

CARRIER: JEFFERSON PILOT
PACKET CURRENT AS OF: 03-25-05

**CARRIERS REQUIRE ALL
PAGES OF THE
LICENSING PACKET BE
SUBMITTED IN ORDER TO
COMPLETE YOUR
CONTRACTING – THEY NEED
THE ENTIRE
CONTRACT/AGREEMENT AND
ALL RELATED DOCUMENTS.**

**EVERY PAGE NEEDS TO BE
REVIEWED, COMPLETED, OR
SIGNED – THANK YOU FOR
MAKING SURE TO RETURN
EVERY PAGE OF THE PACKET
WE SEND TO YOU, BACK TO
US AT CPS.**



JEFFERSON PILOT
FINANCIAL

Welcome

We are pleased that you have chosen to associate with Jefferson Pilot Financial. The instructions, information and forms on the following pages are designed to make the process of licensing, contracting and appointment a smooth and expeditious experience.

Our company is focused on offering superior service to superior producers. The profile below describes the type of person we are committed to supporting at Jefferson Pilot Financial.

Profile of the Target Jefferson Pilot Financial Producer

- Willing to attain Premier Partner production level within two years
- Member of Million Dollar Round Table or commitment to produce at that level
- Marketing focus consistent with at least one of JPF's expert strategies: Wealth Accumulation, Wealth Preservation, Business Planning
- Documented production history of (one or more):
 - * Annual life premium of at least \$75,000
 - * Annual annuity production of \$1,000,000 premium
 - * Annual GDC of \$50,000 or more
- Highest ethical standards and a record of quality persistent business
- Demonstrated professional development (CLU, ChFC, CFP, MBA, JD, CPA, etc.)
- NASD Series 6 or 7 (Series 24 or 26 for supervisory activity)
- Has established office, experienced support staff and current technology capabilities



INSTRUCTIONS FOR COMPLETION OF FORMS & CONTRACT TRANSMITTAL

PRODUCER SECTION

Producer's Name: _____

COMPLETE AND PROVIDE THE FOLLOWING:

- ☐ Professional Profile
- ☐ Disclosure of Use of Consumer Reports and Authorization
- ☐ Signed contract
- ☐ Copy of current license for all requested states (if currently licensed). Submit appropriate fees for non-resident appointments requested
- ☐ Copy of U-4 (if applying for variable appointment)
- ☐ Apply for E&O coverage through JPF using enclosed enrollment form or provide a copy of current E&O declaration page or certificate of E&O insurance (must show producer's name as insured)
- ☐ Production verification (copy of 1099, present company records, etc.)

Optional

- ☐ Authorization agreement for automatic deposits
- ☐ Assignment Authorization

Return completed packet to your recruiter

RECRUITER SECTION

Recruiter's Name: _____

- ☐ Verify that information above has been completed and all requested documents are attached
- ☐ Complete Recruiter Report
- ☐ Mail completed packet to:
 - ☐ **For RSM, MGA Contracts**
Jefferson Pilot Financial
Field Services, Mail Code 0769
Greensboro, NC 27401
 - ☐ **For All Producer Contracts**
Jefferson Pilot Financial
Licensing & Activation - 2S 33
One Granite Place
Concord, NH 03301

NOTE: To avoid an unnecessary delay in processing, please be certain that all items on the contract transmittal checklist have been completed and submitted.



A. Personal Information

Full Name: _____ Nickname: _____
 Date of Birth: _____ Social Security Number: _____
 Office Address: _____ County: _____
 Mailing Address (if different): 9 Corporate Park Dr. #100 Irvine, CA 92606
 Office Phone: _____ Fax: _____ Email address: _____
 Residence Address: _____ Residence Phone: _____
 Professional Designations: ☐ CLU ☐ ChFC ☐ CFP ☐ CFC ☐ RFP ☐ MSFS ☐ RIA ☐ LUTCF ☐ Other _____
 Target Markets: ☐ Wealth Accumulation ☐ Wealth Preservation ☐ Business Planning ☐ Other _____
 May we publish your name in Company publications? ☐ Yes ☐ No
 If no, is recognition (awards, conference attainment) acceptable? ☐ Yes ☐ No

B. Corporate Information (If applicant is a corporation, agency principal must complete the Professional Profile)

Corporate Name: _____ Tax ID: _____ State of Incorporation: _____
 Principals: _____ Year Incorporated: _____

C. Licenses Held

List states in which you wish to be appointed: _____
 A current copy of each license must be attached. **Submit appropriate fees for non-resident appointments requested.**
 Appointments Requested: ☐ Fixed Life ☐ Fixed Annuity ☐ Variable UL ☐ Variable Annuity
 NASD License ☐ Yes ☐ No Broker/Dealer _____
 CRD # _____ Prior 12 mos, GDC \$ _____

D. Producer's Production & Persistency Record – Insurance Company Affiliations (Attach production verification)

Current MDRT Status - <input type="checkbox"/> Qualifying <input type="checkbox"/> Life <input type="checkbox"/> Court of the Table <input type="checkbox"/> Top of the Table				
Primary Companies Represented	Date of Contract (From-To)	Prior 12 months Life Prem.	13 month Annuity Prem.	13 month Persistency

My projected annualized paid life and annuity premium during my first twelve months with Jefferson Pilot Financial will be at least:
 Life Premium \$ _____ Annuity Premium \$ _____

E. Please read and answer each question. Attach complete details in writing if the answer to any question is YES.

	Yes	No
1. Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to:		
a. Fraud, embezzlement, forgery, false statements, counterfeiting, extortion, or any other act involving the misappropriation of funds?	<input type="checkbox"/>	<input type="checkbox"/>
b. A conspiracy to commit any of the above offenses?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you now or have you ever been the subject of any complaint, investigation, or proceeding by any Insurance Department, the SEC, or any federal or state regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any unsatisfied judgements or liens against you, or any pending litigation in which you are a defendant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently a party, or in the past ten years, have you been a party, to any lawsuit, arbitration, or civil litigation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a felony or a misdemeanor other than a traffic offense?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you personally or have any businesses in which you had control or an ownership interest been (or currently are) the debtor in a bankruptcy, made a compromise with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any person ever complained to an insurance department or other agency about your conduct as an agent?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any insurance or security company ever terminated any agency, agent, broker, or representative contract for other than low production?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accuse you of:		
a. Violating investment-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
b. Fraud OR the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
c. Failure to supervise in connection with investment-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Signature of Applicant _____



DISCLOSURE OF USE OF CONSUMER REPORTS

As part of its contracting process, Jefferson Pilot Financial group of companies (hereafter, "Jefferson Pilot") requests consumer reports on prospective agents. From time to time after contracting, Jefferson Pilot reserves the right to request consumer reports on its agents in connection with their contracts. Occasionally, Jefferson Pilot requests investigative consumer reports, which include personal interviews with sources such as your neighbors, friends, associates and/or former employers. Consumer reports and investigatory consumer reports may include information about any or all of the following: your character, general reputation, personal characteristics, mode of living, education, past employment, credit report, professional credentials or your driving and criminal record. If we request an investigative report, we are required by the Fair Credit Reporting Act to notify you within three days after the report is requested, and if you make a written request, we are obligated to disclose to you within five days the nature and scope of the investigation requested. Consumer reports and investigative consumer reports, as well as other information in your file, may be shared among Jefferson Pilot Financial group of companies unless you direct otherwise.

AUTHORIZATION

I authorize Jefferson Pilot Financial group of companies to request and obtain one or more consumer reports and/or investigative consumer reports about me for contracting purposes, and to share such information within the Jefferson Pilot Financial group of companies. This authorization, in original or copy form, shall be valid for this purpose and any future reports or updates that may be requested in connection with my contract with Jefferson Pilot.

Date: _____

Name (Print): _____

X Name (Sign): _____

AGENT CONTRACT

This contract between Jefferson-Pilot Life Insurance Company and Jefferson Pilot Financial Insurance Company on behalf of themselves and any subsequent affiliate designated from time to time by notice (hereinafter collectively referred to as the "Company" "we", "our" or "us") and

(hereinafter referred to as "you", "your" or "yours") is subject to the following terms and conditions:

Expectation. We expect quality life insurance and annuity business with excellent persistency from you and any persons or organizations recruited by or assigned to you ("Agents"). This can be achieved by soliciting business in a professional and ethical manner, by providing customers with an assessment of the need for our products and by timely servicing policyowners. You expect us to provide you with competitive products, marketing support, and responsive and timely service.

Classification

You are initially classified as a(n)

Sub Agent

The Company may reclassify you from time to time. You will be notified of any such reclassification prior to the effective date of the new classification. Any change to a different level would be typically based on announced or required production levels, but may also be based on other considerations such as changes in field management or organization, or changes in marketing strategy. The new classification will apply to business produced after the effective date of your reclassification.

Authority

(a) Appointment. We hereby authorize you:

- (1) to solicit, after being properly licensed under state law and appointed under existing Company guidelines, applications for life insurance and annuity policies on behalf of the Company using forms, rates and guidelines provided by the Company.
- (2) to promptly deliver policies when the conditions governing such delivery have been met.
- (3) to collect the initial modal premium necessary to place in force or to reinstate a policy in the form of a check payable to the Company.
- (4) to service the policyowner.
- (5) to recruit, and recommend the appointment to us, persons and organizations meeting the Company's standards for holding an Agent Contract if authorized by the terms of your Agent Compensation Plan.

(b) Company Independence. Each life insurance company's products are separately underwritten and are the sole obligation of the issuing insurer. The life companies are members of Jefferson Pilot Financial. Jefferson Pilot Financial is the

marketing name for Jefferson Pilot Corporation and its subsidiaries. Jefferson Pilot Corporation is not responsible for financial obligations of these corporations.

(c) Relationship with Company. You are an independent contractor and not an employee of the Company.

(d) Relationship with Agents. Our relationship with Agents will be set forth in written contracts between the Company and the respective Agent, and shall not become effective until we sign a written contract with the Agent and the Agent is properly appointed. You shall have no authority to modify any such contracts. We may refuse to contract any proposed Agent.

(e) Responsibility. You agree to abide by the terms and conditions of this contract, your Agent Compensation Plan, the Market Conduct Manual, and any rules relating to our business as may be published, or contained on our Web site, from time to time.

(f) Limitation of Authority. Your authority shall extend no further than as stated in this contract. You shall not:

- (1) make, waive, or change any questions, statements, or answers on any application for an Agent Contract, the contract itself or any application for insurance, the terms of any receipt given thereon, or the terms of any policy or contract;
- (2) extend or waive any provision of any policy or the time for payment of premiums;
- (3) deliver any policy unless the health of the insured(s) or annuitant is substantially unchanged from the date of the application (not applicable if premium is paid with the application);
- (4) incur any debts or liability for or against us;
- (5) receive any money for us except premiums as authorized in section (a) (3) above, in the form of a check payable to the Company;
- (6) misrepresent, or fail to disclose accurately, the terms or nature of the Company's products;
- (7) pay any premiums on policies other than your own, your immediate family members, or for which you are a fiduciary;
- (8) solicit business in a state where the policy is not approved for sale;
- (9) share any part of your management compensation with an Agent recruited by or assigned to you;
- (10) violate any published Company policy on viatical sales.

(g) No Rebating. You shall not, whether or not permitted by law, pay or allow any rebate of premiums or commissions in any manner, directly or indirectly.

(h) Sales Promotion. No advertising or sales material referencing our products or Company may be used without our prior written consent (see our Advertising and Marketing Compliance Guidelines). While Company stationery may be made available to you, it is to be used only when promoting our products exclusively.

(i) Errors and Omissions Coverage. You shall obtain and maintain a professional errors and omissions liability policy with minimum limits as published from time to time by the Company. To the extent not covered by liability insurance, you shall hold harmless and indemnify the Company, its subsidiaries and affiliates, from any and all expenses, costs, causes of action, penalties and damages resulting from or growing out of:

- (1) Acts or omissions by you or your employees that result in a loss to us.
- (2) Claims made by any of your Agents for compensation over and above that which is specifically agreed upon in such Agent's Contract.

(j) Compliance. You shall abide by all applicable local, state and federal laws and regulations in conducting business under this contract. You also agree to promptly report to the Company's Home Office any and all customer or regulatory complaints of which you have knowledge.

(k) Books and Records. You shall maintain, and we shall have the right to inspect and audit, all records and documents relating to the business of the Company conducted by you, your employees, or Agents assigned to you. This provision shall survive any termination of this contract.

(l) Territory. This contract does not confer any exclusive right or territory upon you and the Company reserves the right:

- (1) To appoint additional individuals or organizations which hold an Agent Contract in such locale who also shall have the right to recommend appointment of Agents by the Company;
- (2) To establish and maintain other or additional offices in the same locale; and
- (3) To appoint Agents in such locale as recommended by others.

Compensation

An adequate level of production and excellent persistency of business are the cornerstones of this contract.

(a) You shall be compensated in accordance with the terms of this contract and the Agent Compensation Plan for your classification.

(b) No commissions will be payable on account of waived premiums, interest collected, or premiums refunded for any reason, and you shall repay to us any compensation paid on account of any such premium or interest.

(c) Compensation on premiums paid in advance on life policies with required periodic premiums will not be payable until the regular due date of such premium.

(d) Compensation on extra premiums, conversions, exchanges, replacements and other special situations not provided herein will be governed by our rules and practices in effect at that time.

(e) The rate of and the right to receive Compensation on any policy not listed in the Schedule of Commissions or requiring special underwriting shall be determined by the published Schedule of Commissions for that product or rules of the Company in effect at that time, or by a separate written agreement with you signed by a Vice President of the Company.

(f) No applications will be accepted nor will any compensation be paid on policies which are not approved in the state where written.

(g) We reserve the right to reject any applications submitted under this contract.

(h) The Company may in its discretion settle any claim of applicants, policyowners or others in connection with any consumer complaint or any threatened or pending lawsuit as a result of any claimed improper or unauthorized action or statement in marketing the policy. Any compensation charge back shall be made in accordance with then Company policy.

(i) In order to receive any compensation you must be licensed and appointed with us in the policy's state of issue at the time of policy issue.

Change or Termination

(a) Changes. We may at any time and from time to time:

- (1) change or modify this contract;
- (2) modify or amend any policy form;
- (3) fix minimum and maximum limits on the amount for which any policy form may be issued;
- (4) modify or alter the conditions or terms under which any policy forms may be sold;
- (5) discontinue or withdraw any policy from any state, without prejudice to continue such form elsewhere;
- (6) cease doing business in any state; or
- (7) change the Schedule of Commissions or the commissions on any or all of our policy forms, but any such change shall apply only to policies which shall be issued on or after the effective date of the change.

(b) Voluntary Termination. This is an at-will contract; this is not a contract for a definite term or period of time. By notice, either of the parties hereto may terminate this contract, without stating any cause, by depositing written notice of termination in regular U.S. mail addressed to the last known address of the other party.

(c) Automatic Termination. This contract automatically terminates upon:

- (1) your death or inability to perform your responsibilities under this contract or as contained in your Agent Compensation Plan;
- (2) your insolvency or bankruptcy occurring after the date of this contract, or if you are a corporation, upon your dissolution or liquidation;
- (3) your failure to meet the minimum production requirements of the Company for continuation of this contract. These requirements may change from time to time. The minimum requirements shall be announced annually and any changes shall be announced prior to the effective date of change;
- (4) failing to maintain in force specified amounts of a professional errors and omissions liability policy

(d) Termination For Cause. Results in forfeiture of any further payments and any accrued rights to participate in plans, programs, or benefits which require an active Agent Contract. Termination for cause shall be:

- (1) material violation of any of the provisions of this contract or published Company policy relating to Agent conduct;
- (2) material violation of any state or federal laws or regulations relating to insurance;

- (3) inducing or attempting to induce our policyowners to relinquish or replace our policies with such frequency as to indicate a pattern of inappropriate activity;
- (4) misappropriation or commingling of our funds; or
- (5) engaging in a fraudulent act or misrepresenting policy benefits, provisions, or premiums.

A termination under either Section (c) or Section (d) immediately above will not preclude a termination under this section at a later date.

(e) Compensation Payable After Termination.

- (1) Vesting of compensation shall be as described in the Agent Compensation Plan for your classification.
- (2) If this contract is terminated due to your death, any compensation which otherwise would have been paid to you shall be paid to your surviving spouse, and at the death of the surviving spouse, to the spouse's estate. If you leave no surviving spouse, then your compensation shall be paid to your estate. You may designate another payment arrangement on forms provided by us and signed by you.
- (3) If you are a partnership or corporation and this contract is terminated due to your termination or dissolution, compensation shall be paid to the licensed agent who signed the application for the policy. You may designate another payment arrangement on forms provided by us and signed by you.
- (4) Notwithstanding the foregoing, if at any time you are notified this contract is terminated for cause no further compensation will be paid.

(f) Indebtedness. Termination will not dismiss or reduce any indebtedness you owe the Company, its subsidiaries or affiliates.

(g) Company Property. All Company supplied material, including but not limited to, manuals, forms, supplies, sales brochures, software, or lists of policy owners or insured persons shall be and remain the property of the Company and shall not be shared with, or made known to, any third party without the written consent of the Company. Upon termination of this contract for any reason, you agree:

- (1) to assemble and deliver promptly to the Company all such material (including copies) whether such be in hard copy form or otherwise; and
- (2) not to use any such material for your commercial purposes or for that of any other entity.

General Provisions

(a) Accounts. We agree to keep an accurate account of all business produced by you and your Agents, and will periodically render to you an itemized statement of said business. You agree to examine said statement immediately and to notify us at once, in writing, of any difference between said statement and personal records. We reserve the right to periodically audit and correct records and compensation to preserve accuracy.

(b) Agent Compensation Plan. We will establish, maintain, and publish an Agent Compensation Plan for each classification of Agent. Each such Plan may be amended from time to time at our sole discretion. The terms and conditions of the Agent Compensation Plan that are for your current classification are made a part of this contract by reference.

(c) Arbitration. All claims or controversies arising out of or relating to this contract shall be settled by arbitration. This paragraph provides the exclusive remedy for any dispute that may arise between you and us (but does not necessarily apply to any third party litigation that may involve you and/or us) which the parties are not able to resolve in good faith. In the event of any unresolved dispute relating to this contract, including but not limited to a dispute about the interpretation of this contract or about your claim to compensation, either party may demand arbitration, by giving written notice to the other party. The party initiating the arbitration ("Claimant") shall give written demand ("Demand") to the other party ("Respondent"), by certified or registered mail, return receipt requested. Any notice given under this provision to you shall be at your last known address and to us shall be to the General Counsel at our Home Office. The parties agree that the Commercial Arbitration Rules of the American Arbitration Association in effect at the time of the Demand shall apply to the arbitration procedure, including the selection of a panel of three arbitrators. The arbitrators shall have the authority to determine all disputes, including the applicability of arbitration to the dispute. The award in writing shall be made within sixty (60) days after the appointment of the third arbitrator. The arbitrators may award compensatory damages, plus interest, and specific performance. The award of the arbitration panel shall be final and binding on all parties. Judgement upon the award may be entered in any court having jurisdiction. No demand for arbitration under this section, and no claim under this contract, may be made after the date when such dispute would be barred by the applicable statute of limitations. Each party shall bear its own costs and expenses. Any arbitration arising between the parties with respect to this contract shall be conducted in Greensboro, NC, or in Concord, NH.

(d) Assignment. Neither this contract nor any of the benefits thereof may be assigned or transferred without our prior written consent. Any approved assignments shall be subject to a first lien to us for any indebtedness owed to us.

(e) Indebtedness. Any advance, annualization of compensation or charge back from us to you shall constitute a general indebtedness of yours to us. Your indebtedness is a first lien against any compensation due hereunder, and we may offset, at any time, your indebtedness to the Company, its subsidiaries or affiliates.

(f) Non-Waiver. Failure of the Company to require strict compliance with any of the terms or conditions of this contract shall not constitute a waiver of such terms or conditions nor affect the right of the Company thereafter to require such compliance.

(g) Partnerships. When you are a partnership or corporation, any reference made to you as an individual shall be deemed to mean the partners or the officers of the corporation who are licensed and appointed with us.

(h) Prior Contracts. This contract shall supercede any and all prior contract(s) between you and us, however, any outstanding indebtedness shall survive.

(i) **Service of Process.** You are not our authorized Agent or representative to accept service of legal process, and therefore, you should not accept service. If, however, any paper is served upon you, you shall fax or send by certified mail the same to our General Counsel at our Home Office by certified mail within 24 hours after receipt.

This contract shall take effect on the date shown below after the same has been signed by a Vice President of the Company and provided you have satisfied the licensing requirements of the state(s) where you propose to market our products.

Agent

Governing Law

This contract shall be governed by the laws of the State of North Carolina.

Entire Contract

The foregoing represents the entire contract between the parties and we shall not be bound by any other promise, contract, understanding or representation unless it is made by an instrument in writing, signed by a Vice President of the Company.

[check appropriate line and complete]

Print name _____

☐ Individual SSN# _____

X

Signed _____

☐ Partnership Tax ID# _____

Date Executed _____

☐ Corporate Tax ID# _____

Home Office Approval

This contract is approved and shall become effective as of _____, 20_____, but notwithstanding such effective date, if you are properly licensed and permitted by law in the state of operation, you are authorized to submit applications for insurance which shall be governed by the provisions of this contract.

Jefferson Pilot Life Insurance Company
Jefferson Pilot Financial Insurance Company

By _____

Title _____

Date Executed _____



JEFFERSON PILOT
FINANCIAL

RECRUITER REPORT — IMO FLEX COMP

Producer's Name _____ Recruiter's Name CPS Insurance Services

Recruiter's Email Address _____

General Questions:

- How long have you known the applicant? ☐ 0-6 mos. ☐ 6-12 mos. ☐ over 1 year
- In what capacity have you known applicant? _____
- Describe briefly what you know about the applicant that would aid Jefferson Pilot in its contracting decision (e.g. business background, integrity, desire to establish long term relationship, reputation in community, etc.)

- How frequently do you anticipate your future contacts with applicant will be? _____
- Do you have any reservations in recommending the applicant for an agent's contract? ☐ Yes ☐ No
If yes, please explain. _____

Marketing Hierarchy (Show all upline Agent Names, Numbers and Percentages):

			Life Business Designate % of Gross	
Contract Level *	Name	Agent Number	1st Year Commissions	Renewal/Excess
Independent Marketing Organization	Bill Pickering	2000713		
Regional Sales Manager	CPS Insurance Services	2025602		
Associate Sales Manager				
Master General Agent				
Executive General Agent			80.73%	2%
General Agent - AA				
General Agent - A				
Special Agent				
Special Broker				
Sub Agent				
TOTAL (must equal 100%)				

* Annuity Compensation is driven by contract level.

Home Office communication should be sent to ☐ Producer ☒ Other (if other, please provide address below)

Name CPS Insurance Services

Address 9 Corporate Park Dr. Suite 100

City, State, Zip Irvine, CA 92606

Phone 949-863-0700 Fax _____ Email _____

Special Instructions _____

X _____
Recruiter's Signature

_____ Date



JEFFERSON PILOT
FINANCIAL

FlexComp Elite Commission Schedule - Life Products

Schedule of Life Commissions - FlexComp Elite

FINANCIAL		1st Year		Renewal Years		Service Fees
		Target	Excess	2 - 5	6 - 10	After 10 Yrs
<u>Universal Life</u>						
1. Legend 3000	1,4	80.73%	2.00%	2.00%	1.20%	1.20% ¹⁰
2. Legend 300 Plus & 300 XG	1,4	80.73%	2.00%	2.00%	1.20%	1.20% ¹⁰
3. Legend 300 LR	1,4,11	80.73%	2.00%	2.00%	1.20%	1.20% ¹⁰
4. Legend 400	1,4	80.73%	2.00%	2.00%	1.20%	NA
5. Duet 300	1,4	80.73%	2.00%	2.00%	1.20%	1.20% ^{5,10}
6. Duet 300 Plus	1,4	80.73%	2.00%	2.00%	1.20%	1.20% ¹⁰
7. Duet 300 XG	1,4	80.73%	2.00%	2.00%	1.20%	1.20% ¹⁰
8. Select	1,4	87.63%	2.40%	2.40%	1.20%	1.20% ^{5,10}
9. UL5 - The Accelerator	1,6	75.21%	2.40%	2.40%	1.20%	0.80%
10. UL311 - Conquest AV	1	34.50%	1.30%	12.00% ⁷	6.00%	NA ⁵
Conquest AV Rider	1	89.70%	0.80%	0.80%	0.80%	NA
<u>Term</u>						
11. Prelude Plus GP Term (10, 15)	2,8	62.10%	NA	NA	NA	NA
12. Prelude Plus GP Term (20, 30)	2,8	75.90%	NA	NA	NA	NA
<u>Variable Universal Life</u>						
13. Ensemble II	2,3	80.73%	2.00%	2.00%	1.20%	0.80%
14. Ensemble III	2,3,4	80.73%	2.00%	2.00%	1.20%	NA ⁵
15. Ens Accumulator & Protector	2,3,4	80.73%	2.00%	2.00%	1.20%	NA
16. Ensemble SL	2,3,4	77.28%	1.60%	1.60%	0.80%	NA ⁵
17. Ensemble Exec	2,3,9	28.98%		8.40%	1.20%	NA ⁵
Excess 1 to 5 times TP			4.40%	2.40%	1.20%	NA
Excess over 5 times TP			1.20%	1.20%	1.20%	NA

The commission on any policy not herein specified shall be determined by the Company. The Company reserves the right to change any commission on this schedule. It is the responsibility of the agent to determine the applicable rate for any product not listed in this schedule before selling the product. A current schedule may be obtained by contacting your management upline.

Commission percentages apply to total target premium. "Total target premium" means the annual target premium per thousand, times the number of thousands of specified amount, plus policy fee, adjusted for extra benefits and substandard, UL Increases - A new target premium is created for each increase in specified amount. First year commissions and renewals will be paid on each increase as if it were a new sale. Commission rules and rates as of the date of change will apply on any increase. After an increase, each premium paid will be allocated between the old and new segments for commission purposes according to the ratio of target premiums. Rolling target does not apply to face amount increases.

Service fees and asset-based trails after year 10 are not vested.
Guaranteed issue versions of JP products have reduced commission rates.

¹ Product sold by Jefferson-Pilot Life Insurance Company

² Product sold by Jefferson Pilot Financial Insurance Company

³ Rates listed are for JPSC Registered Representatives only.

⁴ Rolling Target - Any part of the Target Premium paid in second year will receive First Year up to Target compensation.



JEFFERSON PILOT
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FlexComp Elite Commission Schedule - Life Products

⁵ Asset-based trails are paid at beginning of year.

Years	LW Select ^{5a}	Ensemble III & SL ^{5b}		Ensemble Exec ^{5c}		Conquest
	Duet 300	Up to GSP	Over GSP	Up to GSP	Over GSP	AV ^{5d}
1 - 5	0.000%	0.000%	0.000%	0.000%	0.000%	0.160%
6 - 10	0.000%	0.000%	0.000%	0.060%	0.040%	0.160%
11 - 15	0.000%	0.040%	0.020%	0.060%	0.040%	0.080%
16 - 20	0.060%	0.040%	0.020%	0.060%	0.040%	0.080%
21	0.056%	0.040%	0.020%	0.060%	0.040%	0.080%
22	0.052%	0.040%	0.020%	0.060%	0.040%	0.080%
23	0.048%	0.040%	0.020%	0.060%	0.040%	0.080%
24	0.044%	0.040%	0.020%	0.060%	0.040%	0.080%
25	0.040%	0.040%	0.020%	0.060%	0.040%	0.080%
26	0.036%	0.040%	0.020%	0.060%	0.040%	0.080%
27	0.032%	0.040%	0.020%	0.060%	0.040%	0.080%
28	0.028%	0.040%	0.020%	0.060%	0.040%	0.080%
29	0.024%	0.040%	0.020%	0.060%	0.040%	0.080%
30 +	0.020%	0.040%	0.020%	0.060%	0.040%	0.080%

^{5a} Paid as a percent of the average net cash value over the prior year.

^{5b} Paid as a percent of the average net cash value over the prior year (GSP = Guideline Single Premium).

^{5c} Paid as a percent of the average non-loaned account value over the prior year.

^{5d} Paid as percent of the end of year net cash value on the total policy.

⁶ Commissions grade down for issue ages > 75 based on age nearest birthday (Please call Home Office for rates).

⁷ Renewal commission up to target is 12.00% in years 2-3, 10.00% year 4, 8.00% year 5. Excess over target is 1.30% through year 10.

⁸ Policy fee is non-commissionable.

⁹ There will be a commission chargeback on policy surrenders or reductions in specified amount. 100% chargeback for first year surrender and 50% for second year surrender. For face amount reductions, the chargeback will be pro-rated. Guaranteed issued (GI) excess over target premium rates are slightly reduced.

¹⁰ Service fees apply to years 11 - 15.

¹¹ Commissions will be paid on the net amount of Premium (net of loan).

Schedule of Life Commissions - FlexComp Elite

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro, NC 27420

Jefferson Pilot Financial Insurance Company
One Granite Place
Concord, NH 03301

BJ-04743
F06900R04000

REV03012005

Prepared on March 24, 2005 for: Valued Manager



JEFFERSON PILOT
FINANCIAL

APPLICATION FOR ERRORS AND OMISSION COVERAGE

Last Name: _____ MI: _____ First Name: _____
Street Address: _____ Bldg./Suite/Apt. #: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____
Social Security Number: _____ Rep. #: _____ Agent #: _____
Affiliation: _____ If you are a principal of this entity, check here: ☐
Licenses Held: Life/A&H _____ Series 6, 63, 7: _____
E-mail address: _____
Method of premium payment: ☐ Check ☐ Credit Card: Visa or MasterCard only (enter information below)
Cr. Card Account #: _____
Cardholder: _____ Expiration Date: _____
Amount authorized: \$ _____ Authorization Number: (HO Use Only) _____
Signature of cardholder: **X** _____

Instructions: To enroll in the plan, this section must be completed in full and all required documentation attached.

I am not currently enrolled in the Company sponsored E&O plan and I wish to enroll at this time. I am completing the questions below as required.

1. Do you currently maintain Claims-Made E&O coverage? ☐ Yes ☐ No
(If yes, you must attach a copy of your most current Declarations Page)
2. Have you had a claim made against you in the past 5 years? ☐ Yes ☐ No
(If yes, please provide all information pertaining to the claim(s).)

I understand that the prior acts coverage provided is subject to a known wrongful acts exclusion for claims prior to my first continuously maintained Agents' E&O policy. I understand that all premiums are fully earned and are due in full upon inception of coverage, and there is **no** refund of premium for mid-term cancellation regardless of reason or date coverage is canceled. I understand that coverage automatically terminates, as of the date I am no longer appointed with the Company regardless of the reason for appointment termination. I understand and agree that I have been provided with this advance notice of the automatic termination of coverage provision, and I will not receive any further notice at the time of or prior to coverage termination. **I have no knowledge, as of today's date, of any negligent act, error, omission, or personal injury that could reasonably be expected to result in a claim.**

Signature: **X** _____ Date: _____

Home Office Use Only

Agent/Rep #: _____ Branch #: _____
Distribution: ABGA GA IMO AMO JPSC DAN (circle as many as applies)
Agent Plan Code: _____
Coverage Effective Date: _____
Certificate of Coverage mailed: _____

Plan Administrator: Cambridge Integrated System Group, Inc., Agent Program Dept., P.O. Box 972, Horsham, PA 19044-0972 phone 1-800-632-5170



JEFFERSON PILOT
FINANCIAL

ASSIGNMENT

For value received, I, _____, do hereby assign
(Name of Assignor)

unto _____ any and all
(Name and Address of Assignee) (Assignee Agent No.)

first year and renewal commissions now due me or hereafter to become due me on any contract(s) I now hold with the Jefferson Pilot Financial Group of Companies and its affiliates (hereinafter called "Jefferson Pilot") and direct Jefferson Pilot to pay the Assignee such amounts as otherwise would be credited to my account in accordance with the terms and conditions of my contract(s) with Jefferson Pilot.

This assignment releases Jefferson Pilot of any liability to me for said amounts and payment hereafter shall be a full and complete discharge to Jefferson Pilot of the amount or amounts paid. I agree to indemnify and hold harmless Jefferson Pilot for any and all liability it may incur because of this assignment.

Date

X

Signature of Assignor

Witness

Agent's Number

Jefferson Pilot assumes no responsibility for the validity or sufficiency of this assignment.

Date

By

Title



JEFFERSON PILOT
FINANCIAL

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Company Name Jefferson Pilot Financial Group of Companies and its Affiliates (hereinafter called "Jefferson Pilot")		Company ID Number 000006305
I hereby authorize Jefferson Pilot to initiate credit or debit correction entries to my checking/savings account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account.		
Depository Name		
City	State	Zip Code
Bank Transit/ABA Number (For Payroll Dept. Use Only)	Account Number	
This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.		
Employee Name	Department/Field Office	Employee Number

X

Signature

Date

Payroll Effective Date
(For Payroll Dept. Use Only)

IMPORTANT: Please attach a void check to this form.

CPS PRODUCER PROFILE

Please complete this form, and return it to us.
We must have a completed and signed version of this form on file.

Producer Name _____

Company/Corporation Name _____

Fax Number _____ Email Address _____

Business Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

Mail to (check one): ☐ Home ☐ Business

Preferred method of receiving correspondence (check one):

☐ email ☐ fax ☐ mail

Business Phone _____ Home Phone _____

Social Security # _____ Tax ID # _____

Insurance License Number _____ Date of Birth _____

Designations: CLU CPCU ChFC RHU CFP LUTC CIC (circle applicable)

Do you carry E&O insurance? ☐ No ☐ Yes, name of carrier _____

Do you assign commissions? ☐ No ☐ Yes, to whom _____

Are you securities licensed? ☐ No ☐ Yes (circle applicable) 6 7 22 24 26 63

If NASD registered, what is the name of your broker dealer? _____

Page 1

***** Important, please read and sign other side *****

CPS INSURANCE SERVICES / CA LIC.# 0571612
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255
LICENSING DEPARTMENT FAX 949-225-7157

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortious act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Producer

Date

We appreciate your business.

Page 2

CPS INSURANCE SERVICES / CA LIC.# 0571612
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255
LICENSING DEPARTMENT FAX 949-225-7157