

PRELIMINARY DATA SHEET

SA-5225NB (3/03)

1. **DO NOT USE HIGHLIGHTERS.** Please print or type.
2. Mail complete information to above mailing address or fax to (818) 615-1542.
3. If you have any questions please call: 1-800-445-SUN2 (7862).

A. CONTRACT TYPE

Please check box(es) for desired representation. Are you located in a financial institution? YES NO

Corporate Contract Individual Contract

AIG SunAmerica
Life Assurance Company
(for variable annuities)

B. PERSONAL INFORMATION

CORPORATE NAME (If applicable) _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

MO. _____ DAY _____ YR. _____ SOCIAL SECURITY OR TAX ID NUMBER _____

DATE OF BIRTH _____

C. HOME INFORMATION

HOME ADDRESS: STREET _____ HOME TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

LIST ALL PREVIOUS STATES OF RESIDENCE _____

D. OFFICE INFORMATION

Please give both street address and mailing address if different.

STREET _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE MAILING ADDRESS: STREET OR POST OFFICE BOX _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE TELEPHONE NUMBER _____ OFFICE FAX NUMBER _____

E-MAIL ADDRESS _____

E. CURRENT BROKER/DEALER OR AGENCY

CURRENT BROKER-DEALER OR GENERAL AGENCY NAME _____

BROKER-DEALER OR GENERAL AGENCY STREET ADDRESS _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

F. LICENSE INFORMATION

Please complete the following sections and attach a copy of your current licenses*.

		Life	Variable
Resident License	STATE AND NUMBER _____	<input type="checkbox"/>	<input type="checkbox"/>
Non Resident License	STATE AND NUMBER _____	<input type="checkbox"/>	<input type="checkbox"/>
	STATE AND NUMBER _____	<input type="checkbox"/>	<input type="checkbox"/>

* FLORIDA RESIDENTS: Please list counties you wish to sell in.

G. BACKGROUND INFORMATION

- 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 the
 - NASD YES* NO
 - SEC YES* NO
 - State Securities Agency YES* NO
 - State Insurance Department 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 the NASD, SEC or state agency, please submit a copy of such consent order with your signed explanation of the events.

H. 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) _____

I. 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

J. 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

WITNESS SIGNATURE

DATE

DATE