CARRIER: CHASE LIFE
(AKA ZURICH/ONELIFE)
PACKET CURRENT AS OF: 01-24-05

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.

Producer Appointment Application

Chase Insurance Life and Annuity Company (CILAAC/"the Company")

Chase Insurance Life Company (CILC/"the Company")

Chase Insurance Life Company of New York (CILCONY/"the Company")

Kemper Investors Life Insurance Company (KILICO/"the Company")

Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

Administrative Offices: 2500 Westfield Drive, Elgin, IL 60123-7836 877/280-5102

PLEASE ANSWER ALL APPLICABLE SECTIONS COMPLETELY.

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Section 1: Appointment Info			□ n	🗀 e	ole Proprietorship
Appointment for:	☐ Individual	☐ Corporation		•	oie Froprietorsinp
Type of appointment requested:	☐ Life	☐ Variable A	nnuity 🗀 Variable		,
State(s) to be appointed in:		<u>-</u>	·		Attach copies of licenses)
Type of license currently held (pro				riable Life	☐ Variable Annuity
Note: General Agent and Broker I	Dealer must be cont	racted before a	representative is appo	inted. Corpor	ations must hold a valid
license in all states, where applica vidual state license and NASD For	ble, in which agents	/representative:	s will solicit business. /	A copy of the	agent/representative indi-
Vidual state license and NASD Fo.	IIII O4 IIIust be subi	mmed with this	аррисацон.		
Section 2: Producer Inform	ation				
			,		
Producer			Producer Number Ass	signed by Gen	eral Agent/Broker Dealer
11000001				, ,	,
Business Street Address	*	City	 	State	Zip
				<u> </u>	
Resident Street Address		City		State	Zip
			· 	. <u> </u>	
Phone Number	•	Fax Numb	er	E-Mail A	Address
Social Security Number (Tax I.D.	Number) Plac	e of Birth		Date of B	irth
What is your primary business ac	=		<u></u>	_	
	☐ Financial		Registered Rep		Property/Casualty Agent
Qualified Plans (TSA, 401K, e	tc) 🔲 Health Ir	nsurance Agent	☐ Other	·	· · · · · · · · · · · · · · · · · · ·
Are you NASD registered?	∃ Yes □ No	What series? _			·
If yes, who is your Broker Dealer?					
•					·
CRD Number:			**		
		<u></u>		•	· · · · · · · · · · · · · · · · · · ·
Section 3: General Agent/B	roker Dealer Inf	formation			
^ ^ .					
CPS Ins S	>rc	<u>.</u>			•
Name			•		•
*	· · · · · ·			- :	7:
Business Street Address		City		State	Zip
- YKKL	Phone N		Fax Number		E-Mail Address
General Agent Number	Phone Ni	umber	rax Number	1	E-MAIN MUNIESS

Section 4: Background Information Presented the details for any question answered yes. Has any insurance license held by you ever been refused, suspended, revolted or been the subject of any administrative action by this state or any other state? No Have you ever filed for bankruptcy, been charged with, pled guilty or note contenders to, or been found guilty of floor or misdemensor charges including more reliable infractions, or any crime involving more floor of the financians or any crime involving more than the financians or any crime involving more involving more than the financians or any crime involving more involved in the financians or any crime involving more involved in the financians of the financians or any crime involving more involved in the financians of the financians or any crime involving more involved in the financians of the financians o					
a) Has my insurance license held by you ever been refused, suspended, revolved or been the subject of any deministrative action by this state or any other state?	Section 4: Background In	formation			
administrative action by this state or any other state? b) Have you ever filed for bankrupts, been charged with, pled guilty or note contendere to, or been found guilty of felony or misdemeancr charges including motor vehicle infractions, or any crime involving moral turpitude, or had charges pending against you at any time. c) Are you currently covered by Errors and Ornission Insurance? Coverage Amount S If you have ever made a claim, attach separate sheet with details. Section 5: Employment History (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Olhio or Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary. From To Company Name Position Contact Person Street Address City State Zip From To Company Name Position Contact Person Street Address City State Zip From To Company's Britis: Guide found on the www.chaseinsurancecompany.com Information for Representatives page, and certify that I understand, and will comply with, the company's policies, procedures, and code of ethical market conduct. By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can informed buying decision; I will least but a maintain the products consistent with the properties and against a single products consistent with the properties and against a single products and accurate the single products consistent with the properties and against a single products and accurate the single products consistently with respect and of the Company in a consistent products and accurate to the company of any violation of the ethical conduct code; and I will maintain to the company in a single products of the company in a single product of the company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in landerstand that the Company may willize th			·		
b) Haw you ever filed for bankruptup, been charged with, pled guilty or noto contendere to, or been found guilty of folloy or misdemeanor charges including motor vehicle infractions, or any ctime involving moral turpitude, or had charges pending against you at any time	a) Has any insurance license h	eld by you ever been refused, suspen	ded, revoked or been the subject of any	y D Yes	s 🗆 No
guilty of felony or misdemeanor charges including motor vehicle infractions, or any crime involving moral turpitude, or hat charges pending against; you at any time: yes No No No No No No No N	b) Have you ever filed for ban	kruntev, been charged with, pled gui	lty or nolo contendere to, or been foun	d	
c) Are you currently covered by Errors and Omission Insurance? Yes No Insurance Insurance No.	guilty of felony or misdeme	eanor charges including motor vehic	le infractions, or any crime involving	. 🗆 Yes	
Insurer Coverage Amount \$ If you have ever made a claim, attach separate sheet with details. Section 5: Employment History (Complete only if applying for appointment in Flortda, Mississippi, Alabama, Georgia, Olinio or Pennsylvania) History must cover past 5 years. Attach separate sheet if necessary. From To Company Name Position Contact Person Street Address City State Zip From To Company Name Position Contact Person Street Address City State Zip Section 6: Code of Conduct Agreement I have read the Company's Ethics Guide found on the www.chaselinsurancecompany.com Information for Representatives page, and certify that I understand, and will comply with, the company's policies, procedures, and code of ethical market conduct. By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting them confidential information, I will refrain from disparaging competitors and agents. I will make every attempt to further my education and will maintain awarent obleved in the more properties and agents. I will need so other confidential information, I will refrain from clity the company of any violation of the ethical conduct code, and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company products to customers. Statements made berein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agere that, if appointment in all states in which I solicit the sale of the Company may utilize the services of a consumer reporting agency as part					s □No
Section 5: Employment History (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Ohio or Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary. From To Company Name Position Contact Person Street Address City State Zip From To Company Name Position Contact Person Street Address City State Zip From To Company Name Position Contact Person Street Address City State Zip From To Company Name Position Contact Person Street Address City State Zip From To Company Strikes Guide found on the www.chaselinsurancecompany.com Information for Representatives page, and centrly that I understand, and will comply with, the company's policies, procedures, and code of ethical market conduct. By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial Objectives cliony. Will seasiblish and maintain the trust of my clients by treating them with respect and by delivering them to make the company procedures. I will communicate any clients to trust of my clients by treating them with respects of Industry laws and company procedures. I will communicate any client to note that contact one of the company in a timely manner and will notify the company of any violation of the ethical conduct code, and I will maintain a current literest and will notify the company of any violation of the ethical conduct code, and I will maintain a current literest and will notify the company of any violation of the ethical conduct code, and I will maintain a current literest and will not all states in which I solicit the sale of the Company products to customers. Statements made herein are representations upon which the Company may rely when considering my request for appointment in all states in which I solicit the sale of the Company products to customers. Statements made herein are representations upon which the Company may rely when considering my request for processing my application for employment and/or	· ·	Coverage A	mount \$		
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	I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as				
Driver's License #:	I agree the Company has the r	ight to release any information revea	led by this investigation to any State req	uiring it.	,

Fidelity Life Association. A Mutual Legal Reserve Company ("FLA") is an independent insurance company owned by its policyholders. It is not part of the JPMorgan Chase & Co. family of companies.

Commission Direct Deposit Request

Chase Insurance Life and Annuity Company (CILAAC/"the Company")

Chase Insurance Life Company (CILC/"the Company")

Chase Insurance Life Company of New York (CILCONY/"the Company")

Kemper Investors Life Insurance Company (KILICO/"the Company")

Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

Administrative Offices: 2500 Westfield Drive, Elgin, IL 60123-7836 847/930-7000 Ext. 2132

In order to initiate the direct deposit of commission earned during the period of your appointment with the Company, the following information must be completed.

Please Print	ı				,
Agent/Agency Name	<u>. </u>	Date	<u> </u>		
Business Phone •	· · · · · · · · · · · · · · · · · · ·	Fax Number		- .	
Email Address		SSN/TIN			
This account is (check one): Checking	ng Account 🗆 S	avings Account			
Account Name	9 Digit ABA Numbe		Account Number	 <u>-</u>	· ·
Bank Name	City		State		Zip Code
To assist in sending a confirmation that address information. Name	your direct deposit le	quest nos been	ргосезаем, рісазе рі	ovide your o	
Street/PO Box			•		
City, State, Zip Code					
Note: Please do not assume that you deposit. Always check your commissi at least 3 business days for direct de	on statement to de	termine the ar	nount deposițed ii	ecause you h nto your acc	nave direct ount. <u>Allow</u>
Questions regarding this information ca	n be directed to the (Commission Dep	oartment 847/930-7	902.	•
Agent Signature					
Mail to: Chase Insurance, (attach a vo	Commission Departr pided or cancelled ch	nent, 2500 Wes eck from your b	stfield Drive, Elgin, IL anking institution)	. 60123-7836	5
	Chase Insurance, Com e responsible for ensu				

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Commission Authorization

Chase Insurance Life and Annuity Company (CILAAC/"the Company")

Chase Insurance Life Company (CILC/"the Company")

Chase Insurance Life Company of New York (CILCONY/"the Company")

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Applies only to Agents appointed with Chase Insurance Life and Annuity Company and Chase Insurance Life Company Administrative Offices: 2500 Westfield Drive, Elgin, IL 60123-7836 847-930-7000 Ext. 2132

and Chase Insurance Life Company	· 847-930-700 Ext. 213
A) Agent/Rep Commission payable to an a (If yes, complete below. If no, complete	
Agency/Corporation Name	
Tax ID #	(attach a copy of Agency/Corporate License)
Name of Agent listed on Corporate Lice	ise
B) Agent's Name (print)	
Life Products	
Fixed Annuities: Agent's Commission for Chase Classic 100%, 4.0, 3.5, 3.0, 2.5,	
Agent's Commission for Chase Elite - c 100%, 6.5, 6.0, 5.5, 5.0,	
Option	Available for Life Products Only ————————————————————————————————————
C) Please complete if an Agency/Manager by the Agent.	s to receive a direct override commission on business written
Agency/Manager Name	Commission Schedule
Agency/Manager Tax ID# or SSN# or C	ode Number (if assigned)
indicated. I have personal knowledge of the	ve agent(s)/Broker(s) Commissions, according to the schedule above agent(s) to whom these commissions are to be paid. To the s trustworthy, and of good character, integrity and good business
General Agent Signature	General Agent Number Date

Return to Chase Insurance Department – Chase Insurance, 2500 Westfield Dr., Elgin, IL 60123-7836 Phone: (847) 930-7000 Ext. 2132 Fax: (847) 874-0639

Fidelity Life Association. A Mutual Legal Reserve Company ("FLA") is an independent insurance company owned by its policyholders. It is not part of the JPMorgan Chase & Co. family of companies.

_{-orm} W-9

(Rev. December 2000)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	Name (See Specific Instructions on page 2.)			•
r type	Business name, if different from above. (See Specific Inst	tructions on page 2.)	-	
print or	Check appropriate box: Individual/Sole proprietor	Corporation Partnership	Other ►	
Please	Address (number, street, and apt. or suite no.)		Requester's	name and address (optional)
Д	City, state, and ZiP code		1	
Pa	art I Taxpayer Identification Number	(TIN)	List accoun	t number(s) here (optional)
indi (SS	er your TIN in the appropriate box. For viduals, this is your social security number N). However, for a resident alien, sole prietor, or disregarded entity, see the Part I	Social security number		
ins em hav	pheton, or disregarded entity, see the fair intructions on page 2. For other entities, it is your ployer identification number (EIN). If you do not the animber, see How to get a TIN on page 2. Ite: If the account is in more than one name, see	Or Employer identification number	Part II	For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)
	chart on page 2 for guidelines on whose number enter.			
P	art III Certification			<u> </u>
He	ter penalties of periury I certify that:			•

- 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
- 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:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- 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 Corporations.

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 withhold and pay to the IRS 31% of such payments under certain conditions. 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.

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 not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III 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 Part II instructions 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.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's FIN

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

- Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3.** Real estate transactions. You must sign the certification. You may cross out item **2** of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

Give name and SSN of: For this type of account: 1. Individual The Individual The actual owner of the 2. Two or more account or, if combined funds, the first individual individuals (joint account) on the account 1 3. Custodian account of a minor (Uniform Gift The minor 2 to Minors Act) 4. a. The usual The grantor-trustee 1 revocable savings trust (grantor is also trustee) b. So-called trust The actual owner account that is not a legal or valid trust under state law 5: Sole proprietorship The owner 3. For this type of account: Give name and EIN of: 6. Sole proprietorship The owner ³ 7. A valid trust, estate, or Legal entity 4 pension trust 8. Corporate The corporation Association, club, religious, charitable, The organization educational, or other tax-exempt organization 10. Partnership The partnership 11. A broker or registered The broker or nominee nominee 12. Account with the The public entity Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

receives agricultural

program payments

- ² Circle the minor's name and furnish the minor's SSN.
- ³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).
- ⁴List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



Federal Kemper Life Assurance Company Fidelity Life Association, A Mutual Legal Reserve Company Schaumburg, Illinois 60196-6801



SCHEDULE OF COMMISSIONS

WA60 Level

You (the "Agent"/"Agency") will be paid commissions, if payable, on premiums paid to the Company, excluding policy fees*, according to the following schedule as full compensation for services rendered by you subject to the terms on the reverse side. Any amounts paid directly to your Agents or Brokers shall be offset against amounts payable below. This schedule shall be effective as of January 2004.

Commission Percentages

POLICY FORMS/LIFE PRODUCTS	First Year	Excess:	Renewals: Years 2-10
UNIVERSAL LIFE PLANS			
RULER-LP Target Premium ¹	75	3.5	3.5
Kemper Century + Target Premium 1	80	3.5	3.5
Zurich CVT Target Premium ¹	90	3.00	2.25
Zurich Lifetime Target Premium 1	90	3.00	3.00
TERM			
Super-T 20	90		0
Super-T 30	90		0
Certain-T 30	90		0
Certain-T 20	90		0 .
Certain-T 15	75		0
Certain-T 10	70		0
Certain-T 5	65		0
Complete Term 15 *	75		0, ************************************
Complete Term 20 *	90		0
Complete Term 30 *	90		0

¹ Table ratings, riders, and tobacco surcharges will increase target premium the first year.

^{*} Policy fee is commissionable on Complete Term

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- A. Any reference made to "the Company" refers to Federal Kemper Life Assurance Company and/or Fidelity Life Association.
- B.(1) For a policy with an issue age above 65, commission percentages shown in this schedule will be reduced by multiplying the percentage applicable for age 65 by the following reduction factors*:

 Issue Age
 Reduction Factor

 66 thru 70
 .85

 71 thru 75
 .65

 76 and over
 .45

- * Reduction factors do not apply to Universal Life Plans or Annuities.
- B.(2) Certain-T/Super-T 2003 reduction factors

71 and over

- C. Payment of commissions shall be subject to the following exceptions:
- 1. No commission shall be paid on temporary flat extra premiums payable for five years or less.
- 2. Commissions on policies which, in the judgment of the Company, replace or are to replace other insurance in the Company on the same risk shall be governed by the rules and practices adopted from time to time by the Company.
- 3. Exchanges/Conversions are governed by the Company's Exchanges/Conversions Guidelines and may pay reduced commissions, Please verify with your General Agent. Commissions on Zurich CVT

- conversions in policy year 2-5 is 50% of base.
 4. This SCHEDULE does not provide for compensation on policies written on a group, franchise, or guaranteed issue basis which are issued without individual underwriting. Commissions on
- such plans, if any, will be provided by amendment.

 5. The Company reserves the right to establish check minimums and frequency of payment.
- 6. Commission chargebacks will be made when it is determined by the Company that a policy was void from inception.
- 7. The Company reserves the right to change at any time the terms and rate of commissions it pays regarding premiums paid on policies issued after the date of notice of such change.
- 8. Riders pay the same commission as the basic policy to which they are attached unless specified otherwise.
- 9. For Universal Life Plans target premium is defined for each sex, rate class, and issue age. (See Rate Brochure)

For any policy year, excess premium is premium received in excess of the target premium.

10. Commission payments are subject to the terms and provisions of the agreement between the Company and your General Agent.

AUTHORIZATION

I (the General Agent) hereby authorize Federal Kemper Life Assurance Company and/or Fid- Mutual Legal Reserve Company, to pay the named agent shown below the commissions, if p the attached schedule of commissions. This authorization shall be valid until revoked by me	ayable, as provided in
writing.	
	English Control
	is a second
Dated:	

Dated:		
Name of Agent/Agency (Print Legibly)	Agent's Signature	,
Name of General Agent (Print Legibly)	General Agent's Signature	No.

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 En			
Business Address			
City			
Home Address	·		
City		Zip	
Mail to (check one): [] Home [] Bus:		<u> </u>	• •
Preferred method of receiving correspondence	e (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	s, name of carrier		
Do you assign commissions? [] No [] Yes			
Are you securities licensed? [] No [] Yo			
-			
If NASD registered, what is the name of you	r broker dealer?	1 2727 179, 27	
_			
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.

	4	
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