

CONTRACT REQUEST FORM

**PLEASE COMPLETELY FILL OUT ALL FIELDS AND
INCLUDE A COPY OF YOUR
INSURANCE LICENSE, E&O INSURANCE AND A
VOIDED CHECK.**

Once you have completed the contract please return by

Faxing all documents to 630-527-2551

Or

Scan documents and email back using We Transfer for large files.

Go to wetransfer.com

+Add Files

Send to contracting@myfieldtrainer.com

Please direct questions to contracting@myfieldtrainer.com

630-410-9629

Central United Life and Family Life

For your contracting to be complete, please:

- ____ Fill out and signed the **Confidential Licensing Information** page and provide a letter of explanation for any questions marked “yes”
- ____ Print your name and dated the first page of the **Agent Agreement**
- ____ Print and signed your name on the third page of the **Agent Agreement**
- ____ Attach a **voided check** for direct deposit
- ____ Complete the **W-9**
- ____ Sign and filled out the **Commission Advance** pages (only if you want advancing)
- ____ Check off which states you are signing up with and fill out the **Credit Card Form** for that amount of you may mail a check in for the amount of the appointment fees (if you mail a check it will hold the process of getting your contracting completed)
- ____ Fill out and signed the **commission schedule**
- ____ Submit a current **copy of your license(s)**
- ____ Submit a current **copy of your E&O coverage**

Please note: any missing information may delay the processing of your appointment.

If you have any questions, please contact: **Contracting Department**

Senior Security Benefits, Inc.

401 Jim Wright Fwy S.

Suite 110

Fort Worth, TX 76108

(800) 299-5567

Fax: (800)381-8592

contracting@insmg.com

Important Notices:

- Products may not be available in all states. Please refer to the CUL/FLIC Product Availability sheets for available states.
- CUL/FLIC does charge appointment fees.
- CUL/FLIC offers “Just in Time” appointments, your appointment will not be processed until you submit business.
- Family Life **does not require** E&O coverage.

**THE MANHATTAN LIFE INSURANCE COMPANY
CENTRAL UNITED LIFE INSURANCE COMPANY
FAMILY LIFE INSURANCE COMPANY**

10777 Northwest Freeway, Houston, Texas 77092
PHONE: 888-441-0770 WEB: www.manhattanlife.com

CONFIDENTIAL LICENSING INFORMATION

☐ INDIVIDUAL ☐ CORPORATION _____

Last Name _____ First Name _____ Middle Initial _____

Birthdate _____ SSN _____ Tax ID _____

Current Residence Address _____

_____ Tel. No. _____

Additional Residence Address(es) during last five years _____

Business Address _____

_____ Tel. No. _____ Fax No. _____

Send Correspondence to: ☐ Residence ☐ Business E-Mail _____

Resident State Ins. License No. _____ (Attach Copy) Driver's License No. _____ (Attach Copy)

NPN No. _____

Attach a copy of your E & O policy certificate (required before any contracting can be processed, except for Family Life).

| Current Insurance Company Affiliations | Type of Policy Sold | Annual Premium | Persistency |
|--|---------------------|----------------|-------------|
| Primary Company | | | |
| Other Companies | | | |
| | | | |

If answering YES to any of the following questions please explain in comment section on the back.

1. Are you now or have you ever been included in litigation with an insurance company that you represented? . . ☐ YES ☐ NO
2. Do you currently have a debit balance with any insurance company? ☐ YES ☐ NO
3. Have you ever had your insurance or securities license suspended or revoked? ☐ YES ☐ NO
4. Have you ever been charged, convicted, or plead guilty or nolo contendere ("no contest") in a domestic or foreign court:
 - a) a felony or misdemeanor involving; insurance or an investment-related business, fraud or false statements or omissions, wrongful taking of property; or bribery, forgery, counterfeiting or extortion? ☐ YES ☐ NO
 - b) Have you been convicted of any other felony or misdemeanor, other than traffic violations? ☐ YES ☐ NO
5. Has any domestic or foreign court ever:
 - a) found you guilty in connection with any insurance or investment-related activity? ☐ YES ☐ NO
 - b) found that you violated any insurance-related statutes or regulations? ☐ YES ☐ NO
6. Has any Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:
 - a) found you to have made a false statement or omission or been dishonest, unfair or unethical? ☐ YES ☐ NO
 - b) found you to have been involved in a violation of insurance or investment regulations or statutes? ☐ YES ☐ NO
 - c) found you to have been the cause of any insurance or investment-related business having its authorization to do business denied, suspended, revoked or restricted? ☐ YES ☐ NO
 - d) entered an order against you in connection with any insurance or investment-related activity? ☐ YES ☐ NO
 - e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with any insurance or investment-related business, or disciplined you by restricting your activities? ☐ YES ☐ NO

7. Have you ever been the subject of any insurance or investment-related, consumer-initiated complaint or proceeding that:
- a) alleged compensatory damages of \$2,500 or more, or found fraud or the wrongful taking of property? ☐ YES ☐ NO
- b) was settled or decided against you for \$1,000 or more, or found fraud or the wrongful taking of property? . ☐ YES ☐ NO
8. Are you now the subject of any complaint, investigation, or proceeding that could result in a "yes" answer to questions 1 - 7? ☐ YES ☐ NO

As part of our contracting process due diligence, several inquires will be made including a check of state and federal court records, a credit check, a Vector One check for agent commission debit balances and a routine investigative consumer report whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. These inquiries includes information concerning criminal court reports, credit history, unpaid agent commission debit balances, character, general reputation, personal characteristics and mode of living. As applicable, employment, occupation, general health, habits, residence verification and marital status may be included. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. You authorize all persons and entities to release all written and verbal information about you to Vector One, Applicant Insight Limited, Inc., Manhattan Life Insurance, Family Life Insurance Company, Investors Consolidated Insurance Company and Central United Life Insurance Company. You release and agree to hold Manhattan Life Insurance, Family Life Insurance Company, Investors Consolidated Insurance Company, Central United Life Insurance Company, Vector One and Insight Limited, Inc. harmless from all liability and responsibility for doing so. You also authorize the procurement of an investigative consumer credit report and Vector One inquiry.

Comment Section: _____

I have read, understand and accept this agreement

Date _____ Signature _____

Representative Agreement

10777 Northwest Freeway, Houston, Texas 77092

Between the Company(ies) identified above, hereinafter called the Company and the Corporation or Partnership who is:

hereinafter called the Associate and between the Associate and the Representative who is:

hereafter called the Representative.

1. APPOINTMENT

The Company appoints the Agent in those territories in which both the Company, the Associate and the Agent are licensed to do business, to solicit and procure applications for all types of insurance and annuities issued by the Company subject to the terms, conditions, and limitations set forth herein.

2. COMPENSATION

All Compensation payable by the Company on such applications shall be governed solely by the contract between the Company and the Associate, and the Company shall discharge all responsibility under this contract by crediting or paying such earnings to the Associate. The division of such earnings between the Representative and the Associate, once paid by the Company to the Associate, shall be a matter solely between the Representative and the Associate to which the Company is not part.

3. GENERAL PROVISIONS

The Representative agrees to comply with all applicable insurance laws and regulations and with all the written and printed rules, regulations and instructions of the Company now in force and such as may hereafter be adopted. It is understood and agreed that the Representative shall be considered an independent contractor. The Representative shall be free to exercise independent judgement as to the persons to be solicited and the time and place of solicitation. No other provision of this Agreement nor any rule or regulation of the Company shall be construed to abridge this freedom or create the relationship of employer and employee between the Company and the Representative.

The Representative and/or Associate shall maintain in good order the records and accounts of business transacted on behalf of the Company for inspection by, or delivery to the Company upon request.

The Representative has no authority to:

1. make, alter, or modify any policy or receipt nor to waive any forfeiture or any provision or condition of any policy issued by the Company.

2. receive any money on behalf of the Company except initial premiums and in strict compliance with the terms and conditions of the Company and within the rules of the Company. Money collected or received by the Representative for the Company

shall immediately be paid over to the Company.

3. endorse any checks payable to the Company;

4. issue or circulate any advertising material, circular or pamphlet relating to the Company (other than materials prepared by the Company) unless the same shall have been approved in writing by the Company.

5. bind or obligate the Company or subject the Company to any liability except as expressly provided herein or otherwise authorized in writing by the Company.

The Representative shall be liable to the Company for damage or loss sustained by it as a result of any unauthorized acts of the Representative. The Representative specifically agrees to indemnify the Company from liability of any type for judgements, litigation costs, attorneys' fees, fines, penalties or other liabilities incurred by the Company as a result of such unauthorized acts.

The failure of the Company to exact strict compliance with the terms of this Agreement or the failure to declare any default when the same shall become known to the Company, shall not operate as a waiver of such conditions nor release the Representative from any obligation to perform this Agreement strictly in accordance with its terms.

3. TERMINATION

The Representative's withholding or converting to his own use, funds or property of the Company, an applicant or insured, or his violation of any governmental law or regulation relating to insurance, shall constitute an automatic breach of this Agreement which shall forthwith terminate.

This Agreement shall automatically terminate upon the death of the Representative.

Termination of this Agreement shall automatically terminate any previous agreement between the Company and the Representative. If requested, the Representative shall return to the Company at his own expense all rate books and other supplies furnished the Associate which shall be the property of the Company.

This Agreement, unless otherwise terminated as provided above, may be terminated either by the Company or the Representative by giving the other party fifteen days notice in writing at the last known address of such other party.

Representative: _____
Print or Type The Name of the Representative

Representative: _____
Signature

Date: _____
Signature

Date: _____ Associate _____
Print or Type

Date: _____ By the Company(ies) identified above _____

☐ The Manhattan Life Insurance Company ☐ Central United Life Insurance Company
☐ Family Life Insurance Company

10777 Northwest Freeway, Houston, Texas 77092

AGENT AGREEMENT

THIS AGREEMENT, dated this _____ day of _____, 20____ is between: _____ (hereinafter referred to as "Agent"), and the specific Company or Companies identified above (hereinafter each such designated Company shall be referred to as the "Company").

1. APPOINTMENT

Each designated Company appoints the Agent to solicit and procure applications for the sale of Company's insurance products shown in the attached Commission Schedule in those territories where the Company and Agent are both licensed to do business. Agent's appointment is subject to the terms, conditions and limitations of this Agreement. Agent is not appointed to sell Company's Medicare Supplement policies.

2. APPOINTMENT OF OTHER AGENTS

The Agent is authorized to refer other agents to the Company to solicit and procure insurance applications under the Agent's management and oversight (hereinafter referred to as "Other Agents"). The Other Agents must be properly licensed by the appropriate insurance regulatory authority. The Agent shall provide the referral of the Other Agents to the Company in writing by identifying the Other Agent and specifying that the Other Agent is going to solicit and procure the sale of Company insurance products under the Agent's management and oversight. The Agent shall also request the Company to code the Other Agent as being part of the Agent's hierarchy and shall obtain from the Other Agent the forms necessary to complete the contracting process.

Upon Agent's referral of an Other Agent to the Company, the Company shall determine, in its sole discretion, whether it wants to contract with the Other Agent. All contracts made with an Other Agent shall be made directly with the Company in writing on the Company's contract form which shall become effective when executed by the Company. The Company may refuse to contract with any proposed Other Agent and may terminate any contract with an Other Agent without notice to the Agent.

As used herein, the term "Agent" or "Other Agent" shall mean any person who procures, supervises, or otherwise participates in the procurement of applications for insurance products offered by the Company.

3. COMPENSATION

The Company will pay the Agent first year and renewal commissions on original premiums paid on policies written and delivered by the Agent and accepted by the Company at the percentages and for the periods and terms set forth in the attached Agent's Commission Schedule, subject to the conditions set forth herein. The Company will also pay the Agent first year and renewal commissions on original premiums paid on policies written and delivered by any appointed or assigned Other Agents as set forth in the attached Agent's Commission Schedule, less the commission earned by the Other Agent whose commission rate shall be on file with the Company. The Company will not pay first year or renewal commissions on rate increases.

- A. If insurance in the Company is issued (replacements, conversions and exchanges) which takes the place of insurance terminated or to be terminated in the Company after the new insurance is issued, the Company reserves the right to determine the rate of commission to be allowed, if any.
- B. If Agent's Commission Schedule rates are not shown or special rate quotations are made, rates shall be such as may be fixed by the Company.
- C. If the Company shall return to a policyholder all or any portion of the premiums on a policy or contract, the Agent shall, upon demand, repay to the Company the correspondingly proportionate part of the commission received by him on account of such policy or contract.
- D. The Company reserves the right to change the provisions of the Commission Schedule with thirty (30) days written notice from the Company to the Agent or Other Agent. However, any such change shall only apply to applications submitted to and accepted by the Company after such notice.

4. GENERAL PROVISIONS

The Agent agrees to comply with all applicable insurance laws and regulations and with all the written and printed rules, regulations, and instructions of the Company now in force and such as may be hereafter adopted.

- A. It is understood and agreed that the Agent shall be considered an independent contractor. As such, the Agent shall be free to exercise judgment as to the persons from whom applications for insurance policies and annuity contracts will be solicited and as to the supervision and direction of appointed or assigned Other Agents. No other provision of this Agreement or any rule or regulation of the Company shall be construed to abridge this freedom or create the relationship of employer and employee between the Company and the Agent.
- B. The Agent shall maintain accurate records of transactions made on behalf of the Company in a form satisfactory to the Company. Such books and records shall be open for examination by authorized representatives of the Company and shall remain in the property of the Company. The Agent shall return all undelivered policies to the Company for cancellation in accordance with its instructions.
- C. The Agent has no authority to receive any money on behalf of the Company except initial premiums and then only in strict compliance with the terms by the Company and within the rules of the Company. Money collected or received by the Agent for the Company shall be immediately paid over to the Company.

- D. Without liability to the Agent, the Company shall have the right to make changes in its method of conducting business; to make other appointments in the area as from time to time may seem to the Company to be desirable, and to discontinue writing all or any part of its business in any jurisdiction.
- E. The Company shall have a prior lien on any and all sums of money due or to become due to the Agent under this or any prior Agreement with the Company for any indebtedness, obligation or liability of the Agent to the Company; and the Company may at any time offset against such sums of money the amount of any such indebtedness, obligation or liability.
- It is understood that any "advance" or "commission advance" made by the Company to the Agent or an Other Agent from whom the Agent receives an override shall be a loan which shall create an indebtedness of the Agent to the Company repayable upon demand. The Company can require an immediate repayment of such indebtedness regardless of whether or not future compensation payable to the Agent appears to be adequate to offset such indebtedness.
- In the event the Company is required to pursue collection procedures in order to collect any indebtedness, the Agent agrees to be liable for any and all Company expenses incurred by the Company.
- No assignment of compensation accrued or to accrue under this Agreement shall be valid as against the Company unless authorized in writing by the Company.
- F. The Agent and any appointed or assigned Other Agents under the Agent shall have no authority to make, alter or modify any policy or receipt, nor to waive a forfeiture or any provision or condition of any policy issued by the Company, nor to incur any liability on behalf of or against the Company, except as expressly provided herein or otherwise authorized in writing by the Company.
- G. The Agent is not authorized and agrees not to publish, issue or circulate any advertising material, circular or pamphlet relating to the Company or its products unless the same shall have been approved in writing by an officer of the Company.
- H. The failure of the Company to exact strict compliance with the terms of this Agreement or the failure to declare any default when the same shall become known to it, shall not operate as a waiver of such terms nor release the Agent from the obligation to perform this Agreement strictly in accordance with its terms.
- I. All accounts and policyholders are considered to be accounts of the Company and not the Agent.
- J. The Agent authorizes the Company to furnish information, upon inquiry from any person, regarding the Agent's record with the Company, personal character, habits, ability, or cause of leaving the service of the Company. No liability shall be incurred by the Company for release of such information.
- K. It is agreed that this contract shall be interpreted and governed by the laws of the state of Texas.

5. PROHIBITED ACTS

Agent shall not, during the term of this Agreement or any time after the termination of this Agreement, directly or indirectly:

- A. Divulge or disclose the names of the Company's policyholders and accounts to any other person, firm or corporations; or
- B. Seek to induce, promote or encourage any Company policyholders to relinquish or discontinue their Company policies.

The items listed in A and B shall be referred to herein as the "Prohibited Acts".

In the event Agent engages in any of the Prohibited Acts, whether during the term of this Agreement or post-termination, Agent shall forever forfeit all rights to be paid any first year or renewal commissions and such commissions shall revert to the Company.

6. TERMINATION

- A. The Company shall have the right to immediately terminate this Agreement if the Agent, either directly or indirectly, by himself or as the agent of another engages in any of the following:
1. Engages in any of the **Prohibited Acts** described in Section 5; or
 2. Wrongfully withholds any funds, policies, premium receipts or other property of the Company or an applicant for insurance; or
 3. Violates the insurance laws or regulations of any state in which the Agent solicits applications.
- B. This Agreement shall automatically terminate upon the death of the Agent if the Agent is an individual, the dissolution of the partnership if the Agent is a partnership, or the dissolution of a corporation, if the Agent is a corporation.
- C. Termination of this Agreement shall automatically terminate any previous agreement between the Company and the Agent. If requested, the Agent shall return to the Company at his own expense all rate books and other supplies furnished the Agent which shall remain the property of the Company.
- D. This Agreement, unless otherwise terminated as provided above, may be terminated either by the Company or the Agent by giving the other party thirty days notice in writing at the last known address of such other party.

7. COMMISSIONS AFTER TERMINATION

- A. If this Agreement is terminated under Section 5 or 6A, Agent shall forever forfeit all rights to be paid any first year or renewal commissions and such commissions shall revert to the Company. No additional first year or renewal commissions will be paid to Agent.

B. Except as set forth in Sections 5 and 6A, if this Agreement is terminated, the Agent shall receive vested commissions with respect to premiums paid to and accepted by the Company on and after the effective date of such termination, as follows:

- On business written by the Agent and his or her appointed or assigned Other Agents, the commission will be paid as provided in the Commission Schedule attached hereto.
- On business written by the Agent and his or her appointed or assigned Other Agents prior to the date of this Agreement, the commission will be paid as provided under the terms of any previous Agreements, except as otherwise provided in the Commission Schedule.
- The commission shall be payable only so long as the total compensation payable exceeds \$600.00 for the calendar year. If the total compensation payable hereunder is less than \$600 for the calendar year, the Agent shall forever forfeit all rights to be paid any additional compensation and such compensation shall revert to the Company.
- In case of the Agent's death, vested commission payments (pursuant to this subsection B) will be made to the surviving spouse or to the estate of the Agent when there is no surviving spouse so long as the total compensation payable exceeds \$600.00 on a calendar year basis.

8. PRIOR AGREEMENTS

This Agreement replaces all prior verbal or written agreements between the Company and the Agent for all business written by the Agent and Other Agents assigned to Agent except for any agreements pertaining to the sale of Medicare Supplement. All first year and renewal commissions on business written under any prior Agreement will be paid in accordance with the provisions of that Agreement. All prior Agreements are otherwise terminated.

9. ARBITRATION

- A.** Any and all controversies, disputes, or claims arising out of or relating in any manner to this Agreement or the relationships resulting from this Agreement, including, but not limited to, issues relating to the commissions payable hereunder (a "Dispute"), whether based on or arising from a breach of contract, tort, equity, or seeking any other form or type of remedy under any state or federal constitutional provision or amendment, statute, regulation, court or administrative decision or other law, as well as any question regarding whether a particular controversy is subject to arbitration, shall be submitted to binding arbitration as provided herein.
- B.** The Company and Agent agree to reasonably and diligently attempt to reconcile their differences in good faith promptly by negotiations. If they are unable to resolve a Dispute within ten (10) days (the "Negotiation Period"), the Company and Agent agree such Dispute shall be settled solely and exclusively through binding arbitration. The parties intend this Section to be enforceable in accordance with the Federal Arbitration Act (9 U.S.C. Section 1, et seq.), including any amendments to that Act which are subsequently adopted, notwithstanding any other choice of law provision set forth in this Agreement. In the event that either party refuses to submit to arbitration as required herein, the other party may request a United States Federal District Court Houston Division to compel arbitration in accordance with the Federal Arbitration Act. Both parties consent to the jurisdiction of such court to enforce this article and to confirm and enforce the performance of any award of the arbitrators. To initiate arbitration, either party shall notify the other in writing of its desire to arbitrate, stating the nature of the dispute and the remedy sought, and designating an arbitrator (the "Arbitration Demand"). The party to which the Arbitration Demand is sent shall respond thereto in writing within thirty (30) days of its receipt. In such response, the responding party shall also assert any claim, defense and other dispute it may have against the party initiating arbitration and designate its arbitrator. If the second party fails to respond within the time period set forth in this Section, or fails to designate its arbitrator in its response, the party initiating arbitration shall appoint a second arbitrator. The two arbitrators shall select a third arbitrator within thirty (30) days of the designation of the second arbitrator. If they are unable to agree upon the selection of the third arbitrator, they shall, within such period, each name three (3) individuals of whom the other shall decline two (2), and the decision of the third arbitrator shall be determined by drawing lots from the two remaining designees. All arbitrators shall be active or retired officers of life or health insurance companies and be unaffiliated in any way with the parties and disinterested in the outcome of the arbitration. The arbitrators shall have the power to determine all procedural rules for the conduct of the arbitration. The arbitrators' powers shall also include all legal and equitable remedies, including, but not limited to, money damages, declaratory relief, and injunctive relief. The decision, in writing, of the arbitrators shall be final and binding upon both of the parties. Judgment may be entered upon the final decision of the arbitrators in any court having jurisdiction in deciding the dispute, the arbitrators shall be bound by, and shall faithfully apply, the laws of the State of Texas. The arbitrators are not empowered under any circumstances to award punitive or treble damages, whether at common-law or statutory in source.

- C. The arbitrators shall award the prevailing party in any arbitration all of its reasonable expenses incurred, including, without limitation, attorney's fees. The non - prevailing party shall pay the prevailing party's reasonable expenses and attorney's fees within ten (10) days of entry of judgment. The parties agree to abide by all decisions and awards rendered in the arbitration. Such decisions and awards rendered by the arbitrators shall be final and conclusive.
- D. This arbitration provision is binding upon and inures to the benefit of, the parties and any other person or entity related to or affiliated with the parties, including, but not limited to, the parties' successors, beneficiaries, assigns, trustees, relations, heirs, dependents, officers, directors, contractors, employees, servants, or agents. This arbitration provision will survive any termination, cancellation, revocation, rescission, or performance of the transactions between the parties.
- E. The parties voluntarily and knowingly choose arbitration instead of litigation to resolve any and all controversies, disputes or claims as provided in this provision. The parties understand that the parties have a right or opportunity to litigate disputes through a court, but prefer to resolve their disputes through arbitration. The parties voluntarily and knowingly waive any and all rights they have to a jury trial pursuant to any state or federal constitutional provision or amendment, statute, regulation, court or administrative decision or other law. Agent agrees to waive any class action or collective action against the Company under this provision.

Executed by the Company and the Agent to be effective on the date:

Agent (Print or Type) _____ Agent (Signature) _____ Date _____

Sponsoring Agent Name _____ Signature _____

By : _____ Date _____
Company Representative

Printed Name _____

Company: ☐ The Manhattan Life Insurance Company ☐ Central United Life Insurance Company
☐ Family Life Insurance Company

GUARANTEE TO BE EXECUTED IF AGENT IS A CORPORATION

The undersigned do hereby severally, individually and jointly guarantee the full and faithful performance and discharge of all duties, responsibilities, conditions, obligations, liabilities and indebtedness of _____ under its Agent Agreement with the Company or Companies designated above, and waive notice of any breach in the performance thereof on the part of said Agent.

Witness _____ Agent (Officer or Principal) _____ Date: _____

Witness _____ Agent _____

- ☐ THE MANHATTAN LIFE INSURANCE COMPANY
☐ CENTRAL UNITED LIFE INSURANCE COMPANY
☐ FAMILY LIFE INSURANCE COMPANY

10777 Northwest Freeway, Houston, TX 77092

ASSIGNMENT OF COMMISSION FOR COMPANY(IES) CHECKED ABOVE

For value received, _____, ("Assignor") hereby assigns, transfers and sets over to the below Assignee all of my right, title and interest in and to all commissions due or which shall hereafter become due to me under the agency contracts or agreements between The Company(ies) identified above and me:

Name _____ (Hereinafter, "Assignee")

Address _____

Tax ID # _____

This assignment of commissions covers all of my right, title and interest in and to all commissions due or which shall hereafter become due under my agency contracts or agreements with the Company(ies) identified above.

Assignor and Assignee both agree and acknowledge that this assignment of commissions does not effect the right of the Company(ies) identified to (i) deduct from the commissions assigned any amounts now or hereafter owing to it, or (ii) enforce the terms and conditions of the agency contracts or agreements between Assignor and the Company(ies) identified above.

Executed at _____ This _____ Day of _____ 20 _____

Assignor Signature: _____ Assignee Signature: _____

Printed Name: _____ Printed Name: _____

Tax ID #: _____ Tax ID #: _____

Agent #: _____ Agent #: _____

Assignment Consented To and Copy Filed

Company Name: _____

Date _____

By: _____

Title: _____

**THE MANHATTAN LIFE INSURANCE COMPANY
CENTRAL UNITED LIFE INSURANCE COMPANY
FAMILY LIFE INSURANCE COMPANY**
10777 Northwest Freeway, Houston, TX 77092

**DIRECT DEPOSIT PROGRAM FOR COMMISSIONS FOR ALL
COMPANIES LISTED ABOVE**

Want a way to get your money faster and with less hassle? Then sign up for Direct Deposit program.
IT'S SIMPLE TO DO!!!!

Procedure to start Direct Deposit program:

1. Regular checking account
 - a) Send us your VOIDED CHECK with social security number and agent number.
2. Savings account
 - a) Bank will have a form they will complete for you to send us (include your social security number and agent number).
3. Federal Credit Union
 - a) Credit union will have a form they will complete. You MUST note whether account is checking or savings (include your social security number and your agent number).

THAT'S IT!! THIS IS ALL WE NEED IN ORDER TO SET YOU UP ON DIRECT DEPOSIT (NO MORE WAITING FOR THE CHECK IN THE MAIL!).

If you have any questions on the above, please call 1-800-669-9030.

SEND ME MONEY FAST! - SET ME UP ON EFT!!!

Print Name

Signature

Social Security Number

Agent Number

Enclosed
Voided check _____

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 | |
| 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. 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 2. 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 2.

Note: If the account is in more than one name, see the chart on page 2 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. 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 2.)

**Sign
Here** **Signature of
U.S. person ▶**

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

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.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

CENTRAL UNITED LIFE INSURANCE COMPANY
HOUSTON, TEXAS

PRODUCER

| Commission Schedule | | |
|---|------------------|------------------|
| Health and Disability Products | 1st Yr. % | Renewal % |
| 24 Hour Accident- Individual- excludes AZ and CO | 30 | 3 |
| Voluntary Group Accident | 25 | 3 |
| Affordable Choice | 20 | 2 |
| Critical Protection CPR- Critical Illness | 30 | 3 |
| Group Dental, Group Vision | 3 | 3 |
| Individual Dental | 30 | 3 |
| Central Income Security DI | 30 | 3 |
| Disability Income-Group | 25 | 2 |
| CP4000 CancerCare, FOB-First Diagnosis and Riders ages to 59 FOB-First Diagnosis and Riders ages 60 to 69 | 40 | 3 |
| Intensive Care, Heart/Stoke | 40 | 3 |
| PAID Personal Accident & DI Rider | 40 | 3 |
| Whole Life | 55 | 3 |
| Universal Life | 55 | 3 |
| 5 & 10 Year Term | 50 | 3 |

First year commissions and renewal commissions shall be calculated according to the above percentages by product type sold. The first year commission and renewal commission percentages shown in the schedules of commission are percentages of the original premium received and accepted for policies written for Central United Life Insurance Company, and Manhattan Life Insurance Company.

First year commissions are paid for the first 12 months of the policy, beginning on the effective date of the policy. Renewal commissions are paid after the one year anniversary of the policy.

For flexible premium universal life plans, commissions for scheduled premiums will be paid based on the premium due date. For additional payments, commissions will be paid based on the date the premium is applied to the policy.

Commissions are not paid on premiums waived, suspended, or paid under automatic premium loan provisions.

Commissions for policies with a special class premium or resulting from a policy conversion, replacement or other form of policy change will be determined by the Company. The rated up portion of the policy premium is not commissionable.

Any change to the above schedules will be applicable only to policies issued on applications received more than thirty (30) days after notice of such change has been mailed to the agent's last known address on file with the Company.

CENTRAL UNITED LIFE INSURANCE COMPANY
HOUSTON, TEXAS

For any lapsed policy which is subsequently reinstated, the Company is relieved of any further commissions due for the policy unless the reinstatement application was procured by the agent.

Commissions will not be paid on premiums paid to or deposited with the Company in advance of when such premium is due and is paid according to the premium due dates specified in the original policy.

Commission on the total premiums for any policy to which a term rider is attached shall be at the rates in the schedule for the base policy without the rider.

The agent writing the policy shall be entitled to first year and renewal commissions as provided in the above schedules except when the policy has been transferred to another agent for any of the following reasons:

- Another agent rewrites a policy.
- Another agent reinstates a lapsed, cancelled or terminated policy.

In the absence of specific information to the contrary, the books, records, accounting and statistical procedures of the Company shall control in determining all matters in connection with the above schedules of commission.

Date: _____

Agent Name : _____ **Signature** _____

Approved: _____
Central United Insurance Company

Date: _____



**Family Life Insurance Company
Houston, Texas**

| Policy Name | | Percent of Premium Per Policy Year | | | | | | | | | |
|---|----------------|------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| | | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | 7 th | 8 th | 9 th | 10 th |
| Viva Life w/o ROP | | 105 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 |
| Viva Critical Choice | | 105 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 |
| MCI Gold / Family Protection EZ w/o ROP | | 105 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 |
| | | | | | | | | | | | |
| Viva Life ROP | | 105 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 |
| MCI Gold / Family Protection EZ ROP | | 105 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 |
| | | | | | | | | | | | |
| Family Protection Select 30 | | 100 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 |
| Family Protection Select 25 | | 100 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 |
| Family Protection Select 20 | | 95 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 |
| Family Protection Select 15 | | 90 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | | | | |
| Family Protection Select 10 | | 80 | 2.25 | 2.25 | 2.25 | 2.25 | | | | | |
| | | | | | | | | | | | |
| Family Protection Premier | Life | 85 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 |
| | Paid Up @65 | 85 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 |
| | 20 Pay | 85 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 | 5.5 |
| | 10 Pay | 32 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| | 5 Pay | 6 | 6 | 6 | 6 | 6 | | | | | |
| | 3 Pay | 6 | 6 | 6 | | | | | | | |
| | Single Premium | 6 | | | | | | | | | |
| | | | | | | | | | | | |
| Paycheck Provider | | 65 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

First year commissions and renewal commissions shall be calculated according to the above percentages by product type sold. The first year commission and renewal commission percentages shown in the schedules of commission are percentages of the original premium received and accepted for policies written for Family Life Insurance Company.

First year commissions are paid for the first 12 months of the policy, beginning on the effective date of the policy. Renewal commissions are paid after the one year anniversary of the policy.

For flexible premium universal life plans, commissions for scheduled premiums will be paid based on the premium due date. For additional payments, commissions will be paid based on the date the premium is applied to the policy.

Commissions are not paid on premiums waived, suspended, or paid under the automatic premium loan provisions.

Commissions for policies resulting from a policy conversion, replacement or other form of policy change will be determined by the Company. Commissions will be paid on substandard policies with permanent ratings. If the policy contains a temporary rating, no commission will be paid on the temporary rating.

Any change to the above schedules will be applicable only to policies issued on applications received more than thirty (30) days after notice of such change has been mailed to the agent's last known address on file with the Company.

Family Life Insurance Company
Houston, Texas

For any lapsed policy which is subsequently reinstated, the Company is relieved of any further commissions due for the policy unless the reinstatement application was procured by the agent.

Commissions will not be paid on premiums paid to or deposited with the Company in advance of when such premium is due and is paid according to the premium due dates specified in the original policy.

Commission on the total premiums for any policy to which a term rider is attached shall be at the rates in the schedule for the base policy without the rider.

The agent writing the policy shall be entitled to first year and renewal commissions as provided in the above schedules except when the policy has been transferred to another agent for any of the following reasons:

- Another agent rewrites a policy.
- Another agent reinstates a lapsed, cancelled or terminated policy.

In the absence of specific information to the contrary, the books, records, accounting and statistical procedures of the Company shall control in determining all matters in connection with the above schedules of commission.

Agreed to and accepted by:

Date Signed by the Agent

Agent _____
Please Print Name

Signature

Brokerage _____
Please Print Name

Signature

Approved By:
Officer of Family Life _____
Signature

Date

ATTENTION!

We cannot process your contract if you forget to include a photo copy of your active license. Please do not cause an unnecessary delay.

ATTACH A CHECK MADE PAYABLE TO: Manhattan Life Insurance Group
FOR YOUR CONTRACTING FEE (Indicate which State(s) you wish to become appointed)

| Resident | State | Fee | Non-Resident |
|--------------------------|----------------------|--|--------------------------|
| <input type="checkbox"/> | ALABAMA | \$30.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | ARIZONA | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | ARKANSAS | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | CALIFORNIA | \$26.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | COLORADO | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | CONNECTICUT | \$20.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | DISTRICT Of COLUMBIA | \$25.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | DELAWARE | \$25.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | FLORIDA | \$60.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | GEORGIA | \$10.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | HAWAII | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | IDAHO | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | IOWA | \$5.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | ILLINOIS | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | INDIANA | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | KANSAS | \$5.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | KENTUCKY | \$40.00 Resident \$50.00 Non-Resident Business/Res. \$100 Business/Non Res. \$120 | <input type="checkbox"/> |
| <input type="checkbox"/> | LOUISIANA | \$20.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | MAINE | \$30.00 Resident \$70.00 Non-Resident | <input type="checkbox"/> |
| <input type="checkbox"/> | MARYLAND | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | MASSACHUSETTS | \$75.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | MICHIGAN | \$5.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | MINNESOTA | \$30.00 | <input type="checkbox"/> |

| | | | |
|--------------------------|-----------------------------------|--|--------------------------|
| <input type="checkbox"/> | MISSISSIPPI | \$25.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | MISSOURI | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | MONTANA | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | NEBRASKA | \$8.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | NEVADA | \$15.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | NEW HAMPSHIRE | \$25.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | NEW MEXICO | \$20.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | NEW JERSEY | \$25.00 Electronic \$35.00 Paper | <input type="checkbox"/> |
| <input type="checkbox"/> | NEW YORK (Manhattan Life Only) | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | NORTH CAROLINA | \$10.00 Health/\$10.00 Life | <input type="checkbox"/> |
| <input type="checkbox"/> | NORTH DAKOTA | \$10.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | OHIO | \$15.00 Health/\$15.00 Life | <input type="checkbox"/> |
| <input type="checkbox"/> | OKLAHOMA | \$30.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | OREGON | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | PENNSYLVANIA | \$15.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | SOUTH CAROLINA | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | SOUTH DAKOTA | \$10.00 Resident \$20.00 Non-Resident | <input type="checkbox"/> |
| <input type="checkbox"/> | TENNESSEE | \$15.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | TEXAS | \$10.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | UTAH | No Fee | <input type="checkbox"/> |
| <input type="checkbox"/> | VERMONT | \$60.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | VIRGINIA | \$10.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | WASHINGTON | \$20.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | WEST VIRGINIA | \$25.00 | <input type="checkbox"/> |
| <input type="checkbox"/> | WISCONSIN | \$16.00 Resident \$40.00 Non-Resident | <input type="checkbox"/> |
| <input type="checkbox"/> | WYOMING | \$15.00 | <input type="checkbox"/> |

Credit Card Authorization for Agent Appointment Fee

Please check the box next to the type of policy and your insurance company's name.

☐ Central United Life ☐ Manhattan Life ☐ Family Life

Credit Card Information

Type of Card

☐ VISA ☐ MasterCard ☐ American Express ☐ Other:

Name as it appears on Credit Card:

Credit Card Number:

Expiration Date:

CVC Code:

Zip Code:

Name of Appointed Agent or Company Fee is being Paid for:

AUTHORIZATION TO HONOR CHARGES MADE BY COMPANY REFERENCED ABOVE

By Signing below, I authorize (CUL/MLIC/FLIC) to charge the above credit card for my appointment fee(s) in the amount of \$ _____.

Please enter the State(s) that you are paying fees for:

States: _____

Signature of Cardholder _____

Date Signed _____

**MANHATTAN LIFE INSURANCE COMPANY
CENTRAL UNITED LIFE INSURANCE COMPANY
FAMILY LIFE INSURANCE COMPANY**

Stability

Manhattan Life Insurance Company has been dedicated to serving America successfully since 1850. Our business has prospered for more than 150 years because we have held fast to a high ethical standard of fair minded and quality service to our policyholders.

Innovation

With the cost of employee benefits rising at ever increasing annual rates, employers today are faced with daunting health care challenges. Many small and mid-size employers are unable to afford major medical coverage for their employees. Central United Life offers innovative alternatives. As a leading company in providing life and health benefits, Central United Life designs innovative products and services.

Responsive Service

Recognized by industry consultants for our "Responsive Home Office," we pride ourself on providing the highest quality customer service to our customers. Our experienced and professional staff realizes that clients have a choice and we are committed to providing them with competitive, fast, efficient and personal service. Whether it is Manhattan Life, Central United Life, Investors Consolidated or Family Life, our Companies are committed to you.

Company Policy:

All Company contracts and agreements provide that, if an agent commits any offense which would be a basis under any insurance code for denial or revocation of agent's license, the Company shall have the right to terminate the contract or agreement and all rights to receive commissions. All insurance codes provide that an agent's license may be denied or revoked if the agent materially misrepresents the terms and conditions of insurance policies or contracts, has been guilty of fraudulent or dishonest practices, or has otherwise shown untrustworthiness in the conduct of business and has exposed the public or those whom they are dealing to the danger of loss through wrongful acts of or practices.

TWO OF THE MOST SERIOUS OFFENSES ARE AS FOLLOWS:

1. Forgery. Signing an applicant's name or initials to any document involved in the insurance contract, including amendments, or making any changes in such documents without the applicants signature or initials.
2. Personal use of funds. Using the agent's own funds for binding an insurance risk with the initial premium (cash with application).

Such unauthorized conduct is a violation of any agent's duty under the insurance codes and could lead to a conviction under the criminal law. It cannot be tolerated under any circumstances. Because the maintenance of Manhattan Life Insurance Company, Family Life Insurance Company, Investors Consolidated and Central United Life Insurance Company's reputations with prospects, policyholders, lending institutions, and others requires the highest integrity on the part of the agents, it is our policy to terminate for cause the contract or agreements of any agent who commits an offense of the sort mentioned above.



Central United Life Insurance Company Persistency Sensitive Advance/Loan Agreement

This Advance/Loan Agreement (hereinafter, "Agreement"), dated this _____ day of _____, 20__ is entered into by and between: _____ (hereinafter, "Agent") and Central United Life Insurance Company ("Central United"). This Agreement will be effective on the date shown on page 2 of this Agreement. This Agreement sets forth the terms under which Central United will advance funds to Agent against future commissions Agent expects to earn on new policies paid after the effective date. This Agreement is supplemental to and made a part of other any other contracts and agreements entered into by and between Agent and Central United Life.

Advance duration ☐ 3 months ☐ 6 months

1. All sums advanced to Agent by Central United shall constitute a loan to Agent, which Agent agrees to repay to Central United in accordance with this Agreement. All sums advanced to Agent may be referred to herein as "Advanced Funds".
2. Agent agrees that all Advanced Funds shall be due and payable upon written demand or, if no demand is made, the Advanced Funds shall be repaid by applying future monthly commissions earned and due to Agent against Agent's outstanding principal and interest balance.
3. Interest will accrue on Advance Funds owed by Agent at a rate of one (1%) percent per month. Interest shall be added to Agent's outstanding monthly balance.
4. The unearned portion of any advance from a lapsed policy or from a policy with its premium more than 65 days past due will be deducted from Agent's next commission statement. Any termination or modification of all or part of a policy or its premium which results in Central United not receiving all of the policy premiums during the first year as originally issued may result in a reduction in future advance payments and charge backs to Agent's commission statement.
5. Advances will be based on annualized commissions earned by Agent on paid business based on the following type of business at a percentage to be communicated to agent and is subject to change:
 - Individual Coverage-Payroll & Bank Draft
 - Group Disability
 - Group Accident
 - Life
 - No advances on Group Plans other than Group DI & Group Accident
6. Advances will be made to the Agent on a weekly basis. If daily advances are preferred, they will be provided through automatic direct deposit into Agent's designated checking or savings account. Additional forms are required to arrange for direct deposit. Advances on life policies are generated after the application has been accepted, underwriting requirements have been completed, and the policy has been issued. The maximum advance amount on any one life policy is \$1,000. No advance will be paid on universal life excess premium.

Central United reserves the right to advance a specific dollar amount to Agent (a "Flat Advance") without the advance being based on unearned annualized premiums. In the event Central United agrees to make a Flat Advance to Agent, Agent agrees to pay the Flat Advance on written demand, or if no demand is made, the Flat Advance shall be repaid by applying future monthly commissions earned and due to Agent against Agent's outstanding principal and interest balance on the Flat Advance. The Flat Advance will accrue interest as set forth in paragraph 3, above.

7. General

- A. No advance will be made on business written on Agent's life or on members of Agent's immediate family, policies for which only partial payment is made, or any replacement/conversion policies.
- B. The obligation of Central United to make advances pursuant to this Agreement may be terminated at any time. Agent shall not be entitled to any further advances if Agent's first year premium retention is lower than 70% or declines to a level lower than 70% during any 12 month period after the first year.
- C. If Agent's Contract and Agreements with Central United are terminated for any reason while this Agreement (which is an Amendment to Agent's Contract) is in effect or if Agent fails to comply with any of the conditions or requirements of this Agreement, this Agreement shall automatically terminate and all funds advanced shall immediately become due and payable to Central United. Agent shall automatically forfeit to Central United all of his or her rights to all present and future compensation from Central United until all advanced funds are repaid in full. In the event Central United is required to pursue collection of any unpaid advanced funds, Agent agrees he/she will be liable for any and all collection costs and expenses incurred, including attorneys' fees and court costs. This Agreement shall be construed under and in

accordance with the laws of the State of Texas and if any litigation should ensue as a result of this agreement, venue will be in the appropriate court in Harris County, Texas.

- D. Agent hereby grants to Central United a security interest in and to any and all commission sums or accounts which are, or may become due or owing in the future, to secure any loan or advance made by Central United to Agent.
- E. Central United will establish the advance percentage, the advance limits, the applicable advance duration, and the applicable plans to which it will agree to advance. Central United may change the advance percentage, advance limits, advance duration, and applicable plans at its discretion with notice to you and/or your Marketing Director. Additionally, Central United reserves the right to terminate future advances with written notice.
- F. Agents with outstanding Advanced Funds cannot assign their commissions to another agent.
- G. Central United is a reporting member of Vector One. Upon your termination, should you have an unpaid commission debt balance, we will report such debt to Vector One. You may contact Vector One at 800-860-6546, if you feel a report was made in error.

AGENT

Signed By: _____ Date: _____

Print Name: _____

Address: _____

PERSONAL GUARANTY OF MANAGING GENERAL AGENT

The undersigned, _____ (hereinafter, "Guarantor"), hereby unconditionally and irrevocably guarantees the prompt payment of the funds advanced to the above named Agent, plus interest on the funds advanced, whenever the same shall become due. Guarantor has entered into this guaranty in consideration for and to induce Central United to advance funds to Agent. In the event Agent defaults in the payment of Advanced Funds when due, Central United shall be entitled to proceed first and directly against the Guarantor to collect the amounts owed without proceeding against Agent and/or Central United may apply any earned commissions due to Guarantor against any outstanding amount advanced to Agent until the outstanding balance is paid in full. In the event there are two guarantors, Guarantor acknowledges his/her guaranty is joint and several.

MANAGING GENERAL AGENT

Signed By Guarantor: _____ Date: _____

Print Name: _____

Address: _____

PERSONAL GUARANTY OF MARKETING DIRECTOR (SECOND GUARANTOR)

The undersigned, _____ (hereinafter, "Second Guarantor"), hereby unconditionally and irrevocably guarantees the prompt payment of the funds advanced to the above named Agent, plus interest on the funds advanced, whenever the same shall become due. Second Guarantor has entered into this guaranty in consideration for and to induce Central United to advance funds to Agent. In the event Agent defaults in the payment of Advanced Funds when due, Central United shall be entitled to proceed first and directly against the Second Guarantor to collect the amounts owed without proceeding against Agent and/or Central United may apply any earned commissions due to Guarantor against any outstanding amount advanced to Agent until the outstanding balance is paid in full. In the event there are two guarantors, Guarantor acknowledges his/her guaranty is joint and several.

MARKETING DIRECTOR

Signed By Second Guarantor: _____ Date: _____

Print Name: Senior Security Benefits, Inc.

Address: 401 Jim Wright Fwy S. Ste 110. Fort Worth, TX 76108

CENTRAL UNITED LIFE INSURANCE COMPANY

The effective date of this Agreement is _____, 20__.

Signed By: _____
Officers of Central United Life Insurance Company

Print Name: _____

Family Life Insurance Company Persistency Sensitive Advance/Loan Agreement

This Advance/Loan Agreement (hereinafter, "Agreement"), dated this _____ day of _____, 20____ is entered into by and between: _____ (hereinafter, "Agent") and Family Life Insurance Company ("Family Life"). This Agreement will be effective on the date shown on page 2 of this Agreement. This Agreement sets forth the terms under which Family Life will advance funds to Agent against future commissions Agent expects to earn on new policies paid after the effective date. This Agreement is supplemental to and made a part of other any other contracts and agreements entered into by and between Agent and Family Life.

Advance percentage : ☐ 25% ☐ 50% ☐ 60%

1. All sums advanced to Agent by Family Life shall constitute a loan to Agent, which Agent agrees to repay to Family Life in accordance with this Agreement. All sums advanced to Agent may be referred to herein as "Advanced Funds".
2. Agent agrees that all Advanced Funds shall be due and payable upon written demand or, if no demand is made, the Advanced Funds shall be repaid by applying future monthly commissions earned and due to Agent against Agent's outstanding principal and interest balance.
3. Interest will accrue on Advance Funds owed by Agent at a rate of one (1.39%) percent per month. Interest shall be added to Agent's outstanding monthly balance.
4. The unearned portion of any advance from a lapsed policy or from a policy with its premium more than 65 days past due will be deducted from Agent's next commission statement. Any termination or modification of all or part of a policy or its premium which results in Family Life not receiving all of the policy premiums during the first year as originally issued may result in a reduction in future advance payments and charge backs to Agent's commission statement.
5. Advances will be based on annualized commissions earned by Agent on paid business based on the following type of business at a percentage to be communicated to agent and is subject to change:
 - Individual Coverage-Payroll & Bank Draft
 - Group Disability
 - Group Accident
 - Life
 - No advance on Group Plans other than Group DI & Group Accident
6. Advances will be made to the Agent on a weekly basis. If daily advances are preferred, they will be provided through automatic direct deposit into Agent's designated checking or savings account. Additional forms are required to arrange for direct deposit. Advances on life policies are generated after the application has been accepted, underwriting requirements have been completed, and the policy has been issued. The maximum advance amount on any one life policy is \$1,000. No advance will be paid on universal life excess premium.

Family Life reserves the right to advance a specific dollar amount to Agent (a "Flat Advance") without the advance being based on unearned annualized premiums. In the event Family Life agrees to make a Flat Advance to Agent, Agent agrees to pay the Flat Advance on written demand, or if no demand is made, the Flat Advance shall be repaid by applying future monthly commissions earned and due to Agent against Agent's outstanding principal and interest balance on the Flat Advance. The Flat Advance will accrue interest as set forth in paragraph 3, above.

7. General

- A. No advance will be made on business written on Agent's life or on members of Agent's immediate family, policies for which only partial payment is made, or any replacement/conversion policies.
- B. The obligation of Family Life to make advances pursuant to this Agreement may be terminated at any time. Agent shall not be entitled to any further advances if Agent's first year premium retention is lower than 70% or declines to a level lower than 70% during any 12 month period after the first year.
- C. If Agent's Contract and Agreements with Family Life are terminated for any reason while this Agreement (which is an Amendment to Agent's Contract) is in effect or if Agent fails to comply with any of the conditions or requirements of this Agreement, this Agreement shall automatically terminate and all funds advanced shall immediately become due and payable to Family Life. Agent shall automatically forfeit to Family Life all of his or her rights to all present and future compensation from Family Life until all advanced funds are repaid in full. In the event Family Life is required to pursue collection of any unpaid advanced funds, Agent agrees he/she will be liable for any and all collection costs and expenses incurred, including attorneys' fees and court costs. This Agreement shall be construed under and in accordance with the

laws of the State of Texas and if any litigation should ensue as a result of this agreement, venue will be in the appropriate court in Harris County, Texas.

- D. Agent hereby grants to Family Life a security interest in and to any and all commission sums or accounts which are, or may become due or owing in the future, to secure any loan or advance made by Family Life to Agent.
- E. Family Life will establish the advance percentage, the advance limits, the applicable advance duration, and the applicable plans to which it will agree to advance. Family Life may change the advance percentage, advance limits, advance duration, and applicable plans at its discretion with notice to you and/or your Marketing Director. Family Life reserves the right to decline advances on conversion policies (policies that the agent previously received advances). Additionally, Family Life reserves the right to terminate future advances with written notice.
- F. Agents with outstanding Advanced Funds cannot assign their commissions to another agent.
- G. Family Life is a reporting member of Vector One. Upon your termination, should you have an unpaid commission debit balance, we will report such debit to Vector One. You may contact Vector One at 800-860-6546, if you feel a report was made in error.

AGENT

Signed By: _____ Date: _____

Print Name: _____

Address: _____

PERSONAL GUARANTY OF MANAGING GENERAL AGENT

The undersigned, _____ (hereinafter, "Guarantor"), hereby unconditionally and irrevocably guarantees the prompt payment of the funds advanced to the above named Agent, plus interest on the funds advanced, whenever the same shall become due. Guarantor has entered into this guaranty in consideration for and to induce Family Life to advance funds to Agent. In the event Agent defaults in the payment of Advanced Funds when due, Family Life shall be entitled to proceed first and directly against the Guarantor to collect the amounts owed without proceeding against Agent and/or Family Life may apply any earned commissions due to Guarantor against any outstanding amount advanced to Agent until the outstanding balance is paid in full. In the event there are two guarantors, Guarantor acknowledges his/her guaranty is joint and several.

MANAGING GENERAL AGENT

Signed By Guarantor: _____ Date: _____

Print Name: _____

Address: _____

PERSONAL GUARANTY OF MARKETING DIRECTOR (SECOND GUARANTOR)

The undersigned, _____ (hereinafter, "Second Guarantor"), hereby unconditionally and irrevocably guarantees the prompt payment of the funds advanced to the above named Agent, plus interest on the funds advanced, whenever the same shall become due. Second Guarantor has entered into this guaranty in consideration for and to induce Family Life to advance funds to Agent. In the event Agent defaults in the payment of Advanced Funds when due, Family Life shall be entitled to proceed first and directly against the Second Guarantor to collect the amounts owed without proceeding against Agent and/or Family Life may apply any earned commissions due to Guarantor against any outstanding amount advanced to Agent until the outstanding balance is paid in full. In the event there are two guarantors, Guarantor acknowledges his/her guaranty is joint and several.

MARKETING DIRECTOR

Signed By Second Guarantor: _____ Date: _____

Print Name: _____

Address: _____

FAMILY LIFE INSURANCE COMPANY

The effective date of this Agreement is _____, 20__.

Signed By: _____ Print Name: _____
Officers of Family Life Insurance Company