

Assurity Life Insurance Company



David A. Crotts & Associates Inc.

LIFE • HEALTH • GROUP • INVESTMENTS
AUTO • HOME • BUSINESS

New Agent Name: _____

States to be appointed in: _____
(Attach license copies)

Anti-Money Laundering Training Requirements:

- AML training was completed through LIMRA on ____/____/____
- AML training was completed through an independent program, completion certificate is attached
(If you have not met your AML training requirement, please visit our website and follow the link for training through LIMRA)

Appointment Requirements:

- Complete and sign Appointment Application
- Review and sign Disclosure and Authorization for Consumer Reports
- Complete and sign Form W-9
- Review and sign Agent Agreement (first page, top left)
- If Requesting Direct Deposit, complete and sign EFT Form and attach VOID check copy
- Attach current copy of Resident State Life License
- REQUIRED:** Attach current E&O Coverage Certificate

Pre-Appointment states: GA, LA, SD, KY

Please note that most areas which require signatures are pointed out with markers such as these:



Please return to:

David A. Crotts & Associates, Inc.
422 Montague Avenue, Suite #7
Greenwood, SC 29649
800-803-7873
864-223-8788
864-229-7392 (Fax)

Office Use Only: Rep: _____ Comp/Prod Cmt Level: _____ Upline: _____ Processor: _____



David A. Crofts & Associates Inc.

LIFE • HEALTH • GROUP • INVESTMENTS
AUTO • HOME • BUSINESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

FAIR CREDIT REPORTING ACT DISCLOSURE

OAKTREE Life & Annuity Brokerage may request a consumer report or investigative consumer report about yourself from a consumer reporting agency 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 OAKTREE Life & Annuity Brokerage may have requested about yourself. Send your written request for such a disclosure to 4227 Lafayette Center DR. Ste A, Chantilly, VA 20151.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize OAKTREE Life & Annuity Brokerage 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 OAKTREE Life & Annuity Brokerage or any consumer reporting agency that is preparing a consumer report or investigative consumer report about myself for OAKTREE Life & Annuity Brokerage.

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.

SIGN HERE

PRINT HERE

X

Signature of Applicant

____/____/____
Date signed

Print Applicant's name as signed

ANY DEBT INCURRED BY AGENT AND NOT PAID WILL RESULT IN A 1099 TO THE AGENT FOR THE DEBT AMOUNT.

FOR OFFICE USE ONLY

CC: ____/____/____ Score: _____ J: _____ B: _____

VC: ____/____/____ Amount: _____ Company: _____

Approval: _____ Date: ____/____/____

Approved For: Ann Contract Only

ASSURITY LIFE INSURANCE COMPANY

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Toll Free 800-276-7619

**Assurity Life Insurance Company
Contracting Transmittal**

Please include this form when submitting paperwork to Assurity

Date: _____

New Agent/Agency Name: _____

Rank: _____

Reports to: _____

Documents Attached:

- Appointment Application
- W-9 form
- Agent Agreement
- Authorization for Automatic Deposit
- Authorization for Release of Information
- Credit Card Authorization form
- Agent/Agency Licenses
- E&O Coverage Certificate
- Annualization Agreements

- Check for \$_____, non-resident appointment fee(s)



**David A. Crotts
& Associates Inc.
Insurance**



Assurity Life Insurance Company

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Toll Free 866-276-7619

License Appointment Checklist

The procedure for licensing agents differs in each state. All states, however, are uniform in requiring that an agent be properly licensed **before** soliciting insurance sales. Assurity supports this position and requests your complete compliance with the licensing laws of your state(s).

You must return all of the following items completed in full to Contracting at Assurity. Information should be typed or printed legibly. Missing items will delay the contracting and appointment process.

Appointment Application

When appointing an agency, you must include **both** the tax identification number and social security number on the Appointment Application.

** The e-mail address and other information provided is confidential and will be used for Assurity business purposes only. E-mail addresses are requested to facilitate communication between you and the company and/or its affiliates. E-mail addresses are not sold or furnished to any other entity except as may be required by law or regulatory authority.

Agreements

Sign, date and return the Agreement.

Authorization for the Release of Information

Authorization Agreement for Automatic Deposits

Attach a voided check. Deposits are made only in this manner.

W-9 Form

All potential agents must complete and submit a W-9 form. If we are paying commissions to your agency, the W-9 must be completed with agency information and tax identification number.

Annualization Agreement(s)

If you would like to be annualized, complete the Annualization Advance Agreement form and return it with your other paperwork.

Copies of Licenses

Current copies of your resident and non-resident licenses for all states where you or your agency need to be appointed must be attached. If commissions are to be paid to your agency, send a current copy of the agency license along with the copy of your license.

Non-Resident Appointment Fees

Make your check payable to **Assurity Life Insurance Company**.

Credit Card Authorization

If you would like to charge your non-resident appointment fees to your credit card, complete and sign the Credit Card Authorization form and send in with other forms.

NOTE: In doing business with Assurity, you will need to access our extranet site to obtain your commission statements and production reports as Assurity does not mail any commissions or production reports. You will receive more information about this once you have become contracted and appointed with Assurity.



**David A. Crotts
& Associates Inc.
Insurance**



Assurity Life Insurance Company

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Phone: 866-276-7619

Appointment Application

COMPLETION INSTRUCTIONS

Individual Applicants: Complete sections I, III, IV, V & VI. Must sign and return applicable contracts.

Corporations: Complete sections I, II, III, IV, V & VI. All Corporate appointments require that appointment information be submitted on at least one officer concurrent with the Corporation. Must sign and return applicable contracts for agency and Solicitor contracts for officer.

Solicitor Applicants: Complete sections I, II, III, IV, V & VI. Must sign and return Solicitor contracts.

PLEASE PRINT OR TYPE AND RESPOND TO ALL QUESTIONS. DO NOT USE ABBREVIATIONS.

I. GENERAL INFORMATION



Mr. Mrs. Ms. Miss Name _____

Social Security # _____ Maiden or other name (If applicable) _____

Residence Address _____ Residence Phone (_____) _____

City _____ ST _____ Zip _____ Business Phone (_____) _____

Business Address _____ Fax Number (_____) _____

City _____ ST _____ Zip _____ Date of Birth _____

Email Address* _____ Gender (Optional) M F

** The e-mail address and other information provided is confidential and will be used for Assurity business purposes only. E-mail addresses are requested to facilitate communication between you and the company and/or its affiliates. E-mail addresses are not sold or furnished to any other entity except as may be required by law or regulatory authority.

Primary mailing address to receive Company Information including Underwriting and Compensation correspondence

Business Address Residence Address

II. AGENCY INFORMATION

Agency Name _____

Corporation Partnership Tax I.D. # _____

List officers and their titles below:

Name _____ Soc. Sec. # _____

Name _____ Soc. Sec. # _____

III. ASSIGNMENT OF COMMISSIONS (Select one option)

Paid Direct: The commission check is made payable and sent to the agent.

Agency Direct/Solicitor: The commission check is made payable and sent to the Agency listed in Section II.

Agent's Signature _____ Date _____

IV. LICENSES

You must include current license copies for each state in which you are requesting an appointment. If you are requesting non-resident appointments, you must include the proper appointment fee(s).

Current Resident License # _____ State(s) for Appointment _____

**If requesting non-resident Florida appointment, list all counties where appointment is required _____



V. ERRORS AND OMISSIONS COVERAGE

All Assurity producers must maintain a minimum coverage of \$500,000 for each claim per agent with a maximum \$10,000 deductible.

Do you have Errors and Omissions Coverage? Yes No

Please provide the carrier for your Errors and Omissions coverage, the policy number and the name of the insured. _____

VI. QUALIFICATION QUESTIONS

- 1) Have you lived in a different state or county than your present one within the last 5 years? Yes No
If Yes, please list state/county _____
- 2) Have you ever been convicted for any offense or pleaded guilty to any misdemeanor or felony charges or have charges currently pending against you or a business with which you are connected? Yes No
- 3) Do you currently have a pending bankruptcy or have you ever filed for bankruptcy, been declared bankrupt or insolvent, had your salary garnished?..... Yes No
- 4) Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?..... Yes No
- 5) Have you ever had a bond denied, paid out or revoked? Yes No
- 6) Has any insurance company canceled any contract with you or appointment of you as a sales person for any reason other than non-production of business or at your own request? Yes No
- 7) Are you indebted to any Insurance Company/Agency/Manager (including debit balance)? Yes No
- 8) Have you ever had any complaints against your conduct that resulted in a return of premium to any insured? Yes No
- 9) Have you ever been fined, suspended, placed on probation, reprimanded, entered into a consent order by any insurance department, the SEC, or any other regulatory authority? Yes No
- 10) Have you ever had an insurance and/or securities license refused/suspended/revoked or currently restricted or under investigation by any insurance department, the SEC, or any other regulatory authority?..... Yes No
- 11) How many years have you been licensed as an insurance agent? _____
- 12) How many companies are you currently contracted with? _____

***You must attach details and dates for any questions answered Yes above.**

I hereby certify that the statements contained in this Appointment Application are true and correct to the best of my knowledge and belief. I understand that any false statements on this Application may be considered as sufficient cause for rejection of this Application, or for termination if such false statement is discovered subsequently.

I understand and agree that:

- I can solicit business only in states where I am licensed and appointed with Assurity Life Insurance Company.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- As a general rule, it is not acceptable to make a solicitation anywhere other than the resident state of the applicant.
- I will abide by all written rules and regulations (subject to change at any time) set forth by the Company.

Agent's Signature _____  Date _____

THIS BOX MUST BE COMPLETED		
WHO IS YOUR APPOINTING AGENT?	David A. Crotts & Associates, Inc.	AGENT ID <u>81B4</u>



ASSURITY LIFE INSURANCE COMPANY

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Toll Free 800-276-7619

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(1) I (we) hereby authorize the Company to initiate credit entries to my (our) **checking** **savings** account in the entity named below ("Depository Institution"), and I (we) authorize the Depository Institution to accept and to credit the amount of such entries to my (our) account. Such authorization does not allow the Company to debit entries to my (our) account.

(2) DEPOSITORY INSTITUTION: _____

(3) CITY: _____ STATE: _____ ZIP: _____

(4) BANK ROUTING NO.: _____ ACCOUNT NO.: _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Company prior to receipt of notice of termination.

The undersigned hereby agree(s) that all entries initiated hereunder are to be governed in all respects by the Rules of the National Automated Clearing House Association and agree(s) to be bound thereby.

(5) AGENT'S NAME (please print): _____ 

(6) AGENT'S ID NO. (if known): _____

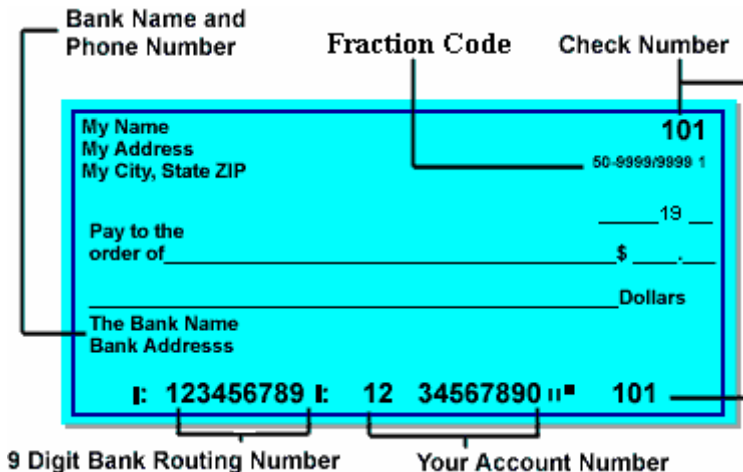
(7) DATE: _____ SIGNED: _____ 

Notes for completing form:

- (1) – Indicate if checking or savings account;
- (2) – through (5) – Complete all information;
- (6) – If new agent, leave blank; otherwise complete
- (7) – Date and sign.

Please fill out this form and mail to the address shown above, Attn: Contracting, or fax to 402-437-4640.

Please confirm that your Routing number and Account number are correct.



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Disclosure and Authorization for Consumer Reports

DISCLOSURE

In connection with your application for contract services with Assurity Life Insurance Company, a consumer report or an investigative consumer report will be requested during the application process and if contracted, during your contract term. It may contain information about your character, general reputation, personal characteristics, mode of living, qualifications and credentials. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Reporting Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency. I understand that I may have additional rights under state law which I may determine by contacting my state or local consumer protection agency.

Consumer Reporting Agency:	Business Information Group PO Box 130 Southampton, PA 18966 (215) 396-9870
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Oklahoma, Minnesota, and California applicants may obtain a copy of this consumer report by checking this box. This report will be sent to California applicants within three (3) days of the employer receiving the report.

California applicants only: For consumer reports which were not obtained by a consumer reporting agency, by checking this box you waive the right to obtain a copy of the report. If unchecked, you will receive this report within 7 days of the employer receiving it.

California only: For reports obtained by Business Information Group, California applicants also may review the file Business Information Group maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consume report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others.


AUTHORIZATION / RELEASE OF INFORMATION

I have carefully read and understand the above Disclosure. I hereby authorize the obtaining of driving records, consumer reports and investigative consumer reports at any time after receipt of this authorization. I authorize without reservation, any party or agency contact by Assurity Life Insurance Company, to furnish information about my character, reputation, personal characteristics, credentials, and/or credit and indebtedness. I understand this may involve obtaining driving records, personal interviews with sources such as schools, employers, supervisors, friends, neighbors, associates, state, federal or local agencies, and public record or law enforcement agencies. I further authorize ongoing procurement of these reports at any time during my continued employment or contract for services, unless specifically prohibited by state law. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

I further understand and authorize by signing below, that in accordance with the legitimate business practices of Assurity Life Insurance Company that copies of my application and consumer reports may be furnished to the affiliates, assignees or agents of Assurity Life Insurance Company.

Signature _____  Date _____
(Type Full Name) (mm/dd/yyyy)

IDENTIFICATION INFORMATION FOR CONSUMER REPORTING AGENCY

Name _____ Date of Birth _____ Social Security # _____
First / MI / Last (Please Print)  mm/dd/yyyy



INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT
California Civil Code Section 1786.22

- (a) An Investigative Consumer Reporting Agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative Consumer Reporting Agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies
 - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify themselves with the information described above, may an Investigative Consumer Reporting Agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity
- (d) The Investigative Consumer Reporting Agency shall provide trained personnel to explain to the consumer any information furnished them pursuant to Section 1786.10.
- (e) The Investigative Consumer Reporting Agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of their choosing, who shall furnish reasonable identification. An Investigative Consumer Reporting Agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.



ASSURITY LIFE INSURANCE COMPANY
1526 K Street • PO Box 82533
Lincoln, NE 68501-2533
Toll Free 800-276-7619 Fax 402-437-4640

CREDIT CARD AUTHORIZATION

I authorize Assurity Life Insurance Company to charge the credit card listed below in the amount of _____
for the contracting appointment fees for which I am applying today.

I ACKNOWLEDGE:

1. USE OF THE CREDIT CARD FOR PAYMENT IS OPTIONAL;
2. THIS AUTHORIZATION DOES NOT COVER THE CHARGING OF FUTURE FEES;
3. THIS CHARGE WILL BE INITIATED ONLY WHEN THE ACCOMPANYING APPLICATION(S) IS (ARE)
ACCEPTED

Name on Card _____

PRINT HERE

Card/Account Number _____

Expiration Date _____

Billing Address _____

City _____ State _____ Zip _____

Phone Number _____

Signature _____

SIGN HERE

Date of Signature _____

Mastercard

Visa

Discover

★ Please Note: Debit
cards may only be used
to pay for contracting
appointment fees if the
card shows the
Mastercard or Visa logo.



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) PRINT HERE	
	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"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	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.

Social security number								
or								
Employer identification number								

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

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. person (including a U.S. resident alien).

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 ▶	SIGN HERE	Date ▶
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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.

U.S. person. 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.

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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

ASSURITY LIFE INSURANCE COMPANY
AGENT AGREEMENT

Accepted:

By: Signature of Agent or Firm Principal

Print or Type Name and Title Here

 **SIGN HERE**

 **PRINT HERE**

ASSURITY LIFE INSURANCE COMPANY

This Agreement is effective _____.

Approved:

Company Officer

This Agreement is between the Agent who signed this Agreement (referred to as "you," "your," and/or "Agent" in this Agreement) and Assurity Life Insurance Company (we will be referred to as "Assurity," "our," "we," "us," and "the Company"). The provisions stated in all supplements, commission rules, and schedule of commissions are incorporated into and made a part of this Agreement. This Agreement shall become effective on the date shown above.

1. AUTHORITY

You are appointed to represent Assurity in the state(s) in which you maintain proper license and/or appointment and the Company is duly licensed. You hereby accept such appointment and agree to comply with this Agreement as well as all operating, financial and underwriting guidelines, rules and regulations of the Company and the laws and regulations of the state(s) in which you operate. You are authorized to act as an agent on behalf of Assurity for the purpose of developing and supervising the distribution of Assurity's insurance products. Specifically, you are authorized to: 1) recruit and recommend persons for appointment by Assurity, 2) train and supervise such agents in accordance with Assurity's business rules and the requirements of the state(s) in which they are licensed and in which they act as an agent for Assurity, and 3) solicit applications for the insurance policies written by Assurity and approved for marketing.

2. RELATIONSHIP

You are an independent contractor and nothing in this or any other agreement between you and the Company shall be construed to create the relationship of employee or employer between you and the Company.

You are free to exercise your own judgment in determining when, how and to whom you sell Assurity policies. You choose the time, place and manner of sale, but you are to conform to state law and regulation and our rules and instructions that are not inconsistent with the independent contractor relationship.

You also acknowledge that all agents in your hierarchy are independent contractors of Assurity and, at a subagent's election or for good cause, can be transferred by Assurity according to Assurity's transfer rules.

3. DUTIES

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

- a. For any applications solicited by you, you shall also collect the first premium. You shall submit applications and first premiums immediately to Assurity.
- b. Service and help us keep in force the policies you sell for the Company.
- c. Segregate any monies you receive for us and hold them in trust until delivery. You shall not use such funds for any purpose.
- d. You shall notify Assurity immediately upon becoming aware of any felony convictions relating to you or any agent in your hierarchy.
- e. You shall comply with Assurity's policies and procedures concerning the replacement of life and annuity contracts. A replacement occurs whenever an existing policy or contract is terminated, converted, or otherwise changed in value. You shall recommend the replacement only when replacement is in the best interest of the customer. You shall fully disclose any and all relevant information to the customer regarding the financial impact to the customer of the replacement, whether a new contestability period and/or suicide clause will start under the new policy, and whether the customer will have to resubmit to underwriting to purchase the new policy. You agree never to recommend that a customer cancel an existing policy until a new policy is in force, and the customer has determined that the new policy is acceptable.
- f. You agree to adhere to Assurity's rules concerning ethical market conduct which require you to:
 - i. carefully evaluate the insurance needs and financial objectives of your clients, and use sales tools (e.g. sales brochures and policy illustrations) to determine that the insurance or annuity you are proposing meets these needs;
 - ii. maintain a current license and valid appointment in all states in which you promote the sale of Assurity products to customers and keep current of changes in insurance laws and regulations by reviewing the bulletins and newsletters published by the state insurance departments and Assurity;
 - iii. comply with Assurity's policies concerning replacements, and refrain from providing false or misleading information about a competitor or competing product or otherwise making disparaging remarks about a competitor;
 - iv. submit, prior to use, all advertising materials intended to promote the sale of Assurity products to us for approval;
 - v. immediately report to us any customer complaints, and assist us in resolving the complaint to the satisfaction of all parties; and
 - vi. communicate these standards to any agent in your hierarchy and request their agreement to be bound by these conditions as well.

4. LIMITATIONS OF AUTHORITY

You do not have authority to and you shall not:

Interfere with any person's business relationship with the Company.

- a. Accept risks, incur debt or liability, or make contracts in our name or on our behalf.
- b. Promise reinstatement of any policy or coverage, or commit Assurity to any action regarding any claim.



- c. Waive, alter, modify or change any Company policy, terms, rates or customary requirements.
- d. Deliver policies except in accordance with our instructions.
- e. Start legal actions in our name.
- f. Extend credit to applicants or insureds, personally pay any applicant's or insured's premiums, or allow extra time to pay a premium.
- g. Collect any premium other than the initial premium unless we authorize it.
- h. Endorse checks or any negotiable instrument payable to or intended for the Company.
- i. Deliver any policy when you or your agents have knowledge of any impairment of the applicant's health either not disclosed on the application or that occurred subsequent to the securing of the application.

5. COMPENSATION

Your compensation shall be based on your personal production and the production of all agents assigned to you. You will receive payments as shown in the Commission Schedule ("Schedule"), as amended from time to time, for premiums received on policies issued by the Company for applications secured under this Agreement. Commissions will be paid according to the Commission Schedule that is in effect on the written date on the policy application. The Schedule states the required repayments of compensation for lapsed, terminated, or surrendered policies. We can change the Schedule, but any change will not affect business applied for prior to the effective date of the change. Payment of compensation will be made at such times and in any manner as we determine. You must access our web site to obtain commission statements and production reports. You must object to any transactions shown on EFT statements and compensation reports within 30 days of receiving them, or they will be deemed to be conclusive.

Your right to commissions shall be deemed fully vested, and except as specifically limited to herein, the renewal commissions shall be paid for the term and in the amount shown in the Schedule, so long as they exceed \$250 in a year, or you are receiving first year commissions. Vesting will cease if this Agreement is terminated for cause. If this Agreement terminates because you die, we will continue payments to your designated beneficiary. If no beneficiary is designated, we will pay your executor. Payments after your death will cease if the policyholder requests a new agent.

You authorize us to provide your production and earnings records to the Agent(s), if any, to whom you are assigned.

6. GENERAL PROVISIONS

- a. **Errors and Omissions Coverage.** For as long as this Agreement is in force, you shall maintain Errors and Omissions insurance with a carrier in amounts and with a deductible that we accept. You agree to provide evidence that such coverage is in force upon our request for such evidence.
- b. **Personal Liability.** You agree to indemnify us and hold us harmless from all losses and expenses we incur resulting from your acts or omissions other than those which we so authorize in writing.
- c. **Advertising.** You shall comply with our advertising rules. You shall not use, permit, or cause to be used, our name or any advertising regarding our products without obtaining our prior written consent.
- d. **Expenses.** You agree to be solely responsible for all your expenses incurred in performing this Agreement.
- e. **Indebtedness.** Any amount you or your subagents owe us is a first lien on any compensation payable to you under this Agreement until the debt is fully paid. You agree that if at any time you have a debit balance with us, you are not due any compensation. Commissions will be credited to your account until such time as the debit balance has been cleared. Termination of this Agreement does not release you from continuing liability to us for immediate repayment of any debt including unearned first year commissions or bonuses. We have the right to charge interest at the maximum lawful rate on any outstanding debt.
- f. **Return of Premium.** If, for any reason, we refund premiums on which you received compensation, you agree to immediately repay us any compensation you received on that premium.
- g. **Waiver.** Failure of the Company to strictly enforce any provision of this Agreement will not be interpreted as a waiver of such provision.
- h. **Modification.** Any change to this Agreement must be in writing signed by an authorized officer of the Company.
- i. **Assurity Property.** You agree to return all of our property upon demand or at this Agreement's termination. Our property includes, without limitation, all rate books, manuals, supplies, applications, video materials, computer software, insured files and advertising and sales materials supplied by the Company and not owned by you.
- j. **Assignment.** You cannot assign this Agreement or compensation payable hereunder unless we agree in writing in advance.
- k. **Governing Law.** This Agreement is governed by and interpreted according to Nebraska law. All actions with respect to this Agreement shall be brought in a court of competent jurisdiction in Lancaster County, Nebraska.
- l. **Entire Agreement.** This Agreement including any attachments, schedules and addendums, supersedes any and all previous Agreements between you and the Company, and is the entire Agreement between you and the Company. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance.
- m. **Privacy.** You agree to protect any confidential information of the Company's customers that is accessible by you. Confidential Information includes, but is not limited to any nonpublic personal information about the Company's customers or potential customers, regardless of whether it is personally identifiable or anonymous information. You agree, now and at all times in the future, not to use or disclose Confidential Information to any person or entity, other than to carry out the purposes for which the Company's applicant or customer disclosed the information, or as necessary to carry out the lawful business purposes of this Agreement, or as otherwise allowed by law or regulation. Your use or disclosure of Confidential Information shall comply at all times with federal and state privacy laws, rules and regulations.
- n. **Anti-Money Laundering.** You agree to comply with all applicable anti-money laundering laws, regulations, rules and government guidance, including the reporting, record-keeping and compliance requirements of the Bank Secrecy Act ("BSA"), as amended by the USA PATRIOT Act (the "Patriot Act"). These Acts include requirements to identify and report currency transactions and suspicious activity, to implement a customer identification program to verify the identity of customers and to implement an anti-money laundering compliance program.

7. TERMINATION

Either party may terminate this Agreement at any time by giving written notice. Notice may be mailed or delivered to the last known address of the other party. If you reside in, or are licensed in, a state that requires advance notice, you hereby agree to waive any advance notice of termination and agree that termination will be effective immediately upon delivery of written notice. We may terminate this Agreement for cause if you commit any act that injures our business or reputation; fail to account for and remit promptly any monies collected by you for us; or withhold any policies, money or other property belonging or returnable to the Company.



ASSURITY® LIFE INSURANCE COMPANY
 1526 K Street, PO Box 82533, Lincoln, NE 68501-2533
 Toll Free (800)276-7619

AGENT COMMISSION SCHEDULE

Subject to the terms of your agreement and rules and practices of Assurity, you shall be compensated according to the following schedule of the policy forms shown. The commissions provided in this Schedule shall be reduced by the amount of commissions payable to subagents assigned to you. By submission of an application or the acceptance of commission, you agree to be bound by the provisions of this Schedule. Commissions are also subject to the Commission Rules that are part of your agreement with Assurity.

10 Year Non Med Term 350					
	Year 1		Years 2-10		Years 11+
	90.0000%		2.0000%		0.0000%
15 Year Non Med Term 350					
	Year 1		Years 2-10		Years 11+
	100.0000%		2.0000%		0.0000%
20 and 30 Year Non Med Term 350					
	Year 1		Years 2-10		Years 11+
	105.0000%		2.0000%		0.0000%
10 Year Term 350 Plus					
	Year 1		Years 2-6		Years 7+
	85.0000%		1.5000%		0.0000%
15 Year Term 350 Plus					
	Year 1		Years 2-10		Years 11+
	90.0000%		1.5000%		0.0000%
20 and 30 Year Term 350 Plus					
	Year 1		Years 2-10		Years 11+
	100.0000%		1.5000%		0.0000%
Non-Med Term					
	Year 1		Years 2-10		Years 11+
	105.0000%		2.0000%		0.0000%
Acci-Flex Life					
	Year 1		Years 2-10		Years 11+
	105.0000%		2.0000%		0.0000%
Whole Life					
	Year 1		Years 2-10		Years 11+
	110.0000%		6.0000%		3.0000%
Term Life					
	Year 1		Years 2-6		Years 7+
	85.0000%		5.5000%		3.0000%
Simplified Life					
	Year 1		Years 2-10		Years 11+
	100.0000%		9.0000%		1.5000%
Simplified Whole Life Level and Graded Benefit					
	Year 1	Year 2	Year 3	Year 4	Years 5-10
	95.0000%	15.0000%	15.0000%	14.0000%	9.0000%
Simplified Whole Life Modified Benefit					
	Year 1	Years 2-6	Years 7-10	Years 11+	
	90.0000%	5.0000%	4.5000%	2.0000%	
Single Premium Whole Life					
	Year 1		Renewal Years		
	7.0000%		0.0000%		
LifeScape Single Premium Insurance Rider and Endorsement					
	Year 1		Renewal Years		
	3.7500%		0.0000%		
Premier Universal Life (Issue Age 0-75) ***					
	Year 1		Years 2-10		Years 11+
	90.0000%		4.5000%		3.5000%
Premier Universal Life (Issue Age 76-80) ***					
	Year 1		Years 2-10		Years 11+
	77.0000%		4.5000%		3.5000%
Premier Universal Life (Issue Age 81-85) ***					
	Year 1		Years 2-10		Years 11+
	62.0000%		4.5000%		3.5000%
LifeScape Assured Income Protector					
	Year 1		Years 2+		
	80.0000%		3.0000%		
LifeScape Special Term Insurance Policy****					
	Year 1		Years 2+		
	25.0000%		0.0000%		



VER	Year 1 2.9000%	Years 2-10 2.9000%	Years 11+ 2.0000%
Disability Income	Year 1 70.0000%	Years 2-10 20.0000%	Years 11+ 4.5000%
Disability Income, CA/FL	Year 1 70.0000%	Years 2-10 11.0000%	Years 11+ 4.5000%
Critical Illness Rider for Personal Disability Income	Year 1 70.0000%	Years 2-10 15.5000%	Years 11+ 4.5000%
Critical Illness Rider for Personal Disability Income, CO/FL/MN	Year 1 70.0000%	Years 2-10 10.5000%	Years 11+ 4.5000%
Simplified Disability Income	Year 1 75.0000%	Years 2-10 7.0000%	Years 11+ 3.7500%
Graded Benefit Disability Income	Year 1 45.0000%	Years 2-10 9.0000%	Years 11+ 4.5000%
Graded Benefit Disability Income, CA/FL	Year 1 40.0000%	Years 2-10 7.0000%	Years 11+ 4.5000%
DefinedMED BASIC (Monthly Premium Mode)*****	1 st Month 108.7500%	Months 2-12 33.7500%	Years 2-5 7.0000%
			Years 6+ 3.5000%
DefinedMED BASIC (Quarterly, Semi- Annually and Annual Premium Mode) *****	Year 1 40.0000%	Years 2-5 7.0000%	Years 6+ 3.5000%
DefinedMED BASIC, MN (Monthly Premium Mode) *****	1 st Month 103.7500%	Months 2-12 28.7500%	Years 2-5 6.0000%
			Years 6+ 3.0000%
DefinedMED BASIC, MN (Quarterly, Semi- Annually and Annual Premium Mode) *****	Year 1 35.0000%	Years 2-5 6.0000%	Years 6+ 3.0000%
DefinedMED Super Supp (Monthly Premium Mode) ****	1 st Month 108.7500%	Months 2-12 33.7500%	Years 2-5 7.0000%
			Years 6+ 3.5000%
DefinedMED Super Supp (Quarterly, Semi-Annually and Annual Premium Mode) *****	Year 1 40.0000%	Years 2-5 7.0000%	Years 6+ 3.5000%
DefinedMED Super Supp, MN (Monthly Premium Mode) ****	1 st Month 103.7500%	Months 2-12 28.7500%	Years 2-5 6.0000%
			Years 6+ 3.0000%
DefinedMED Super Supp, MN (Quarterly, Semi- Annually and Annual Premium Mode) *****	Year 1 35.0000%	Years 2-5 6.0000%	Years 6+ 3.0000%
DefinedMED Super Supp, CA/FL/NJ/ SD/ WA/ WV (Monthly Premium Mode) ****	1 st Month 105.2500%	Months 2-12 30.2500%	Years 2-5 6.5000%
			Years 6+ 3.2500%
DefinedMED Super Supp, CA/FL/ NJ/ SD/ WA/ WV (Quarterly, Semi- Annually and Annual Premium Mode) *****	Year 1 36.5000%	Years 2-5 6.5000%	Years 6+ 3.2500%
Critical Illness*	Year 1 75.0000%	Years 2-10 7.0000%	Years 11+ 3.7500%
Simplified Critical Illness*	Year 1 75.0000%	Years 2-10 7.0000%	Years 11+ 3.7500%
Simplified Critical Illness, CO/FL/MN/NH/NJ Only*	Year 1 62.0000%	Years 2-5 7.0000%	Years 6+ 3.7500%



Plus One Bonus Annuity**	Age 0-70 5.5000%	Age 71-80 4.2500%	Age 81-90 2.7500%
Secure 3 Annuity**	Age 0-75 1.4000%	Age 76-80 1.4000%	Age 81-90 1.4000%
Secure 5 Annuity**	Age 0-75 3.2500%	Age 76-80 2.7500%	Age 81-90 2.2500%
Secure 7 Annuity**	Age 0-75 3.7500%	Age 76-80 3.2500%	Age 81-90 2.7500%
Encore Bonus Annuity**	Age 0-75 6.5000%	Age 76-80 5.2500%	Age 81-90 3.2500%

*No commissions paid on all Critical Illness, Term 250 policy fee or on Other Insured Term rider on the Term 250 policy fee.

**Settlement Options (All Ages) – Assurity will pay 1.625% for all settlement options except left-at-interest and two-year deposit.

For renewal information on Secure 3, 5 and 7 Annuities, please see the Commission Rules on the back of the Commission Schedule.

***Year 1 Over Target gets Year 2 renewal commissions.

**** The 25% first year commission on the Special Term Insurance Policy is only paid to writing agent.

*****Commissions for the DefinedMED product are not advanced. While this equates to a four month advance, this payment is not subject to the rules regarding advances contained elsewhere in this agreement, but is treated as an earned commission upon payment of the first Premium.



AGENT COMMISSION RULES

- a. **COMMISSION.** Applies to policies issued on applications personally obtained by Agent or by Agents appointed in Agent's hierarchy. In the case of business obtained by Writing Agents in the Appointing Agent's hierarchy, the commission payable to the Appointing Agent will be the amount shown on the Appointing Agent's Commission Schedule less any commissions payable to the Writing Agent.
- b. **REINSTATEMENTS. (Disability Income Policies, Critical Illness Policies)** If a policy is lapsed for more than twelve months, the former Insured will be treated as a new applicant. For a policy lapsed less than twelve months, reinstatement commission will be paid at the same rates as would apply had the policy remained continuously in force from the date of issue.
- c. **PAYMENT OF COMMISSIONS.** Commissions earned and due shall be payable only as premiums are received, accepted and applied by the Company.
- d. **LAPSES, SURRENDERS OR TERMINATIONS OF POLICIES.** Repayment of compensation on unpaid premiums due to lapsed, surrendered or terminated policies will be required.
- e. **ADDITIONAL BENEFIT PROVISIONS. (Disability Income Policies, Individual Life Insurance Policies)** The same rate of commission applies to such Provisions or Riders as to the base policy to which such Provisions or Riders are attached except Value Enhancement Rider, or any other Provision or Rider for which a separate commission is shown. (See Compensation Schedule).
- f. **TRANSFER OF FUNDS. (Individual Life Insurance Policies, Annuity Policies)** Commissions will not be paid on net cash values transferred from existing life insurance or annuity policy(s) in the Company to any non-qualified or qualified annuity policy(s) in this Company to any annuity policy or to any Value Enhancement Rider whether obtained by surrender or borrowing. For this purpose "policy(s) in this Company" includes any policy of Assurity, any of its affiliates and any policy assumed or reinsured by Assurity or any of its affiliates.
- g. **REISSUES FROM QUALIFIED ANNUITY POLICIES. (Annuity Policies)** Commissions will not be paid on net cash values transferred from existing qualified annuity policies in this Company. For this purpose "policies in this Company" includes any policy of Assurity, any of its affiliates and any policy assumed or reinsured by Assurity or any of its affiliates.
- h. **CONVERSIONS. (Individual Life Insurance Policies)**
For term policies or term riders converted to any permanent form, first-year and renewal commissions will be allowed. No first-year commissions will be allowed on conversion credits.

Commissions payable on all other conversions shall be limited by and subject to the practices of Company at the time conversion is effected.

- i. **COMMISSIONS ON SPECIAL CLASS EXTRA PREMIUMS. (Individual Life Insurance Policies)**
No commissions are payable on flat extra premiums charged. However, full commissions are payable on table rating extra premiums which are based on the plan applied for and the age of the Insured. The rate of commission for table rating extra premiums will be the same as those applicable to the base policy.
- j. **RETURN OF COMMISSIONS. (Annuity Policies)** All commissions paid on annuities issued to persons age 81 and over shall be repaid to the Company in the event death of the owner or annuitant occurs within twelve months of the policy's issue date unless the spouse of the owner, if any, assumes ownership of the policy.
- k. **ADDITIONAL PREMIUMS. (Single Premium Deferred Annuity Policies)** Commissions are payable on additional premiums received within twelve months of a policy's issue date.
- l. **COMMISSIONS ON RENEWAL. (Secure Annuity Policies)** Commissions will be paid when a policyowner renews a Secure Annuity Policy for a subsequent secure period at 50% of the commission rate paid at policy issue.
- m. **SETTLEMENT OPTIONS.**
Commissions are payable on all types of settlement options *except* 1) the Left-at-Interest Option, 2) the Two-Year Deposit Option, and 3) The Fixed Period Option and the Fixed Amount Option if payments are *not* expected to continue for at least five years on a guaranteed basis.
- n. **COMMISSION ON REPLACEMENTS. (Disability Income Policies, Critical Illness Policies, Hospital Indemnity Policies)** A newly issued policy will be considered as a "replacement" whenever another policy or rider(s) in this Company on the Insured's life has lapsed or been surrendered during the twelve months preceding or the twelve months following the date of issue of the new policy. For this purpose "policy in this Company" includes any policy of Assurity, any of its affiliates and any policy assumed or reinsured by Assurity or any of its affiliates.

If the new policy is a "replacement," the commission rates provided for the first policy year shall apply to that portion of the premium for the first year of the new policy which exceeds the premium for the replaced policy, and the commission rates provided for the second policy year shall apply to the balance of the first year's premium for the new policy.

Thereafter, the commission rates provided, dating from the effective date of the new policy, shall apply to the entire premium.

- o. **COMMISSION ON REPLACEMENTS. (Individual Life Policies, Annuity Policies)** A newly issued life insurance policy and its riders will be considered as a "replacement" whenever another life insurance or annuity policy(s) or rider(s) in this Company on the Insured's life has (1) been surrendered, (2) lapsed, or (3) been continued on a nonforfeiture option during the 12 months preceding or the 12 months following the date of issue of the new policy or rider. If another life insurance or annuity policy(s) or rider(s) in this Company has been changed, modified, or converted in any manner, so that some portion of the policy(s) or rider(s) has in effect been lapsed, surrendered or continued under a nonforfeiture option, a portion of the newly issued life insurance policy may be considered as "replacement".

If under the above rules, a new policy or rider is a "replacement," first-year commissions will be paid on any increase in premium over the premium on which first-year commission was paid on the policy(s) or rider(s) being replaced or any prior policies or riders on the Insured's life which, under the above definition, were replaced.

For the first year of the new policy or rider the same rate of commission or service fee will be paid on the replaced premium as would have been paid had that policy or rider remained in force. For life policies, beginning with the second year, the standard renewal commission rates and duration will apply to the total premium.

