

Contracting Paperwork - "Please complete ALL pages"

- Please print out and complete ALL pages and sign by the "Red Arrows".
- Fax back ALL pages to (877) 743-7030 or email to nals@email.com.
- Please **INCLUDE** a copy of your Insurance License, voided check and E&O if needed.

1. Your Name: _____ Email _____

2. Select the insurance carrier(s) you want to contract with or transfer an existing contract(s) with to "NALS".

OUR PRIMARY CARRIERS (Please select your choices).

<u>PRIMARY ANNUITY CARRIERS. LIFE PRODUCTS ALSO AVAILABLE.</u>	
- ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA - Our #1 Annuity Carrier. (E&O REQUIRED)	
- AMERICAN EQUITY INVESTMENT LIFE INSURANCE CO. - Our #2 Annuity carrier.	
- LEGACY - Top Annuity products. (E&O REQUIRED)	
- PHOENIX - Top Annuity products. (E&O REQUIRED)	
<u>PRIMARY LIFE CARRIERS</u>	
- AMERICAN GENERAL LIFE - Top Life products. Annuity and specialty and health products available. (E&O REQUIRED)	
- GENWORTH LIFE INSURANCE COMPANY- Low Cost Term and UL products. On-line apps available.	
- TRANSAMERICA - Our #1 Life Carrier. Term, UL and Final Expense.	
<u>PRIMARY FINAL EXPENSE CARRIERS</u>	
- BALTIMORE LIFE - Final Expense product with NO app required.	
- FORESTERS - Our #1 Final Expense Carrier. Simplified Issue/Non-Med/Final Expense products. (E&O REQUIRED)	
- UNITED HOME LIFE - Simplified Issue/Non-Med/Final Expense products.	

*Please note - If you are contracted with a carrier for less than 6 months or have written business within the last six months you will need a release from your current FMO in order to transfer to NALS.

OUR SECONDARY CARRIERS (Please select your choices). (Carriers in bold most popular)

<u>ANNUITY CARRIERS.</u>	<u>LIFE CARRIERS</u>
- AMERICAN NATIONAL	- ACCORDIA/AVIVA
- ATHENE ANNUITY/AVIVA	- BANNER LIFE
- GREAT AMERICAN	- ING RELIASTAR LIFE
- VOYA/ING	- LAFAYETTE LIFE
- ATHENE USA	- PROTECTIVE LIFE
- EQUITRUST	- AXA EQUITABLE
- F&G LIFE	- LINCOLN LIFE
- GUGGENHEIM	- LSW
- FORETHOUGHT	- METROPOLITAN LIFE
- LINCOLN FINANCIAL	- PRUDENTIAL
- NATIONAL WESTERN LIFE	
- NORTH AMERICAN	
- RELIANCE STANDARD	
<u>FINAL EXPENSE CARRIERS.</u>	<u>MEDICARE SUPPLEMENT/LTC CARRIERS</u>
- ASSURANT/AML	- GENWORTH LTC
- ASSURITY	- MUTUAL OF OMAHA
- ROYAL NEIGHBORS	- UNITED AMERICAN
- AMERICAN AMICABLE	- JOHN HANDCOCK LIFE AND LTC
- COLUMBIAN MUTUAL LIFE	
- 5 STAR	

Please note - If you are contracted with a carrier for less than 6 months or have written business within the last six months you will need a release from your current FMO in order to transfer to NALS.

AUTHORIZATION FOR PRIMARY CARRIERS

NALS submits MOST PRIMARY carrier contracts using the SuranceBay LLC/Sure LC online contracting system. By signing below you hereby authorize National Annuity and Life Sales to enter the personal information you provide into the SuranceBay LLC/Sure LC online contracting system for **ONLY** for the carriers you selected above. Once the information is entered by NALS into the system, **you will receive an ID and password** via email to access to the SuranceBay LLC/Sure LC online contracting system. You hereby agree to log into the system complete or provide any addition information that may be required from the carriers in order to complete the contracting process. **Certain carriers DO require a paper application to be completed.**

Signature: _____ Date: _____

Continue to next page.....

Social Security #: _____ Email: _____

Last Name: _____ First Name: _____ MI: _____

Resident Insurance License #: _____ State: _____

Phone: _____ Fax: _____ Cell: _____ Gender: _____

Driver's Lic. # / State: _____ Title: _____ Marital Status: _____

Date of Birth: ____/____/____ Maiden Name: _____

Residential Address (No PO Boxes) Move In Date: ____/____/____

City/State Not Needed

Line 1: _____ Line 2: _____ Zipcode: _____

Mailing Address (No PO Boxes) Start Date: ____/____/____

City/State Not Needed

Line 1: _____ Line 2: _____ Zipcode: _____

AML Provider: LIMRA NONE OTHER Date Completed: ____/____/____

If Other, Provide Certificate of Completion.

Are you a Registered Rep with FINRA? Yes No

If Yes, Broker/Dealer Name: _____ *CRD #:* _____

Please list any Honors you currently hold: _____

Doing Business As: Individual Business Entity Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: _____

Complete the following only if DBA a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Corporate Address (No PO Boxes) Start Date: ____/____/____

City/State Not Needed

Line 1: _____ Line 2: _____ Zipcode: _____

History****NOTE* Attach additional info if needed*****Employment** -- Please provide past 5 years of employment history:

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

From: ____/____/____ To: ____/____/____

Company: _____ Position: _____

Location: _____

Address History -- Please provide past 5 years of address history:****NOTE* Attach additional info if needed***From: ____/____/____ To: ____/____/____ ***City/State Not Needed***Line 1: _____ Line 2: _____ Zipcode: _____

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***Line 1: _____ Line 2: _____ Zipcode: _____

From: ____/____/____ To: ____/____/____ ***City/State Not Needed***Line 1: _____ Line 2: _____ Zipcode: _____

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: _____

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation?	Yes	No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	Yes	No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	Yes	No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	Yes	No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	Yes	No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	Yes	No
1F	Have you ever been charged with a Felony?	Yes	No
1G	Have you ever been charged with a Misdemeanor?	Yes	No
1H	Have you ever been on probation?	Yes	No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	Yes	No
2A	Are you currently under investigation by any legal or regulatory authority?	Yes	No
2B	Have you been under investigation by any insurance company?	Yes	No
2C	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court).	Yes	No
2D	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	Yes	No
3	Have you ever been alleged to have engaged in any fraud?	Yes	No
4	Have you ever been found to have engaged in any fraud?	Yes	No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	Yes	No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	Yes	No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	Yes	No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	Yes	No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	Yes	No

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	Yes	No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	Yes	No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	Yes	No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	Yes	No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	Yes	No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	Yes	No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	Yes	No
13	Have you had any interruptions in licensing?	Yes	No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	Yes	No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	Yes	No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	Yes	No
14C	Have you ever been the subject of a consumer initiated complaint?	Yes	No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	Yes	No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	Yes	No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	Yes	No
15C	Is the bankruptcy pending?	Yes	No
16	Are there any unsatisfied judgments, garnishments or liens against you?	Yes	No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	Yes	No
18	Have you ever used any other names or aliases?	Yes	No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	Yes	No

If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature: _____

Date: _____

Carrier Specific Questions

1. Please list your state and county of residence and business for the last 10 years:

2. If you have ever been FINRA registered, do you have any U4/U5 reportable events? If yes, please provide details.

Yes

No

3. Will you be in violation of the 1994 crime act if you act as an insurance agent?

Yes

No

REQUIRED FOR ALLIANZ ONLY:

4. Are you currently an Investment Advisory Representative?

RIA #: _____

IAR #: _____

5. Have you or an officer of your company ever been involved in any litigation or arbitration in which you and Allianz life had opposing claims? If yes, please provide details.

Yes

No

6. Are any immediate family members currently contracted with Allianz Life? If yes, please list their names.

Yes

No

7. Have you had any foreclosures within the last 3 years? If yes, please provide dates and details.

Yes

No

8. Do you have any collections or charged off debt items? If yes, please provide details.

Yes

No

9. Please list any other names you are known by:

LETTER OF EXPLANATION

Date of Action:___/___/___

Action:_____

Reason:_____

Explanation:_____

Date of Action:___/___/___

Action:_____

Reason:_____

Explanation:_____

Date of Action:___/___/___

Action:_____

Reason:_____

Explanation:_____

Date of Action:___/___/___

Action:_____

Reason:_____

Explanation:_____

Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize SuranceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below. Please use BLACK ink.



PRODUCERIDXXX

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: ☐ Checking ☐ Saving Phone: _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

→ Signature: _____ Date: _____

REQUIRED

Attach copy of the check here for checking account or
deposit slip for saving account:

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II 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, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

PLEASE PRINT OUT AND RETURN PAGES 1-10 ABOVE

PAGES 12 THROUGH 36 BELOW:

IF YOU SELECTED THE FOLLOWING CARRIERS TO BE CONTRACTED WITH, THEY DO REQUIRE A SEPARATE PAPER CONTRACT AND CANNOT BE DONE ONLINE. PLEASE COMPLETE ANY ADDITIONAL CARRIER PAPER WORK BELOW.

PAPER CONTRACTS REQUIRED FOR

BALTIMORE LIFE = PRINT OUT AND COMPLETE **PAGES 12-18** BELOW

LEGACY= PRINT OUT AND COMPLETE **PAGES 19-21** BELOW

TRANSAMERICA= PRINT OUT AND COMPLETE **PAGES 22-26** BELOW

PHOENIX = PRINT OUT AND COMPLETE **PAGES 27-34** BELOW

***PLEASE NOTE-** Some of the fields may already be filled in if you completed pages 1-10 with PDF. You will need to fill in the additional information.

CONTINUE BELOW.....

THE BALTIMORE LIFE COMPANIES APPOINTMENT REQUEST

I. PERSONAL DATA

Full Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last First Middle Jr./Sr. Maiden

Social Security Number _____ - _____ - _____ Birth Date ____/____/____ Birth Place _____

Agency/Corporation Name _____ ☐ Corporation ☐ Partnership ☐ Other

Business Tax Identification Number _____

Administrative (policies, reports, copies of correspondence)

Send To _____ Fax (____) _____

Street _____ City _____ State _____ Zip _____

Business Phone (____) _____ Mobile (____) _____

Email _____

Personal (other correspondence)

Send To _____ Fax (____) _____

Street _____ City _____ State _____ Zip _____

Business Phone (____) _____ Mobile (____) _____

Email _____

Compensation and Tax Reporting (commission checks and 1099MISCs, etc.)

Payable To (Payee) _____ Tax Identification Number for This Payee _____

Street _____ City _____ State _____ Zip _____

Business Phone (____) _____ - _____ Fax (____) _____ - _____

Email _____

PRESENT PRIMARY COMPANY _____

- 1) Has your insurance license ever been restricted, suspended, revoked, relinquished or surrendered as part of any investigation proceeding by any state or federal regulatory agency? ☐ Yes ☐ No
- 2) Have you ever been convicted of, currently charged with, or pleaded "nolo contendere" (*no contest*) to, a felony or misdemeanor involving insurance, investments, taxes, or other financial transactions? ☐ Yes ☐ No
- 3) Are you currently subject to any disciplinary action, regulatory supervision or probation involving insurance, investments, taxes or other financial transactions? ☐ Yes ☐ No
- 4) Have you ever been fined, barred or otherwise disciplined by an insurance regulatory agency or any other regulatory authority of any kind? ☐ Yes ☐ No
- 5) Within the last five years, have you been involved in any litigation or been the subject of any consumer complaint filed with any state insurance department, NASD or any federal regulatory agency or do you anticipate being the subject of any litigation or complaint? ☐ Yes ☐ No
- 6) Have you ever been terminated for cause or wrongful act? ☐ Yes ☐ No
- 7) Do you have any unpaid debit balance with another insurance company? ☐ Yes ☐ No
- 8) Have you ever filed for bankruptcy? ☐ Yes ☐ No
- 9) Have you ever been convicted of a felony, involving any motor vehicle violations, use or possession of a weapon, violent act, theft, or act of dishonesty for which the record has not been sealed or expunged? ☐ Yes ☐ No
- 10) If you have been convicted of a felony, have you notified your domicile state insurance regulatory agency of your legal status? ☐ Not Applicable ☐ Yes ☐ No

(If you answer "Yes" to any question, please provide details below.)

circumstances whatsoever shall the Company be liable to you (or anyone claiming through you) for any lost profits or indirect, incidental, punitive, or consequential damages in connection with this Contract.

- i. This Contract is governed by the Laws of the State of Maryland (without regard to any choice of law provisions) and each party hereto agrees to accept service of process in and to submit to the jurisdiction of the federal or state courts located within the State of Maryland for any matter involving this Contract. In any action, suit or proceeding brought by the Company, you agree not to assert that such action, suit or proceeding is brought in an inconvenient forum or that the venue of the action, suit or proceeding is improper.
- j. The provisions of this Contract shall be deemed severable. In the event any provision in this Contract is determined to be unenforceable or invalid, such provision shall nonetheless be enforced to the fullest extent permitted by applicable law, and such determination shall not affect the validity and enforceability of any other provisions in this Contract.
- k. The Company reserves the right in its sole discretion when settling disputed claims or complaints of a policyholder to refund any premium or premiums paid on a policy or contract produced under this Contract directly by the GA or by an agent or sub-agent of the GA. If such a refund is made, other than as part of the benefits provided by the policy or contract, the GA shall be charged with and/or shall repay to the Company, any compensation paid to GA or GA's agents or sub-agents on the premium or premiums so refunded.
- l. You understand and acknowledge that during the term of this Contract you may gain access to certain confidential and proprietary information relating to the Company and its business and you

agree to keep all such information confidential. You agree that any and all "Nonpublic Personal Information" obtained by you on behalf of or from the Company in the performance of your duties and obligations under this Contract shall be used by you only as necessary to fulfill your obligations under this Contract and shall not be disclosed to any other person unless specifically authorized in writing by the Company, or the person who is the subject of the "Nonpublic Personal Information," or as otherwise permitted by law. "Nonpublic Personal Information" has the meaning set forth in section 509 of the Gramm-Leach-Bliley Act (P.L. 106-102) and any federal and state laws and regulations that implement that Act and includes but is not limited to name, address, and financial or health information of a policyholder, insured, applicant, or prospect. You agree to establish physical, electronic, and administrative procedures to protect the security and confidentiality of "Nonpublic Personal Information" in compliance with the Act and any and all federal and state laws and regulations that implement the Act.

- m. You agree that the Company will have at all times, both during and after the termination of this Contract, the right to communicate in any fashion with the persons insured under the policies issued hereunder or the owners of such policies for any purpose.
- n. Notwithstanding any provision of this Contract to the contrary, the termination of this Contract, whether with or without cause, shall be construed as a termination of: (a) your appointment and your authority under Paragraph I of this Contract; (b) your authority under Paragraph II of this Contract; and (c) the Company's obligations under Paragraph IV of this Contract. All other provisions of this Contract shall survive any termination of this Contract.

Signature of General Agent

Date

Signature of Appointing Agent/Agency

Date

William Booser

Name of Appointing Agent/Agency

The Baltimore Life Insurance Company

Date

—NOT EFFECTIVE UNTIL SIGNED BY COMPANY—

Prior to the appointment or contracting of any agent, Companies require the receipt of employment and credit history from said Agent. Nothing in this authorization restricts Companies from seeking additional information from Agent relating to his/her appointment with Companies.

The Companies reserves the right to decline an appointment request for any reason, including solely because an applicant has been convicted of a crime. The Companies, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.

I authorize Companies to provide the below-described General Agency with all information Companies obtain relating to my application to contract with Companies, including my consumer credit report and/or investigative consumer report.

I certify that all statements of information provided on this Appointment Request form are true and correct. I understand if any of the information is found to be untrue, it will be a basis for my termination.

IMPORTANT TAX NOTICE: Under federal Tax law, The Company is required to ask you to certify your correct Taxpayer Identification Number (TIN), and to include it in any reports of taxable income it makes to the IRS.

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 under provisions of section 3406(a) (1) (c) of the Internal Revenue Code because:
 - a) I am exempt from backup withholding, or b) I have not been notified 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, and
- 3) I am a US person (including a US resident alien). The Internal Revenue Service does not require your consent to any provisions to this document other than the certification to avoid backup withholding.

Signature of Applicant _____ Date _____

General Agencies Authorized to Receive Information William Booser

II. CURRENT LICENSING DATA

License Number _____ Expiration Date _____

TYPE OF LICENSE Individual: ☐ Agent ☐ Broker ☐ Solicitor ☐ Other

Agency: ☐ Corporate ☐ Partnership ☐ Other

INSURANCE LINES ☐ Life ☐ Accident & Health ☐ Life, Accident & Health

III. LICENSE/APPOINTMENT REQUESTS (Note: Appointment Requests Must Include Copies of Agent Licenses)

Check type of license(s) and insurance line(s) you are requesting:

TYPE OF LICENSE Individual: ☐ Agent ☐ Broker ☐ Solicitor ☐ Other

Agency: ☐ Corporate ☐ Partnership ☐ Other

INSURANCE LINES ☐ Life ☐ Accident & Health ☐ Life, Accident & Health

States Applying For: (Indicate Resident or Non-Resident Appointment) _____

Authorization and Disclosure Form

The purpose of this form is to authorize The Baltimore Life Insurance Company, their authorized representatives, and the supervisor or agency, as defined below to obtain a "consumer report" or an "investigative report" on the person named below (the proposed Agent) for purposes of evaluating whether that person will be contracted as an Agent with The Baltimore Life Insurance Company and at any time after that person has been contracted as an Agent.

Definitions

1. A "consumer report" and an "investigative report" shall have the same meaning as defined in the Fair Credit Reporting Act.
2. A "supervisor" or "agency" shall mean the entity or person that receives override compensation based on the business written by the Agent, and that is responsible for any indebtedness of the Agent. The supervisor or agency will generally execute, along with the Agent, the agent contract that the person listed below will execute with The Baltimore Life Insurance Company, if the Agent is contracted by The Baltimore Life Insurance Company.
3. "Agent" shall mean any entity or person that seeks to be contracted by The Baltimore Life Insurance Company, without regard to how the entity or person is contracted; i.e., Managing General Agent, General Agent, Agent, Sub-Agent.

I (Name) _____, SS#, _____ hereby authorize The Baltimore Life Insurance Company, and my supervisor (or agency, if applicable) to view, copy, procure, be furnished copies, or be given details of all information in my consumer report and my investigative report. The information in my consumer report will include information by a credit reporting agency bearing on my consumer credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which will be used for the purpose of establishing my eligibility to be contracted by The Baltimore Life Insurance Company as an Agent and for the purpose of maintaining that contract. The information in my investigative report shall include information on my character, general reputation, personal characteristics, or mode of living obtained through personal interviews with neighbors, friends, associates of me, or others with whom I am acquainted.

A copy of this authorization shall be as valid as the original. I also release The Baltimore Life Insurance Company and any person or organization complying with this authorization from any liability in connection with information furnished pursuant to this authorization.

I UNDERSTAND THIS AUTHORIZATION ALLOWS PROCUREMENT OF A CONSUMER OR INVESTIGATIVE REPORT FOR PURPOSES OF CONTRACTING AS AN AGENT WITH COMPANIES.

→ Signature: _____

Address: _____

Email: _____

Date: _____

____ California, Minnesota, and Oklahoma Applicants: Please check here to have a copy of your consumer report sent directly to you at the address listed above.

The Baltimore Life Insurance Company
 10075 Red Run Boulevard • Owings Mills, MD 21117-4871
 410-581-6600 • 1-800-628-5433 • www.baltlife.com

DIRECT DEPOSIT AUTHORIZATION

Instructions

1. Please complete this form and return to the Corporate Disbursement Department with a **void check** from the account listed below.
2. If you change your bank account, a new form and a void check will be required. You will be paid by check until your account is changed.

Account Name *(As shown on the bank records)*

Social Security Number / Tax I.D. *(Required)*

E-mail Address

Account Number

Bank Name		
Bank Address		
City	State	ZIP Code
Telephone Number	Bank Transit Number	

HOME OFFICE USE

Secondary I.D. #

Pre-Note Date

I hereby authorize The Baltimore Life Insurance Company (the Company):

- to electronically deposit, to the account listed above, amounts to which I may become entitled; and
- to withdraw, from the account listed above, amounts due for non-resident state appointment fees *(independent agents only)*.

If the Company determines that funds were deposited to my account in error, I authorize the bank to return funds to the Company upon request by the Company. Any recourse shall only be against the Company. The Company may discontinue electronic deposits to my account at any time upon written notice to me.

I may withdraw or change this authorization at any time by providing written notice to the Company.

(X) _____
Signature (If joint account, Joint Owner signs below) *Date*

(X) _____
Joint Owner's Signature (If required) *Date*

The Baltimore Life Insurance Company
SILVER GUARD SERIES

General Agent Commission Schedule

Policy	First Year Commission	Renewal Commissions			Form Number
		Years 2-10	Years 11-15	Years 16+	
Silver Guard I <i>Life Pay and 10 Pay</i>	105%	7.5%	2%		6071S (Non-Par) 4082S (Par)
Silver Guard II Graded Death Benefit-Life Pay Only	75%	7.5%	2%		6100S (Non-Par) 4059S (Par)
Silver Guard III <i>Return of Premium</i>	55%	7.5%	2%		7820

General Information:

- For Silver Guard I, II, and III, the policy fee is not commissionable.
- Commissions will be charged back as follows:
 - Should a policy be rescinded for any reason, including denial of a contestable claim, the full commission will be charged back.
 - When a premium for an earned commission is reversed, the commission associated with the reversed premium will be charged back.
 - When a policy is lapsed or surrendered and there are outstanding unearned commission advances, the unearned advances will be charged back.
 - If the insured dies a non-accidental death during the first four (4) policy months, all commissions will be charged back.
- Please note that your appointment may be withdrawn if minimum production requirements are not met.

This Commission Schedule becomes effective upon Home Office approval. The Commission Schedule can be modified or changed in any way at any time by Baltimore Life by sending written notice to the Agent. The Commission Schedule shall be considered attached to and a part of the Agent Contract between the Agent and The Baltimore Life Insurance Company.

Agent Name _____
Signature _____ Date _____
Baltimore Life Home Office Approval _____ Date _____

The Baltimore Life Insurance Company

Advance Commission Agreement

Complete This Form Only If Applying For The Advance Commission Program.

This Agreement is an addendum to the contract by and between the Agent (named below), the Supervising Agent (named below), the Marketing Organization and The Baltimore Life Insurance Company (the company). This addendum provides for the annualization of commissions pursuant to the following conditions:

- 1) The amount of annualization will be 75% of first year commissions on monthly PAC mode.
- 2) The amounts advanced under this Agreement in no way either decreases or increases the amount of compensation which will ultimately become payable to the Agent. Therefore, the amounts advanced are interest-free loans granted to the Agent by the Company, and for which the Agent is liable. Chargebacks can occur as outlined in your Commission Schedule. Should this Agreement be terminated, the Company shall withhold any and all compensation otherwise payable to the Agent until the amounts advanced have been repaid. If, at the sole determination of the Company, such compensation does not appear to be adequate to repay the amounts advanced, the Agent will be liable for the balance due and must reimburse the Company upon written notification. Agent shall indemnify the Company or Supervising Agencies for all costs or harm associated with collection of debit balances including reasonable attorney fees.
- 3) Maximum Annualization Amount: Annualized Commission on a single policy will not exceed \$1,000.00.
- 4) There will be no annualization of commission on policies covering the Agent's own life or those of his immediate family.
- 5) This Agreement shall terminate (a) upon termination of the Agent's Contract, (b) upon termination of the General Agent's Contract, (c) upon written notice by the Company of an intention to terminate the annualization, or (d) in the Company's sole discretion.
- 6) During the period of the Agreement the Company reserves the right, in its sole discretion, to change or modify in any way the percentage of premium annualized.
- 7) Annualization of commissions will not go into effect until this Agreement is signed by the Agent, the Supervising Agent, the Marketing Organization and The Baltimore Life Insurance Company, and only applies to business written and dated subsequent to the signing of this Agreement.



Agent Name (Print)

Signature

Date

William Booser

Supervising Agent (Print)

Signature

Date

Authorized Marketing Organization Rep. (Print)

Signature

Date

Authorized Baltimore Life Rep. (Print)

Signature

Date

LEGACY MARKETING GROUP®

2090 Marina Avenue, Petaluma, CA 94954-6714

Please mail form to: Licensing & Contracting Team • P.O. Box 81728, Lincoln, NE 68501 • Telephone 800-300-0519 • Fax 800-813-6095

Producer/Wholesaler Application and Agreement

PART I — Applicant is ☒ An Individual ☐ Corporation ☐ LLC ☐ Partnership (Please attach copy of Partnership Agreement.)

I understand that I cannot solicit applications for the company(ies) until I am contracted with LMG and duly licensed and appointed with LMG's authorized companies in the states that require such licensing and appointment.

PART II — APPLICANT NAME AND ADDRESS INFORMATION ☐ Mr. ☐ Ms.

Last Name _____ First Name _____ Middle Initial _____ SSN _____

Business Name _____ TIN/EIN _____ DOB ____/____/____

(Please view general instructions concerning Taxpayer Identification Number (TIN) information on www.legacynet.com.)

Business (Principal) Address _____

Residential Address _____

Business Phone Number _____ Home Phone Number _____ Fax Number _____

Cell Phone Number _____ E-Mail Address _____

Beneficiary Name _____ Beneficiary Date of Birth ____/____/____ Beneficiary SSN _____

PART III — APPOINTMENTS

For states that require appointment prior to solicitation, which carrier do you want to be appointed with? _____

PART IV — BACKGROUND INFORMATION

Violent Crime Control and Law Enforcement Act of 1994: The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. Willfully participating in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? ☐ Yes ☐ No

The applicant must answer the following questions. If the applicant is an entity, such as a corporation or partnership, the questions apply to the entity and to each of its principals and officers.

If the answer to any questions is "Yes," a detailed explanation must be provided on a separate sheet, with supporting documentation attached:

1. Do you have any outstanding debt(s) with any insurance marketing or insurance company(ies) as a result of a commissions chargeback? ☐ Yes ☐ No
2. Have you ever filed for bankruptcy? ☐ Yes ☐ No
3. Have you ever been charged with, convicted of, or pled no contest to a felony or misdemeanor? ☐ Yes ☐ No
4. Do you currently have, or have you ever had, an insurance or securities license denied, suspended, or revoked or been the subject of an administrative or regulatory action by any state or federal regulatory agency? ☐ Yes ☐ No
5. Do you currently have a state, federal, or other taxing authority tax lien? ☐ Yes ☐ No
6. Have you ever been refused a bond or had a bond cancelled (other than for non-payment)? ☐ Yes ☐ No
7. Are you currently, or have you ever been, involved in any litigation and/or collection matters? (You may omit matters of family law.) ☐ Yes ☐ No

PART V — DECLARATION AND SIGNATURE

Under penalties of perjury, I certify that: (a) My Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a Taxpayer Identification Number to be issued to me), and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

I hereby certify that I have truthfully answered the questions above. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of LMG. This application is contingent upon LMG's completion of its investigation of my background, as contemplated herein, and upon LMG's approval. If this application is approved and accepted by LMG, I agree that by accepting commissions from LMG, I acknowledge my acceptance of all terms and conditions of the Agreement, as amended from time to time. My signature on this application represents my signature on the Agreement and is incorporated by reference. The Agreement becomes effective when accepted by LMG, as evidenced by the signature of an authorized LMG representative.

Print Applicant Name _____ Applicant Signature (Signature) _____ Date _____
(IF CORPORATION, TITLE) (OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

PART VI — SIGNATURE SECTION (IMMEDIATE UPLINE ONLY)

I have reviewed the contract, and to the best of my knowledge, the applicant has answered all questions accurately. Recommended Contract Level: GA
Print Upline Name William Booser Upline Signature William Booser Upline Producer Number: 0000 101714

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that we may procure a consumer report on you as part of the process of considering your application. If information from the report is used in whole or in part in making an 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 before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report, including information on 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.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq., is available on the Federal Trade Commission's website at www.ftc.gov.

Release and Authorization

By signing below, I hereby 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 Legacy Marketing Group® or any of its affiliates or carriers. This release and authorization shall remain valid and in effect during the term of my contract. LMG reserves the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Applicant's Printed Name _____
(IF CORPORATION, TITLE)

Applicant's Signature  _____
(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Date _____

Legacy Marketing Group Request for Transfer Accepting Wholesaler Authorization

Producer Request

Please transfer my Legacy Marketing Group Contract from my current hierarchy to

Producer Name/Corporation _____ Producer Number _____

→ Producer Signature (X) _____ Date Signed _____

Note: By signing this request I acknowledge:

1. I have read and understand the current Legacy Marketing Group Transfer Policy.
2. I understand and agree that I will be transferred at my current level.
3. I understand that Legacy views the conduct of Wholesalers who monetarily entice or induce Producers to transfer to a different hierarchy as unethical and agree that I have not been monetarily enticed or induced to request a transfer. If it is discovered that I have been monetarily enticed or induced to transfer, I understand that I, and the Wholesaler in question, am at risk of being fined up to \$25,000 or having my contract with Legacy Marketing Group terminated.

Accepting Wholesaler Authorization

I authorize the acceptance of _____ into my hierarchy.

Upline Wholesaler Name/Corporation William BOOSER

Upline Wholesaler Producer Number 0000101714

Upline Wholesaler Signature William Booser _____ Date Signed _____

Note: By signing this authorization I acknowledge:

1. I have read and understand the current Legacy Marketing Group Transfer Policy.
2. I understand and agree that the above Producer is being transferred into my hierarchy at his/her current level.
3. I understand that Legacy views the conduct of Wholesalers who monetarily entice or induce Producers to transfer to a different hierarchy as unethical and agree that the above Producer was not monetarily enticed or induced by me to transfer. If it is discovered that I monetarily enticed or induced the Producer to transfer, I understand that I, and the Producer in question, am at risk of being fined up to \$25,000 or having my contract with Legacy Marketing Group terminated.

Mail, or Fax this form to:

Legacy Marketing Group
Licensing & Contracting Team
PO Box 81728, Lincoln, NE 68501
Telephone: 800-300-0519
FAX: 800-813-6095

Life Investors/Transamerica

AFP-DIVISION - CR
4333 Edgewood Road, N.E.
Cedar Rapids, IA 52499

AEGON companies

APPLICATION FOR APPOINTMENT AGREEMENT

APPLICANT IS NATURAL PERSON

Name: Last		First	Middle	Social Security Number	
Home Address: Street		City		State	Zip
Home Phone: (Area Code)Number		Home Fax: (Area Code)Number		Home E-mail	
Date of Birth	Place of Birth (optional)		Spouse Name	How long in community?	
Business Address (Mailing): Street		City		State	Zip
Business Phone: (Area Code)Number		Business Fax: (Area Code)Number		Business E-mail	

APPLICANT IS BUSINESS ENTITY

Full Legal Name of Entity		Taxpayer Identification Number	
Business Address (Mailing): Street		City	
Business Phone: (Area Code)Number		Business Fax: (Area Code)Number	
State where Entity organized		Date Entity organized	

LICENSING DATA: You must be licensed and appointed in each state where you expect to earn commissions.

You want to be appointed in which Resident State?	What licenses do you have there?
→	<input checked="" type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
You want to be appointed in which Non-Resident States?	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable
	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable

INSURANCE BACKGROUND

Number years in insurance:	Number years qualified for MDRT:	Current member of NALU? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance companies you currently represent:		
Have you previously represented a Member of the AEGON Companies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Company(s):		Agent Number(s):

APPLICANT WILL REPORT TO

Name: William Booser	Agent Number: 97hh1011	Bus. Phone: (Area Code)Number 877 208-4308
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COMMISSION % OR RANK, PAY PLAN, AND BANK INFORMATION FOR EFT (Electronic Funds Transfer)

Commission Level or Rank: RANK	Financial Institution
50 Earned only	Bank Account Number
50 % placed advance (max 75%)	Transit Number
	Checking Savings

COPY OF VOID CHECK REQUIRED

THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. **THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE, WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT.** Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent?

☐ Yes ☐ No

OTHER INFORMATION:

In this section, "you" means yourself and any business in which you are or were an owner, partner, director, officer or manager.

1. Are there any criminal proceedings currently pending against you for any felony or misdemeanor other than a minor traffic violation? ☐ Yes ☐ No
2. Have you ever been arrested, convicted of, pled guilty, nolo contendere or no contest to, or received a deferred or suspended judgment or sentence for, any felony or misdemeanor other than a minor traffic violation? ☐ Yes ☐ No
3. Has a complaint against you involving insurance or securities ever been filed with any legal authority, insurance regulator, the NASD/FINRA or SEC? ☐ Yes ☐ No
4. Are you currently being investigated, or have you ever been investigated, by any legal authority, insurance regulator, the NASD/FINRA or SEC regarding any matter involving insurance or securities? ☐ Yes ☐ No
5. Has any legal authority, insurance regulator, the NASD/FINRA or SEC ever suspended or revoked your insurance license or securities registration or taken other disciplinary action against you regarding any matter involving insurance or securities? ☐ Yes ☐ No
6. Have you ever been discharged or requested to resign from any employment, or have you ever been barred or suspended from any employment by any legal authority, insurance regulator, the NASD/FINRA or SEC? ☐ Yes ☐ No
7. Has any bonding company or errors and omissions liability insurance company ever denied your application for coverage, rescinded or terminated your coverage or paid a claim on your behalf? ☐ Yes ☐ No
8. Has any insurance company, insurance agency or broker-dealer ever terminated, or permitted you to resign rather than terminate, its relationship with you for cause or due to your alleged wrongful act or omission? ☐ Yes ☐ No
9. Are you now or have you ever been involved in any lawsuit, arbitration or mediation of a dispute or bankruptcy? Please provide the "Schedule F" for a Chapter 7 Bankruptcy. ☐ Yes ☐ No
10. Is there now any unsatisfied judgment against you or any lien, including any tax lien, against any of your property? ☐ Yes ☐ No

If the answer is "yes" to any of the above questions, please write details and include all applicable court documentation.

5 YEAR RESIDENTIAL HISTORY: Begin with most recent residence. Attach extra sheet if necessary.

Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To
Home Address: Street	City	State	Zip	From/To

5 YEAR EMPLOYMENT HISTORY: Begin with most recent employment. Attach extra sheet if necessary.

Employer name, (area code) number	From/To	Position held	Net \$/mo.	Reason for leaving

If the Company refunds premiums or determines that it should not have paid commissions or service fees to you, the Company will debit Your Account by an amount equal to the commissions and service fees previously credited to Your Account in respect of the refunded premiums or the commissions and services fees determined by the Company not to have been payable. The Company may also debit Your Account from time to time for the debts of Your Agents and for miscellaneous expenses that you incur, such as fees charged by states for renewal of your appointments with the Company. The Company will send you periodic statements of Your Account.

5. While this Appointment Agreement is in force and after its termination you may not convey or disclose to any person or entity any of the Company's property, for any reason. The Company's property includes, without limitation, all information or supplies provided by the Company to you regarding: Products; the selling of Products; applicants for, owners and beneficiaries of, persons insured by, and annuitants of, Products; and the recruiting, training and compensation of insurance agents. On termination of this Appointment Agreement, you must promptly return to the Company all of its property.

While this Appointment Agreement is in force and for two (2) years after its termination, you may not: induce an employee or insurance agent of the Company or one of its affiliates to end his or her association with the Company or the affiliate; or induce an owner of a Product of the Company or one of its affiliates to halt the payment of premiums on the Product, allow the Product to lapse, or surrender the Product in whole or in part.

If you breach or threaten to breach this section 5, the Company will be entitled to an injunction restraining you from the breach or threatened breach, as well as to other appropriate relief, including without limitation money damages and reimbursement of attorney fees and other expenses incurred by the Company in seeking the injunction or other relief. If you breach this section you forfeit your right to receive commissions and service fees from the Company. This section will survive the termination of this Appointment Agreement.

6. This Appointment Agreement will terminate on the earliest occurrence of the following events:

- (a) your failure to obtain or renew any license that, by law, you are required to have in order to sell Products ("Your License");
- (b) your death or, if you are a business entity, your dissolution;
- (c) the 30th day after the date of a written notice of termination (a "Termination Notice") that Company may send to you by first class U.S. mail, postage prepaid, or on the 30th day after the date of a Termination Notice that you may send to the Company, in either case for a reason other than one described elsewhere in this section 6 or for no reason;
- (d) the 30th day after the date of a Termination Notice that the Company may send to you, if you commit a material breach of this Appointment Agreement, or you commit a material violation of applicable law;
- (e) the suspension or revocation of Your License, or on the refusal of a lawful authority to renew Your License; and
- (f) your conviction of a crime that, according to the The Violent Crime Control and Law Enforcement Act of 1994, makes it a crime for you to willfully participate in the business of insurance.

7. This Appointment Agreement and a Schedule form the entire agreement between the Company and yourself concerning matters covered by this Appointment Agreement. This Appointment Agreement terminates and replaces any prior agreement between the Company and yourself concerning matters covered by this Appointment Agreement. One Company's Schedule terminates and replaces any prior Schedule of the same Company. This Appointment Agreement can be amended only by a document signed by the Company and you. From time to time the Company may amend a Schedule by giving you prior notice. Such amendments to a Schedule shall take effect as provided in such notice.

8. Any failure by the Company to enforce any part of this Appointment Agreement will not be deemed a waiver by the Company of its right to enforce this Appointment Agreement according to its terms and applicable law. This Appointment Agreement is governed by Iowa law.

9. BY SIGNING BELOW, YOU CERTIFY TO THE COMPANY THAT: THE INFORMATION YOU HAVE GIVEN IN THE APPLICATION FOR APPOINTMENT AGREEMENT IS TRUE AND COMPLETE; THE SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER ON THE APPLICATION FOR APPOINTMENT AGREEMENT IS CORRECT, AND YOU ARE NOT CURRENTLY SUBJECT TO BACKUP WITHHOLDING; YOU AGREE TO COMPLY WITH THE COMPANY'S ANTI-MONEY LAUNDERING PROGRAM; AND YOU HAVE READ AND UNDERSTAND THIS APPOINTMENT AGREEMENT AND AGREE TO BE BOUND BY ITS TERMS.

- Signature of Applicant, if Applicant is a natural person.
- Signature of Applicant's authorized representative, if Applicant is a corporation, partnership, limited liability company or other business entity.

Date signed

- Print Applicant's name as signed, if Applicant is a natural person.
- If Applicant is a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.

PROMISSORY NOTE, GUARANTY AND SECURITY AGREEMENT

For value received, the natural person or business entity that signs below ("you," "your" or "yourself") promises to repay in full, on the date when your Appointment Agreement with a member of the AEGON Companies (the "Company") terminates, the following indebtedness to the Company that you may incur, plus interest accrued thereon to the date of repayment: unearned commissions advanced by the Company to you and debited to your commission and service fee account ("Your Account"), special advances made by the Company to you and debited to Your Account, any amount debited to Your Account equal to commissions and service fees previously paid by the Company to you in respect of premiums later refunded by the Company or commissions and services fees determined by the Company not to have been payable to you, and any amount debited to Your Account for miscellaneous expenses that you incur which the Company pays on your behalf. This Promissory Note, Guaranty and Security Agreement (this "Agreement") shall be deemed a separate Agreement between yourself and each Company with which you have an Appointment Agreement, except that any terms which are defined in your Appointment Agreement shall have the same meaning in this Agreement.


You guarantee to repay in full, on the date of the Company's demand for repayment, any like indebtedness to the Company incurred by Your Agent, plus interest accrued thereon to the date of repayment; provided, however, that the Company may not make such a demand prior to the 90th day after the date when Your Agent's Appointment Agreement with the Company terminates. The Company may collect repayment from you pursuant to this paragraph by debiting Your Account for the amount of Your Agent's indebtedness to the Company, and by thereafter treating such debit as part of your indebtedness to the Company.

Interest shall accrue on the debits in Your Account, and such interest shall in turn be debited to Your Account, at a rate equal to three quarters of one percent (3/4 of 1.0%) per month. After the calendar year in which your Appointment Agreement with the Company begins, the interest rate shall increase to one percent (1.0%) per month for any month in which the debits in Your Account exceed ten times the total of earned first year commissions that are payable by the Company to you for that month. In no case shall interest accrue at a rate in excess of the maximum interest rate permitted by applicable law. The Company may increase the rate at which interest accrues on debits in Your Account, after giving you 30 days prior notice.

You authorize the Company to prepay your indebtedness to the Company, in full or in part at any time, by offsetting earned commissions, service fees, bonuses and any other cash compensation payable by the Company to you against debits in Your Account.

You hereby grant the Company a continuing security interest in the following collateral, as security for indebtedness that you may incur to the Company and any of its affiliates, and as security for your guarantee of any Debtor Insurance Agent's indebtedness to the Company: cash value and benefits of any product of the Company or any of its affiliates that you own now or hereafter; any other property that you own which the Company or any of its affiliates holds for you; any money and any other thing of value as it becomes due and payable or transferable by the Company or any of its affiliates, whether now or hereafter, to you, including without limitation commissions, service fees, bonuses, stock options, stock, and amounts payable under qualified and nonqualified deferred compensation plans; and any proceeds of the foregoing. You hereby authorize the Company to take possession of, and to sell or otherwise liquidate, any and all of the collateral, and to apply the collateral and the proceeds thereof to the repayment of your indebtedness to the Company and any of its affiliates and to the payment of your guarantee of any Debtor Insurance Agent's indebtedness to the Company.

This Agreement shall survive termination of your Appointment Agreement or any other agreement you may have with the Company. This Agreement forms the entire agreement between the Company and yourself concerning matters covered by this Agreement. This Agreement can only be amended by a document signed by the Company and yourself. Any amendment to this Agreement will take effect when signed by the Company at its home office. You agree to pay the Company's reasonable expenses of enforcing this Agreement, including attorney fees. Any failure by the Company to enforce any part of this Agreement shall not be deemed a waiver by the Company of its right to enforce this Agreement according to its terms and applicable law. This Agreement is governed by Iowa law.


- 
- Your signature, if you are a natural person.
 - The signature of your authorized representative, if you are a corporation, partnership, limited liability company or other business entity.
-
- Print your name as signed, if you are a natural person.
 - If you are a business entity, print the full legal name of the business entity, NOT the name of the person who signed on behalf of the business entity.

Date Signed

GUARANTY

The natural person who signs below ("Guarantor") guarantees to pay in full, on the date of a demand for repayment by a member of the AEGON Companies (the "Company") any indebtedness to the Company incurred by the natural person or business entity ("Debtor Insurance Agent") under the Promissory Note and Security Agreement above, plus interest accrued thereon to the date of payment; provided, however, that the Company may not make such a demand prior to the 90th day after the date when the Debtor Insurance Agent's Appointment Agreement with the Company terminates.

This Guaranty shall survive termination of Guarantor's Appointment Agreement or any other agreement Guarantor may have with the Company. This Guaranty forms the entire agreement between the Company and Guarantor concerning matters covered by this Guaranty. This Guaranty can only be amended by a document signed by the Company and Guarantor. Any amendment to this Guaranty will take effect when signed by the Company at its home office. Guarantor agrees to pay the Company's reasonable expenses of enforcing this Guaranty, including attorney fees. Any failure by the Company to enforce any part of this Guaranty shall not be deemed a waiver by the Company of its right to enforce this Guaranty according to its terms and applicable law. This Guaranty is governed by Iowa law.

- 
- Guarantor's signature (Guarantor MUST be a natural person).
-
- Print Guarantor's name as signed.

Date Signed

Transamerica Life Insurance Company
Transamerica Financial Life Insurance Company
Western Reserve Life Assurance Co. of Ohio
Monumental Life Insurance Company
Stonebridge Life Insurance Company

4333 Edgewood Road NE
Cedar Rapids, IA 52499

FAIR CREDIT REPORTING ACT DISCLOSURE
to applicants for Appointment Agreements


A consumer report or investigative consumer report about yourself from a consumer reporting agency may be requested by one of the above-referenced companies ("the Company") as part of its procedure for processing your Application for Appointment Agreement. A consumer report may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. An investigative consumer report may contain information regarding your character, general reputation, personal characteristics or mode of living. Information for an investigative consumer report may be obtained through personal interviews with your neighbors, friends and associates or with others with whom you are acquainted or who may have knowledge of such information. You have the right, within a reasonable period of time after submitting your Application for Appointment Agreement, to make a written request for a complete and accurate disclosure of the nature and scope of an investigative consumer report that the Company may have requested about yourself. Send your written request for such a disclosure to Contract Administration, 4333 Edgewood Road, Cedar Rapids, Iowa 52499.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Company to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having any information about myself -- including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living -- to release such information to the Company or any consumer reporting agency that is preparing a consumer report or investigative consumer report about myself for the Company.

**I HAVE READ AND UNDERSTAND THE FAIR CREDIT REPORTING ACT DISCLOSURE AND
AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.**

**I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE
AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.**



Signature of Applicant

Date signed

Print Applicant's name as signed

SS#



PHOENIX®

Phoenix Life Insurance Company
PO Box 8027
Boston MA 02266-8027

Application and Recommendation for Contracting of Producers and Corporations

Section I - Demographic Information - Complete one form for each applicant (corporation, managing principal, and producer).

Producer or Company Name	Producer's DOB	SSN or TIN Number	Date
Producer's Home Address, City, State, ZIP Code			Producer's Home Phone Number
Business Address, City, State, ZIP Code			Business Phone Number
Fax Number	E-Mail Address		
Producer's Firm Affiliation			

Section II - Background Guidelines - Please Review

Once the Application and Recommendation for Contracting is received, a background investigation will be conducted on every producer and entity applying for a producer agreement with Phoenix Life Insurance Company as required by state and federal law. You will not be eligible for a producer agreement with Phoenix if you do not meet our guidelines. You will need to resolve any outstanding items with the credit reporting agency or state regulatory body prior to consideration. The guidelines are as follows:

Financial Debt

- No credit report available
- Outstanding collection accounts, foreclosures, liens, or judgments exceeding \$20,000, including commission chargebacks from an insurance company
- Pending or active bankruptcy

Criminal

- Felony conviction (automatic decline)
- Misdemeanor convictions involving fraud, theft, or breach of trust (automatic decline)
- Other misdemeanor convictions within the last 10 years (reviewed case by case)
- Pending criminal charges

State Regulatory/FINRA

- State license revocation, suspension, fine, or sanction (reviewed case by case)
- Customer disputes, disciplinary and regulatory events resulting in fines, sanctions, or suspension (reviewed case by case)

Other

- Background questions answers on the application do not match background report results
- "Yes" answers on the background questions and all explanations will be reviewed

Section III - Your Background Information - COMPLETE THIS SECTION

1. Have you ever had a state insurance license, state securities registration, or your FINRA registration denied, suspended or revoked for any reason? ☐ Yes ☐ No
2. Have you ever been fined or censured by a federal or state regulatory agency? ☐ Yes ☐ No
3. Do you have any outstanding collection accounts, liens or judgments against you, totaling \$20,000 or more? ☐ Yes ☐ No
4. Do you currently have an active or pending bankruptcy petition (voluntary or involuntary)? ☐ Yes ☐ No
5. Have you (or, if a corporation, a principal of this company) ever been charged with, convicted, pled guilty, or pled no lo contendre (no contest) to a felony? ☐ Yes ☐ No
6. Have you (or, if a corporation, a principal of this company) ever been charged with, convicted, pled guilty, or pled no lo contendre (no contest) to a misdemeanor other than a minor traffic violation or DUI? ☐ Yes ☐ No
7. Are you now the subject of any complaint, investigation or proceeding that could result in a "yes" answer to questions 1-6? ☐ Yes ☐ No
8. Do you have any outstanding debt(s) with any Distributor, Insurance Company, or Broker/Dealer? ☐ Yes ☐ No
9. Has a life insurance company ever terminated your appointment or contract to sell its products for any reason other than lack of production? ☐ Yes ☐ No

Please explain any "Yes" answers to the background information questions in Section III. Give specific details including dates, circumstances, and outcome on a separate sheet of paper. Ensure that this sheet is signed, dated, and returned with the application. Also include copies of any relevant documentation, such as release of debt, satisfaction of judgment or approved payment plan.

Section IV - Taxpayer Acknowledgements

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

Section V - Signature

The answers provided to the questions in Section III and the statements in Section IV above are true to the best of my knowledge. I will promptly notify Phoenix Life Insurance Company if any of the above information changes. Failure to answer truthfully can result in immediate termination.

Name - Please Print	Signature	Date Signed
---------------------	-----------	-------------

In compliance with provisions of federal and state law, this notice is to inform you that in connection with your request to establish a relationship with Phoenix Life Insurance Company and any of its subsidiaries, an investigative consumer report will be prepared. Typically, the report will contain information as to character, general reputation, personal characteristics, and mode of living; information which is obtained through an interview with you or an adult member of your family, employees of business associates, financial sources, friends, neighbors, or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment including occupational duties, financial information, driving record, sports and recreational activities, health history, use of alcohol or drugs, if any, living conditions, and type of community. Upon written request, we will inform you of the address and telephone number of the investigative service to whom the request was made. By contacting the office and providing proper identification, you may inspect or, for the proper fee, receive a copy of such report.

Specific authorization is hereby given to Phoenix Life Insurance Company and any of its subsidiaries to obtain an investigative consumer report on me, to contact any pertinent personal and business references and to verify my previous employment and registration history. I release each person from any and all liability, of whatever nature, by reason of the furnishing of any of the above information. **I specifically understand that this authorization, or a true photocopy thereof, shall continue and may be used as long as I have a relationship with Phoenix Life Insurance Company or their affiliates or subsidiaries, unless otherwise required by law.** The undersigned applicant hereby certifies that the applicant has received a copy of this notice and has read and understood its contents.

The investigative consumer report is prepared by:

Business Information Group
1105 Industrial Highway
Southampton, PA 18966

I further authorize Phoenix to obtain a Vector One report in connection with this contract application. Vector One is a service that provides member insurance companies information about agent debit account balances. Phoenix may become a participant and subscriber to Vector One.

I further authorize Phoenix or its duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any criminal history to (a) obtain a record of such history, status or activity and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize Phoenix to release information about any debit balance I may incur to Vector One, its successors, and/or any organization designated to replace Vector One. The authorization shall remain valid and effect during the term of any contract I may have with Phoenix.

Applicant Name/Entity Name (Please print)	Social Security Number/TIN
Signature of Applicant/Officer of Entity	Date



sitting in Hartford, Connecticut or any court of competent civil jurisdiction sitting in Connecticut. In any action, suit or other proceeding, each of the Parties irrevocably and unconditionally waives and agrees not to assert by way of motion, as a defense or otherwise any claims that it is not subject to the jurisdiction of the above courts, that such action or suit is brought in an inconvenient forum or that the venue of such action, suit or other proceeding is improper. Each of the Parties hereby agrees that any final and unappealable judgment against a Party in connection with any action, suit or other proceeding shall be final and binding on such Party and that such award or judgment may be enforced in any court of competent jurisdiction, either within or outside of the United States. A certified or exemplified copy of such award or judgment shall be conclusive evidence of the fact and amount of such award or judgment. This Provision shall survive the termination of this Agreement.

Counterparts, Facsimile Signatures and Reproductions. This Agreement may be executed in counterparts, each of which shall be deemed an original, and the counterparts shall together constitute one and the same agreement, notwithstanding that each party is not signatory to the original or the same counterpart. Facsimile signatures shall be deemed as effective as original signatures and shall be admissible in evidence as the original itself in any judicial or administrative proceeding. This Section shall not prohibit a party from contesting any such facsimile copy or reproduction.

Accepted and agreed to by individual or officer of entity receiving producer agreement:

Print Name of Producer

 Signature: _____ Address: _____

Title: _____

Social Security No.: _____ Date: _____
Or Taxpayer ID No.

Note: This contract is not valid until endorsed by an executive officer of Phoenix.

To be completed by Phoenix Home Office Only:

THIS CONTRACT IS EXECUTED THE _____ day of _____, _____.

PHOENIX LIFE INSURANCE COMPANY

PHL VARIABLE INSURANCE COMPANY

By: _____ By: _____

Title: _____ Title: _____



Payroll Fax # 1-816-221-9672

Mailing address: Phoenix Life Insurance Company
One American Row, PO Box 5056
Hartford CT 06102-5056

Producer Authorization Agreement for Automatic Deposit

30

Section 1 - PRODUCER INFORMATION – (This section must be completed in its entirety.)

Producer Name (Print)

Signature

Phone Number

Date

Section 2 - NET PAY – (Please select *either* Checking or Savings)**CHECKING** ☐ New ☐ Change Bank or Account ☐ Cancel**SAVINGS** ☐ New ☐ Change Bank or Account ☐ Cancel

Bank Name

Bank Name

Bank City, State

Bank City, State

Transit/Routing

Account No.

Transit/Routing

Account No.

I authorize (1) my employer/payor to automatically deposit any funds owed to me to my account(s) listed above and (2) the Financial Institution to make any correcting entries to my account.

Signature

Date

**STAPLE VOID CHECK
HERE**

Jane M. Phoenix
101 Somewhere Street
Somewhere, MA 11111

0001

20

Made Payable to: _____

ATTACH VOID OR PHOTOCOPY OF CHECK HERE

Memo: _____

: 1 2 3 4 5 6 7 8 9 : 456889 329879 235 || 0001

(Transit/Routing Number)

(Account Number)

(Check Number)

STOP! PLEASE READ THE FOLLOWING SECTION:**→ BY SIGNING THE AUTHORIZATION FORM YOU ACKNOWLEDGE AND ACCEPT THE TERMS OUTLINED BELOW.****→ Failure to complete Section 1 in its entirety may result in the form being returned to you for completion, thus delaying the activation of your EFT.****→ PLEASE NOTIFY PAYROLL AND GET CONFIRMATION THAT DEPOSITS HAVE BEEN STOPPED BEFORE YOU CLOSE ANY ACCOUNT.**

If you close an account before notifying Payroll and your money has already been wired, you may be reimbursed in the next payroll check. Money will not be issued without first receiving confirmation that the funds have been returned to Phoenix, which can take at least five (5) business days.

→ Return form to: PAYROLL, H-5W.**DEFINITIONS: TAKE HOME PAY:** Gross earnings minus taxes and deductions. (The amount of your paycheck)**NET PAY:** The amount of your "take home" pay after any other EFT deductions.**HOW DO I START EFT?**

After completing Section 1, complete Section 2. Check off "New" in *either* the checking or savings box. Fill in the box with the bank name and address. If setting up a checking account, staple a voided check or a photocopy of a check to this form. If setting up a savings account, fill in the transit/routing number (9-digits) and the account number. (If you are unsure of any of these numbers, contact your bank.)

HOW DO I CHANGE MY BANK AND/OR ACCOUNT NUMBER?

Complete Section 1 first. Complete section 2. Select "Change of Bank/Acct." and follow the directions above in "How Do I Start EFT?".

HOW DO I CANCEL MY EFT?

Complete Section 1 first. If you are canceling your Net Pay, select "Cancel" under Section 2. You do not need to complete the banking information. **Return this form to DISTRIBUTION ADMINISTRATION, H-5W**, for processing. Should you have any questions after reading this form in its entirety, you may contact Payroll at 1-800-417-4769.

OL4238

6-10

This Schedule and Footnotes form a part of the Phoenix Agreement ("Agreement") and is subject to all terms and conditions thereof. This Compensation Schedule may be unilaterally modified by Phoenix in whole or in part from time to time through standard Phoenix communication procedures and such modification shall have the same force and effect as if this schedule had been physically amended. Acknowledgement by Initial or Signature is not required for such modification. Notice and acceptance are confirmed upon submission of an application for a product subject to an applicable Compensation Schedule which forms part of the Agreement.

ACCEPTED AND AGREED TO BY DISTRIBUTOR:

Print Name of GA

LEGACY MARKETING

Print Name of Distributor

Date

For the Phoenix Product(s) below submitted through Phoenix Life Insurance Company and PHL Variable Insurance Company, total compensation paid on deposits will be split between Distributor, Producer and Representatives as follows:

- The Individual or Entity receiving compensation under this schedule shall be set in the hierarchy as the **GA**.
- Total compensation paid to a specific level will be calculated as the difference between the rate shown in the grids below for that level and the rates shown for the next level beneath it, provided that there is a Producer assigned to that level.
- In the event that a Producer level does not exist within a specific hierarchy, that level's compensation shall be paid to the next highest level. The compensation paid to that next highest level will be calculated as the difference between the rate in the grids below for that level, and the rate for the next level beneath it to which a Producer is assigned. Distributor will be responsible for assigning compensation levels and hierarchies and communicating those compensation levels and hierarchies to Phoenix.

Phoenix Reflections Gold Bonus (a) (b) (c) (Issue State: AL, AZ, AR, CA, CO, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MD, MI, MS, MT, NE, NV, NH, NM, OH, OK, ND, PA, RI, SC, SD, TN, TX, UT, VT, WV, WI, WY)			
Issue Age	Age 0 - 75	Age 76 - 80	Age 81 - 85
GA	7.00%	5.00%	3.00%
Agent+	6.75%	4.50%	2.50%
Agent	5.00%	3.50%	2.00%
Sub-Producer	0.00%	0.00%	0.00%

Phoenix Reflections Gold Bonus (a) (b) (c) (Issue State: AK, MN, MO, NJ, NC, OR, VA, WA)			
Issue Age	Age 0 - 75	Age 76 - 80	Age 81 - 85
GA	7.00%	5.00%	2.25%
Agent+	6.75%	4.50%	1.92%
Agent	5.00%	3.50%	1.25%
Sub-Producer	0.00%	0.00%	0.00%

FOOTNOTES:

- Not all Phoenix Products are authorized for issuance in all Jurisdictions. PHL Variable Insurance Company (PHLVIC) is authorized for business in all jurisdictions except for New York, Maine and Puerto Rico. Phoenix Life Insurance Company (PLIC) is authorized only for business in New York, Maine and Puerto Rico. For business issued through PLIC, maximum compensation shall be paid in accordance with Applicable Law and New York Insurance Law.
- A 100% charge back will occur upon a full or partial surrender of the contract within 6 months of issue. A 50% charge back will occur upon a full or partial surrender of the contract in months 7-12.
- A 100% charge back will occur when the death benefit is paid upon the death of any Owner within 6 months of issue. A 50% chargeback will occur when the death benefit is paid upon the death of any Owner in months 7-12.

This Schedule and Footnotes form a part of the Phoenix Agreement ("Agreement") and is subject to all terms and conditions thereof. This Compensation Schedule may be unilaterally modified by Phoenix in whole or in part from time to time through standard Phoenix communication procedures and such modification shall have the same force and effect as if this schedule had been physically amended. Acknowledgement by Initial or Signature is not required for such modification. Notice and acceptance are confirmed upon submission of an application for a product subject to an applicable Compensation Schedule which forms part of the Agreement.

ACCEPTED AND AGREED TO BY DISTRIBUTOR:

Print Name of GA

LEGACY MARKETING

Print Name of Distributor

Date

Phoenix Life Insurance Company
 PHL Variable Insurance Company

GA Compensation Schedule

West Virginia and Wyoming

Monthly Payout Option	Payout Period (months)									
	36-47	48-59	60-71	72-83	84-95	96-107	108-119	120-131	132-143	144+
GA (Street)	N/A	0.00%	0.50%	1.00%	2.00%	3.00%	5.00%	5.25%	5.75%	6.25%
PGA	N/A	0.00%	0.40%	0.75%	1.75%	2.75%	4.75%	4.75%	5.50%	6.00%
Sub-producer	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

FOOTNOTES:

- (a) Not all Products are available for issuance in all jurisdictions.
 (b) A 100% charge back will occur upon cancellation in the event that the individual does not qualify for Medicaid within 12 months of issue.

This Schedule and Footnotes form a part of the Phoenix Agreement ("Agreement") and is subject to all terms and conditions thereof. This Compensation Schedule may be unilaterally modified by Phoenix in whole or in part from time to time through standard Phoenix communication procedures and such modification shall have the same force and effect as if this schedule had been physically amended. Acknowledgement by Initial or Signature is not required for such modification. Notice and acceptance are confirmed upon submission of an application for a product subject to an applicable Compensation Schedule which forms part of the Agreement.

ACCEPTED AND AGREED TO BY DISTRIBUTOR:

 Print Name of GA

LEGACY MARKETING GROUP

 Print Name of Distributor

 Date

For the Phoenix Product(s) below submitted through Phoenix Life Insurance Company and PHL Variable Insurance Company, total compensation paid on deposits will be split between Distributor, Producer and Representatives as follows:

- a. The Individual or Entity receiving compensation under this schedule shall be set in the hierarchy as the **GA**.
- b. Total compensation paid to a specific level will be calculated as the difference between the rate shown in the grids below for that level and the rates shown for the next level beneath it, provided that there is a Producer assigned to that level.
- c. In the event that a Producer level does not exist within a specific hierarchy, that level's compensation shall be paid to the next highest level. The compensation paid to that next highest level will be calculated as the difference between the rate in the grids below for that level, and the rate for the next level beneath it to which a Producer is assigned. Distributor will be responsible for assigning compensation levels and hierarchies and communicating those compensation levels and hierarchies to Phoenix.

Phoenix Personal Retirement Choice (a) (b) (c)		
Issue Age	Age 0 - 75	Age 76 - 80
GA	7.00%	5.00%
Agent+	6.75%	4.50%
Agent	5.00%	3.50%
Sub-Producer	0.00%	0.00%

FOOTNOTES:

- (a) Not all Phoenix Products are authorized for issuance in all Jurisdictions. PHL Variable Insurance Company (PHLVIC) is authorized for business in all jurisdictions except for New York, Maine and Puerto Rico. Phoenix Life Insurance Company (PLIC) is authorized only for business in New York, Maine and Puerto Rico. For business issued through PLIC, maximum compensation shall be paid in accordance with Applicable Law and New York Insurance Law.
- (b) A 100% charge back will occur upon a full or partial surrender of the contract within 6 months of issue. A 50% charge back will occur upon a full or partial surrender of the contract in months 7-12.
- (c) A 100% charge back will occur when the death benefit is paid upon the death of any Owner within 6 months of issue. A 50% chargeback will occur when the death benefit is paid upon the death of any Owner in months 7-12.

This Schedule and Footnotes form a part of the Phoenix Agreement ("Agreement") and is subject to all terms and conditions thereof. This Compensation Schedule may be unilaterally modified by Phoenix in whole or in part from time to time through standard Phoenix communication procedures and such modification shall have the same force and effect as if this schedule had been physically amended. Acknowledgement by Initial or Signature is not required for such modification. Notice and acceptance are confirmed upon submission of an application for a product subject to an applicable Compensation Schedule which forms part of the Agreement.

ACCEPTED AND AGREED TO BY DISTRIBUTOR:

Print Name of GA

LEGACY MARKETING GROUP

Print Name of Distributor

Date