

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.

Section 1: Appointment Information

Appointment for: ☐ Individual ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
Type of appointment requested: ☐ Life ☐ Variable Annuity ☐ Variable Life
State(s) to be appointed in: _____ (Attach copies of licenses)
Type of license currently held (provide copies) ☐ Life ☐ Life A/H ☐ Variable Life ☐ Variable Annuity
Note: General Agent and Broker Dealer must be contracted before a representative is appointed. Corporations must hold a valid license in all states, where applicable, in which agents/representatives will solicit business. A copy of the agent/representative individual state license and NASD Form U4 must be submitted with this application.

Section 2: Producer Information

Producer _____ Producer Number Assigned by General Agent/Broker Dealer _____
Business Street Address _____ City _____ State _____ Zip _____
Resident Street Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____ E-Mail Address _____
Social Security Number (Tax I.D. Number) _____ Place of Birth _____ Date of Birth _____
What is your primary business activity (check only one)
☐ Life Insurance Agent/Broker ☐ Financial Planner ☐ Registered Rep ☐ Property/Casualty Agent
☐ Qualified Plans (TSA, 401K, etc) ☐ Health Insurance Agent ☐ Other _____
Are you NASD registered? ☐ Yes ☐ No What series? _____
If yes, who is your Broker Dealer? _____
CRD Number: _____

Section 3: General Agent/Broker Dealer Information

CPS Ins Src
Name KA
Business Street Address _____ City _____ State _____ Zip _____
4RKE
General Agent Number _____ Phone Number _____ Fax Number _____ E-Mail Address _____

Section 4: Background Information

Please attach details for any question answered yes.

- a) Has any insurance license held by you ever been refused, suspended, revoked or been the subject of any administrative action by this state or any other state? ☐ Yes ☐ No
- b) Have you ever filed for bankruptcy, been charged with, pled guilty or nolo contendere to, or been found guilty of felony or misdemeanor charges including motor vehicle infractions, or any crime involving moral turpitude, or had charges pending against you at any time ☐ Yes ☐ No
- c) Are you currently covered by Errors and Omission Insurance? ☐ Yes ☐ No
- 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 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 _____

Section 6: Code of Conduct Agreement

I have read the Company's Ethics 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 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 their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to 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 license and valid 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 appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

Signature _____

Date _____

Section 7: Consent to Request Consumer Report and/or Investigative Consumer Information

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment as a General Agent/Agent/Broker (circle one).

I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through person interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information.

I agree the Company has the right to release any information revealed by this investigation to any State requiring it.

Driver's License #: _____

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

Agent/Agency Name

Date

Business Phone

Fax Number

Email Address

SSN/TIN

This account is (check one): ☐ Checking Account ☐ Savings Account

Account Name

9 Digit ABA Number

Account Number

Bank Name

City

State

Zip Code

To assist in sending a confirmation that your direct deposit request has been processed, please provide your business address information.

Name

Street/PO Box

City, State, Zip Code

Note: Please do not assume that your commission will be deposited into your account because you have direct deposit. Always check your commission statement to determine the amount deposited into your account. Allow at least 3 business days for direct deposit to be processed into your account.

Questions regarding this information can be directed to the Commission Department 847/930-7902.

Agent Signature

Mail to: Chase Insurance, Commission Department, 2500 Westfield Drive, Elgin, IL 60123-7836
(attach a voided or cancelled check from your banking institution)

Or Fax to: Chase Insurance, Commission Department 847-874-0813
You are responsible for ensuring all information is correct.

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.

COM-DD

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")
Kemper Investors Life Insurance Company (KILICO/"the Company")
Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

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

- A) Agent/Rep Commission payable to an agency/corp? ☐ Yes ☐ No
(If yes, complete below. If no, complete Section B).

Agency/Corporation Name _____

Tax ID # _____ (attach a copy of Agency/Corporate License)

Name of Agent listed on Corporate License _____

- B) Agent's Name (print) _____

Life Products:

Agent's Commission Schedule _____

Fixed Annuities:

Agent's Commission for Chase Classic II – circle one of the following:

100%, 4.0, 3.5, 3.0, 2.5, 2.0, 1.5 or 0%

Agent's Commission for Chase Elite – circle one of the following:

100%, 6.5, 6.0, 5.5, 5.0, 4.5, 4.0 or 0%

Option Available for Life Products Only _____

- C) Please complete if an Agency/Manager is to receive a direct override commission on business written by the Agent.

Agency/Manager Name _____ Commission Schedule _____

Agency/Manager Tax ID# or SSN# or Code Number (if assigned) _____

I authorize the Company (s) to pay the above agent(s)/Broker(s) Commissions, according to the schedule indicated. I have personal knowledge of the above agent(s) to whom these commissions are to be paid. To the best of my knowledge and belief, the agent is trustworthy, and of good character, integrity and good business standing.

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.

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 EIN.

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).

1. 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. Payors 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

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

¹ 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.

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).

⁴ List 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.





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

NOTES

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 .60

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 Fidelity Life Association, A Mutual Legal Reserve Company, to pay the named agent shown below the commissions, if payable, as provided in the attached schedule of commissions. This authorization shall be valid until revoked by me (the General Agent) in writing.

Dated:

Name of Agent/Agency (Print Legibly)

Agent's Signature

Name of General Agent (Print Legibly)

General Agent's Signature

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? _____

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***** 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, judgments, 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.

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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