

INSTRUCTIONS FOR ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Effective May 2, 2006, Insurance Companies are required to establish and maintain Anti-Money Laundering programs for covered products, in accordance with USA PATRIOT Section 352 (US 31 CFR 103.137). Agents and brokers must be integrated into these programs and receive anti-money laundering training. This form was developed to provide you with a convenient means to verify, to the various companies with whom you do business, that you have completed this training.

Agent or Broker: You should complete Sections A and B and execute the affirmation in Section C. If your training was provided by an insurance company, broker-dealer or bank, that entity must either provide a certificate including an outline of the training program or complete and execute Section D. This certification cannot be used for LIMRA purposes.

Section A: Agent Information

Please complete this section in its entirety. Make sure that you include at least one telephone number where you can be contacted to verify the information you have submitted.

Section B: Training Information

Please provide the name of the training program, the date you completed it, and the name of the entity providing the training, including a contact person. If you received training from an entity other than an insurance company, broker-dealer, bank, or vendor, you must attach an outline of the training program.

Section C: Agent Affirmation

You must complete and sign this form before you submit it to an insurance company as proof that you have completed training.

Section D: Training Program Content and Affirmation (Insurance Companies, Banks and Broker-Dealers Only)

If the training was delivered by an insurance company, bank, or broker-dealer, that entity must either provide a certificate (including an outline of the training program) or complete Section D, certifying that the training program covers the ACLI's "Recommended Core Elements for an AML Training Program for Life Insurance Agents and Brokers" and/or that the training program is in Compliance with regulations issued under the USA PATRIOT Act.

The ACLI Core Elements are posted on the internet at the following site:

http://www.acli.com/Issues/Documents/13ffa0ff189a46ad8135a4e9a0d6cd91AML_Recommended_Core_Elements1.pdf

If the training was delivered by an insurance company, broker-dealer, or bank, this form will not be accepted unless the firm performing the training provides a certificate of completion or executes this affirmation.

Insurance companies, broker-dealers and banks are subject to AML requirements imposed by regulations issued under Section 352 of the USA Patriot Act (31 CFR 103.137 and/or NASD Rule 3011). If your training was provided by a vendor or an entity not subject to these regulations, the insurance company you represent will verify the content of the training.

Contact Information

If you have any questions, please speak with your agency manager.

ANTI-MONEY LAUNDERING TRAINING CERTIFICATION OF COMPLETION



Agents: Complete Sections A through C. Section D is for Broker-Dealers, Banks and Insurance Companies.

A. AGENT INFORMATION *(This certification cannot be used for LIMRA purposes.)*

Agent Name _____ SSN _____
Address _____
City _____ State _____ ZIP _____
Daytime Phone (_____) _____ Evening Phone (_____) _____

B. TRAINING INFORMATION

Title of training program _____

Date training program was completed _____

Training was delivered by: *(Check all that apply.)*

- Insurance Company
Full Name and Contact Information _____
- Broker-Dealer
Full Name and Contact Information _____
- Bank
Full Name and Contact Information _____
- Vendor
Full Name and Contact Information _____
- Other
Full Name and Contact Information *(Attach outline of training program.)* _____

C. AFFIRMATION OF ANTI-MONEY LAUNDERING TRAINING PROGRAM COMPLETION

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the insurance company's Producer's Guide for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

 Agent Signature _____ Date _____

D. FOR BROKER-DEALERS, BANKS AND INSURANCE COMPANIES ONLY *(Attach a certificate documenting the contents of the training program or complete and execute the items below.)*

Check all that apply.

- Training program covers the ACLI Core Elements for an AML Course
- Training program is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011)

I affirm that the above referenced agent completed the above reference training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

Entity Delivering Training _____

Name & Title _____ Phone (_____) _____

 Signature _____ Date _____