

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:

<p>Financial Debt</p> <ul style="list-style-type: none"> • 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 	<p>State Regulatory/FINRA</p> <ul style="list-style-type: none"> • 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)
<p>Criminal</p> <ul style="list-style-type: none"> • 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 	<p>Other</p> <ul style="list-style-type: none"> • 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. Do you have any outstanding debt(s) with any Distributor, Insurance Company, or Broker/Dealer? Yes No
8. 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
9. Are you now the subject of any complaint, investigation or proceeding that could result in a "yes" answer to questions 1-8? Yes No
10. Do you maintain Errors and Omissions liability insurance in the minimum required coverage amount of one million dollars per occurrence? 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
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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.

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.

I further authorize Phoenix or its duly authorized representatives to release or share any information obtained as a result of this authorization with my Distributor as represented to Phoenix.

Federal and state laws require Phoenix Life Insurance Company to notify you that we will request an investigative report. Phoenix obtains these reports from Business Information Group, Inc. This is an independent firm with corporate headquarters in Southampton, PA. Their mailing address is: Attn: Consumer Disclosure, PO Box 130 Southampton, PA 18966. It's toll-free number is 1-800-260-1680. The report will contain applicable information as to your identity, residence, educational history, criminal history, work history, financial history and driving record.

Business Information Group, Inc. will obtain this information by verifying the accuracy of your application, and by accessing public sources of credit and court information. You may obtain a copy of this report by contacting Business Information Group, Inc. directly, however, a fee may be required.

Residents of California, Minnesota and Oklahoma, please indicate if you want to receive a copy of the report:

I am a resident of CA, MN or OK. Please send me a copy of my report.

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

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

Producer Name (Print)

SSN or Company Tax ID #

Phone Number

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 11

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.
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.

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.