding for the policy or contract.
- 10) Delivering any policy when you or your agents have knowledge of any impairment of the applicant's health either not disclosed on the application or that occurred subsequent to the securing of the application.

Records – All books, records, application forms, and material furnished by **ALNY** pertaining to the solicitation of applications for insurance hereunder shall be the property of **ALNY** and shall be returned to **ALNY** upon termination of this Agreement. All other records pertaining to your performance under this agreement shall be open to inspection by **ALNY** or by the Department of Insurance (as required by law) at all times.

Expenses – You shall pay all expenses of every nature incurred in connection with the conduct of your business, and **ALNY** shall not be liable in any way therefore.

Taxes – You shall assume full responsibility for, and indemnify **ALNY** against, any liability in connection with the payment of all federal, state, and local taxes or contributions imposed or required under unemployment insurance, social security, income tax, and related laws with respect to compensation received under this Agreement by you.



**Allstate Life Insurance Company
of New York**

**Release Authorization and
Fair Credit Reporting Act Disclosure
Regarding Procurement of A Consumer Report**

This is to notify you that in connection with your agent application, we may procure a consumer report on you as part of the process of considering your application or determining whether you meet our contracting standards. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

This release and authorization shall remain valid and in effect for the duration of your contract with us. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

You may revoke this Authorization at any time, provided that the revocation is in writing, except to the extent that Allstate Life Insurance Company of New York has taken actions relying on this Authorization. If you would like to revoke this Authorization, please send a written revocation to: Allstate Life Insurance Company of New York, P.O. Box 82656, Lincoln, NE 68501.

By signing below, I hereby authorize Allstate Life Insurance Company of New York Life and its affiliates to obtain a consumer report and/or an investigative report about me in order to process my agent application. In addition, I also authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Allstate Life Insurance Company of New York and its affiliates.

Signature: _____ Date: _____

Please print the following information:

Name: _____

Home Address: _____

City/State/Zip: _____

Date of Birth*: _____

Social Security Number: _____

* Date of Birth required for background investigation purposes only, and will be used for no other purposes.

Applicants: Please retain a copy for your files.

ALNY REQUEST FOR TRANSFER FORM

AGENT TRANSFER POLICY

1. Every transfer **must** include this form that needs to be signed by both the agent requesting the transfer and the recruiter accepting the transferred agent.
2. Agents may only transfer at current contract level.
3. Allstate Life Insurance Company of New York will **NOT** transfer issued business under this new number.
4. If an application is submitted with this request, you must provide us with the client's name(s) and part 1 date(s) in the space provided below.
5. All business dated after the transfer date will go to the new recruiter.
6. Agents are **ONLY** allowed to transfer their contract after the initial first six months of being contracted with Allstate Life Insurance Company of New York

SPECIAL AGENTS

1. Special Agents **must** obtain a release from the current recruiter. In addition, Special Agents must adhere to rules 1, 3, 4 & 5 above.

PLEASE SIGN BELOW:

Agent Signature

Please Print Name

Signature of Recruiter Accepting Transferred Agent

Please Print Name

*RELEASE BY PRESENT RECRUITER FOR SPECIAL AGENTS

Signature of Releasing Recruiter

Releasing Recruiter's Name

Agent Number

/ /
Date

Recruiter Agent Number

/ /
Date

Agent Number

/ /
Effective Date of Release

IDENTIFY ALL BUSINESS APPLICATIONS BEING SUBMITTED WITH THIS REQUEST:

LAST NAME	FIRST NAME	M. I.	POLICY NUMBER	PART 1 DATE
				/ /
				/ /
				/ /
				/ /

Please provide us with current contact information:

BUSINESS

Business Address

City State Zip Code

Business Phone

Fax Number

HOME

Home Address

City State Zip Code

Home Phone

E-Mail Address

Allstate Life Insurance Company of New York

PO BOX 82656 Lincoln, Nebraska 68501-2656 Phone 800.268.5619 Fax 402.328.6169 Email alnylicdpt@allstate.com
ALNY10 Rev. 04/03

Fiscal Responsibility – You shall immediately pay to **ALNY** all monies received by you or your agents on all applications obtained and policies issued. All such funds shall be segregated by you and held by you in trust. Such funds shall not be used by you for any purpose.

Compensation – You shall be compensated solely by the Recruiter. No compensation will be paid to you by **ALNY**.

Assignment – No assignment of this Agreement or any interest therein shall be valid unless **ALNY** consents in writing.

Termination – Either party may terminate this Agreement at any time by giving written notice. Notice may be mailed or delivered to the last known address of the other party. If you reside in, or are licensed in, Arkansas, Florida, Illinois, Missouri and/or Oregon, you hereby agree to waive any advance notice of termination and agree that termination will be effective immediately upon delivery of written notice. Upon termination, you shall in no manner thereafter act for **ALNY** and shall promptly account for and remit to **ALNY** any monies then held for it. On demand, you shall turn over to **ALNY** all undelivered policies, ratebooks, other records, materials, and properties pertaining to your agency business. Your right to any commission or any other thing of value shall cease if you: commit any act that injures the business or reputation of **ALNY**; fail to account for and remit promptly any monies collected by you for **ALNY**; or, withhold any policies, money or other property belonging or returnable to **ALNY**.

Law Applicable – The execution and performance of this Agreement involves transacting business in the State of New York by you with **ALNY**. This Agreement shall be governed by and construed according to the laws of the State of New York.