

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
Contract Agreement**

Life/Annuity and Long Term Care Insurance

The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206



Producer Appointee:

Recruiter:

Recruiter's State Life Code:

Responsibility Statement

I have read, understand and agree to comply with State Life's Rules entitled "Principles and Codes of Ethical Market Conduct." I also understand that the rules contain general principles and policies that must be used together with my good judgment. Further, I understand that they are not a comprehensive list of "do's" and "don'ts." In addition, I understand that they are not intended to provide clear-cut guidelines for every situation and, as a result, I can and should contact the Market Conduct Officer, Angelo Kostas, at (317) 285-1852 for clarification when needed.

The State Life Insurance Company hereby appoints the aforementioned Producer Appointee as its **PRODUCER** ("Producer", "you" or "it") with duties, powers, and obligations as herein set forth, and you hereby accept the appointment on the terms and conditions set forth herein. The provisions stated in all supplements, the above "Responsibility Statement," and the Schedule of Commissions found in the Commission Schedule Forms listed below are a part of this Agreement. You have received, read, understand, and agree to abide by Producer Contract (**Form #SL-139**), which is incorporated herein by reference.

Effective Date – This Agreement shall become effective on _____. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

- ☐ Life and Annuity Compensation Schedule (**Form #** _____)
Or
☐ Commission Designer Life and Annuity Compensation Schedule (**attached**)
☐ LTCI Compensation Schedule (**Form #** _____)

Or, in lieu of above schedules: ☐ Producer Licensed Only Agreement (**Form #SL-099A**) (**attached**)

The parties agree that facsimile signatures shall be deemed to be originals, and other parties agree to accept facsimile signatures and to be bound thereby.

Producer:

By: _____
(Producer's Signature)

Date: _____

If Corporation:

By: _____
(Officer's Signature)

Date: _____
Please complete and return this form to Home Office

THE STATE LIFE INSURANCE COMPANY

By: James W. Isher
(Vice President, Marketing)

If Partnership:

By: _____
(Partner's Signature)

By: _____
(Partner's Signature)

Date: _____

**Producer
Contract Submission Checklist**
Life/Annuity and Long Term Care Insurance

The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206



Producer: _____

Please complete and return this form - along with the items required below:

Producer Contract Agreement – Life/Annuity and Long Term Care Insurance (Form #SL-128)

Verify that:

- Signature of the Producer and corporate signatures, if applicable, are complete
- The effective date is left blank; State Life will enter the effective date
- The Contract Agreement indicates one of the following compensation schedule combinations:
 - Life and Annuity Compensation Schedule Form Number and LTCI Compensation Schedule Form Number
 - or**
 - A Commission Designer Life and Annuity Compensation Schedule (*signed and returned*) and LTCI Compensation Schedule Form Number
 - or**
 - A Producer Licensed Only Agreement (**Form #SL-099A**) (*signed and returned*)

Personal Data Form (Form #SS-1669A), filled out completely

Photocopy of the individual's current year resident insurance license and corporate license, if applicable

For each non-resident state in which an insurance application will be submitted, photocopy of the individual's current year non-resident license and corporate license, if applicable.
Applies to any Producer in the hierarchy that participates DIRECTLY in the solicitation, negotiation, or sale of a policy.

State specific requirements for appointment (refer to Appointment Fee and Form Chart contained in the "Appointment and Contracting Procedures")

Appointment Fee Credit Card Authorization and Commission Direct Deposit Form (Form #SL-109), if applicable

Appointment fee for the state(s) in which to be appointed (*waived if Life or Annuity application is attached, or reimbursed if Life or Annuity application is submitted within 90 days – see "Appointment and Contracting Procedures"*)

Attached Life/Annuity Formal Application for _____
(in which case, no appointment fee is necessary) (Insured's Name)

Personal Data Form

The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206



Full Legal Name: _____ Nickname: _____

Home Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail Address: _____

(Important - For Notification of Code Number)

Name of Corporation/Partnership: _____

(If different from above, print name exactly as you wish it to appear on all company contracts, pay statements and promotional releases.)

Mailing Address (PO Box): _____

Shipping Address (Street Address): _____

Business Phone: _____ Fax No.: _____

If the answer to any of these questions is "YES", list the number and please provide a separate letter of explanation with dates and supporting documentation.

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Have you ever been a party to a bankruptcy or receivership proceeding involving your personal or business related debts? |
| _____ | _____ | 2. Have you had or are you currently the subject of any personal or business tax liens, suits or judgments? |
| _____ | _____ | 3. Has any insurance company ever terminated any agency, agent or broker contract with you for reason other than insufficient sales? |
| _____ | _____ | 4. Have you ever been the subject of any inquiry or proceeding by any state insurance department? |
| _____ | _____ | 5. Has any person ever complained to an insurance department or other agency about your conduct as an agent? |
| _____ | _____ | 6. Has your insurance agent's license ever been suspended or revoked or have you ever been denied a license? |
| _____ | _____ | 7. Have you ever had a surety or fidelity bond declined or cancelled? |
| _____ | _____ | 8. Have you been convicted for any offense other than a minor traffic violation? |
| _____ | _____ | 9. Have you been trained on needs-based selling or financial needs analysis? |

For The State Life Insurance Company to be able to file an information return with the IRS, we must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you. Please provide and certify your Social Security Number (mandatory) and if applicable, your Federal I.D. # below.

SSN: _____ Federal I.D. # (If Contracting Agency): _____

Check appropriate box: ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other _____

Certification - Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

FAIR CREDIT REPORTING ACT NOTICE

As part of the procedure for processing your application, an investigative consumer report may be made. (Some insurance departments require such a report.) This report may include information as to your character, general reputation and personal characteristics; this information is normally obtained through personal interviews and employment verification. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I hereby certify that the information I have provided on this form is complete and accurate, and you have my permission to contact present and past companies I have been contracted with (unless otherwise indicated) and references to verify any information in establishing my qualifications. I understand that, if appointed, my contracting will be contingent upon my being properly licensed to represent State Life.

Applicant's Signature _____

Date _____

**Appointment Fee Credit Card Authorization
and Commission Direct Deposit Form**

The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206



This form will authorize State Life to:

- Charge your credit card for state appointment fee(s), and/or
- Direct deposit your commission payment checks

Credit Card Authorization for State Appointment Fee(s)

Complete the information requested below and return this form to Home Office

☐ I authorize payment of a state appointment fee (or fees) by charging the credit card listed below in the amount of:

\$ _____ for the following state(s): _____

I acknowledge that use of the credit card for payment is optional and that this authorization does not cover the charging of any future state appointment fee(s).

Cardholder's Name: _____

Card Number: _____

Card Expiration Date: _____ ☐ Visa ☐ MasterCard

Cardholder's Signature: _____ Date: _____

Direct Deposit of your Commission Payments (Life and Annuity Only)

I hereby authorize the State Life Insurance Company to initiate credit entries to my checking account in the Depository Institution named below, and I authorize the Depository Institution to accept and credit the amount of such entries to my account.

Complete the information requested below and return to Home Office *along with a voided check*

Depository Institution: _____

Depository Institution's Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Account #: _____

This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it.

Name: _____

Agent Code Number: _____ SSN or Tax ID#: _____

Phone #: _____ Fax #: _____

Email Address: _____

Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

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

Please print or type	Name (If a joint account or you changed your name, see Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	Requester's name and address (optional)
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								

OR

Employer identification number								

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

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 ▶	Date ▶
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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 to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are an exempt payee.

Note: If a requester gives you a form other than a 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

2. The IRS tells the requester that you furnished an incorrect TIN, or

3. 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

4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN when required. See the Part III instructions on page 2 for details.

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.—You must enter your individual name as shown on your social security card. You may enter your business, trade, or "doing business as" name on the **business name** line.

Other Entities.—Enter the business name as shown on required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or "doing business as" name on the business name line.

Part I—Taxpayer Identification Number (TIN)

You must 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, using your EIN may result in unnecessary notices to the requester.

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 from your local Social Security Administration office. Get Form W-7 to apply for an ITIN or Form SS-4 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).

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, you will generally have 60 days to get a TIN and give it to the requester. Other payments are subject to backup withholding.

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 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 a completed Form W-8, Certificate of Foreign Status.

Part III—Certification

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 (including attorney and accounting fees), and payments to certain fishing boat crew members.

5. Mortgage Interest Paid by You, Acquisition or Abandonment of Secured Property, Cancellation of Debt, or IRA Contributions. 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. 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

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 ³
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 "doing business as" 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.



The State Life Insurance Company Appointment Fee and Form Chart

State	Resident Fees	Non-Resident Fees	Corporate Appointment	Appointment Effective	Special Instructions
Alabama	\$30.00	\$30.00	Yes-License Only	Confirmation	
Alaska	NOT ADMITTED				
Arizona	\$0.00	\$0.00	Yes-License Only	Immediate	
Arkansas	\$0.00	\$0.00	Yes**	Immediate	Restricted State
California	\$21.00	\$21.00	Yes	Immediate	Restricted State LTC Cont Ed Required
Colorado	\$0.00	\$0.00	Yes-License Only	Immediate	
Connecticut	\$45.00	\$45.00	Yes	Confirmation	Restricted State
Delaware	\$25.00	\$25.00	No	Confirmation	
District of Columbia	\$25.00	\$25.00	Yes	Confirmation	
Florida	\$60.00	\$60.00 + \$6/county	No	Immediate	
Georgia	\$20.00	\$20.00	Yes-License Only Only Resident Corporations	Immediate	Restricted State Appointment App
Hawaii	NOT ADMITTED				
Idaho	\$0.00	\$0.00	Yes	Immediate	
Illinois	\$0.00	\$0.00	Yes-License Only	Immediate	LTC Cont Ed Required
Indiana	\$0.00	\$0.00	Yes-License Only	Immediate	LTC Cont Ed Required
Iowa	\$5.00	\$5.00	No	Confirmation	Restricted State
Kansas	\$5.00	\$5.00	Yes	Immediate	E & O Required
Kentucky	\$40.00	\$50.00	Yes	Confirmation	
Louisiana	\$20.00	\$20.00	Yes	Confirmation	
Maine	\$30.00	\$70.00	Yes	Immediate	
Maryland	\$15.00	\$15.00	Yes**	Confirmation	
Massachusetts	\$50.00	\$50.00	Yes** All officers should be listed on appointment form	Confirmation	Restricted State Original Appointment App LTC Training Form & Questionnaire
Michigan	\$5.00	\$5.00	Yes**	Immediate	
Minnesota	\$10.00	\$10.00	Yes-License Only	Immediate	
Mississippi	\$10.00	\$10.00	Yes-License Only	Confirmation	
Missouri	\$10.00	\$10.00	Yes-License Only	Immediate	
Montana	\$0.00	\$0.00	Yes	Immediate	Restricted State
Nebraska	\$8.00	\$8.00	Yes-License Only	Immediate	
Nevada	\$15.00	\$15.00	Yes	Immediate	
New Hampshire	\$25.00	\$25.00	Yes	Confirmation	
New Jersey	\$0.00	\$0.00	Yes	Immediate	Restricted State

The State Life Insurance Company
Appointment Fee and Form Chart (Continued)

State	Resident Fees	Non-Resident Fees	Corporate Appointment	Appointment Effective	Special Instructions
New Mexico	\$23.00	\$23.00	Yes-License Only	Confirmation	Restricted State
New York	NOT ADMITTED-----				
North Carolina	\$20.00 Additional \$10.00 for LTC appointment in North Carolina	\$20.00	Yes-License Only	Immediate	Medicare Supp. License for LTC
North Dakota	\$10.00	\$10.00	Yes	Immediate	
Ohio	\$20.00	\$20.00	Yes**	Immediate	Restricted State
Oklahoma	\$40.00	\$40.00	Yes	Confirmation	
Oregon	\$0.00	\$0.00	Yes	Immediate	Restricted State
Pennsylvania	\$18.00	\$18.00	Yes**	Immediate	Restricted State
Rhode Island	\$0.00	\$0.00	Yes	Immediate	
South Carolina	\$0.00	\$0.00	Yes-License Only	Confirmation	
South Dakota	\$10.00	\$20.00	Yes**	Confirmation	
Tennessee	\$15.00	\$15.00	No	Immediate	
Texas	\$10.00	\$10.00	Resident Only	Immediate	*** See below
Utah	\$12.00	\$12.00	Yes	Immediate	
Vermont	\$60.00	\$60.00	No	Confirmation	Restricted State
Virginia	\$14.00	\$14.00	Yes	Confirmation	
Washington	\$20.00	\$20.00	Yes	Confirmation	Restricted State LTC Cont Ed Required
West Virginia	\$25.00	\$25.00	Yes	Confirmation	Restricted State
Wisconsin	\$0.00	\$0.00	Yes-License Only	Immediate	Restricted State
Wyoming	NOT ADMITTED-----				

KEY:

** In order to appoint a corporation, an individual appointment must also be submitted for the designated officer agent for the corporation

*** The Texas Department of Insurance has changed its laws regarding non-resident companies. Effective January 1, 2002, Texas will now issue a non-resident agency license

DEFINITIONS:

Corporate Appointment:

- "Yes" -- state will appoint a corporation; contact the Contracting Department at 1-800-428-9198, ext. 1722 for state specific procedures
- "Yes-License Only" -- for a corporate appointment, State Life must have a copy of the producer's corporate license on file

Immediate Appointment -- an appointment, which is effective when the state is in receipt of a producer's appointment papers and fees, if applicable

Confirmation Appointment -- an appointment, which is effective when the state sends confirmation of the producer's appointment

Restricted State -- these states will not allow a company to accept business until a Producer is appointed

Producer Contract

The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206



1. **APPOINTMENT**
The Producer is appointed as Broker of The State Life Insurance Company. Territories are not exclusively assigned, and the Company retains the right to make additional appointments in the same territory.
2. **APPOINTMENT OF PRODUCERS**
The Producer may recommend other Producers (hereafter, referred to as Sub-Producers) for appointment under the Producer by the Company. The Company shall be responsible for the compensation of the Sub-Producer if such Sub-Producer is under contract with the Company. The Producer shall be responsible for the compensation of any Sub-Producer not under contract with the Company.
3. **PRODUCER'S AUTHORITY**
The Producer is authorized to secure applications for life and health insurance and annuities for approval or disapproval of the Company and to collect the first premium. The Producer shall remit the entire gross premium to the Company immediately. Premiums after the first shall be payable by the policyholder directly to the Company.
4. **INDEPENDENT CONTRACTOR**
The Producer agrees to become familiar and to conform with any rules and regulations issued by the Company. However, it is mutually agreed that this contract shall be deemed to create a relationship calling for results and shall not be construed to create the relationship of employer and employee between the parties. The Producer shall be free and independent to exercise its own judgment as to the persons from whom it and its Sub-Producer will solicit insurance; and the time and place of such solicitation and the manner and methods of its daily acts are not directed.
5. **COMPANY FUNDS**
The Producer shall be responsible to the Company for all funds collected by him as Producer. Such funds shall be promptly remitted to the Company.
6. **COMPENSATION**
Compensation is payable based on the attached Commission Schedules as referenced in the Contract Agreement.

The attached Compensation Schedules show the maximum compensation the Company will pay for any plan of insurance. The compensation of the Producer under this Contract will be the difference between the maximum payable under the Schedule and the amount the Company pays to any Sub-Producer, if applicable.
7. **COMPENSATION PAYABLE**
All compensation shall be paid not later than thirty days after the end of the calendar month it was earned.
8. **COMPENSATION CHANGE**
Upon 30 days' notice to the Producer, the Company may, as to all business thereafter written under this contract, modify or change any rate of compensation hereunder.
9. **INDEBTEDNESS**
The Company shall have a lien on all compensation that may be payable under this or any previous contract with the Company for the purpose of securing any indebtedness of the Producer to the Company. The Company may apply such compensation against such indebtedness.
10. **FEES**
The Producer shall pay all taxes and fees, including fees for licenses, which may be required of it by any local authority. The Company shall pay all premium taxes and fees, which may be required of it by any State authority.

State insurance department appointment fees will be paid in accordance with the Company's "Appointment and Contracting Procedures."
11. **ASSIGNMENT**
The assignment of any of the rights of the Producer hereunder shall be of no effect without the written consent of the Company.
12. **SURETY BOND**
The Producer shall furnish surety bond, when requested by the Company, in an amount and with such carrier as the Company may approve.
13. **REPLACEMENT**
If any policy be deemed by the Company, in its sole judgment, to replace a policy on the same life, then the compensation, if any, payable on such policy shall be determined by the Company and paid in accordance with the Company's "Commission Rules" in effect at that time. The termination of any existing policy on the same insured (except by maturity in accordance with its terms) within six months before or after the date of the new policy shall be prima facie evidence that the new policy is replacement insurance.
14. **REINSTATEMENT**
If any policy lapses for a period of two months or more after expiration of grace and is reinstated, future commissions thereon will not be due the Producer unless they accomplish such reinstatement. Commissions will be paid in accordance with the Company's "Commission Rules" in effect at that time.
15. **PREMIUM REFUNDS**
If the Company shall return the premiums paid on any policy issued, the Producer, on demand, shall repay the Company the amount of compensation received on any premiums so returned.

16. ADVERTISING

The Producer shall not place advertising or distribute any printed material, except for that provided by the Company, pertaining to the business of the Company without first obtaining the written approval of an officer of the Company.

17. NO WAIVER OF RIGHTS

Failure of the Company to exercise its rights as provided herein in event of breach or failure on the part of the Producer shall not constitute a precedent or be construed as a waiver of such rights or provisions as to such breach or failure or future breach or failure.

18. GENERAL

- A. Compensation on policies issued upon one form and later changed to a different form or plan, on premiums paid in advance, and on increases in Specified Amount will be in accordance with the Company's "Commission Rules" in effect at that time.
- B. A policy shall be deemed to have been paid for only after it is issued and when the first full premium, in addition to any interim short-term premium, shall have been received by the Company and entered on its books.

All questions arising out of the interpretation of this Section shall be determined solely by the Company.

19. TERMINATION OF CONTRACT: AUTOMATIC

If the Producer is a natural person this contract shall automatically terminate on the death of the Producer. Unpaid compensation may be paid to the Producer's surviving spouse or to any other person appearing to the Company to be equitably entitled to such payment and any such payment shall fully discharge the Company from all obligations hereunder.

If the Producer is a corporation, this contract shall automatically terminate upon the dissolution of the corporation or disqualification of the corporation to do business under the applicable state laws. Unpaid compensation shall be paid to said corporation as provided by law.

20. TERMINATION OF CONTRACT: BY NOTICE

Either party to this contract may terminate it at any time by giving 10 days' written notice to that effect.

21. TERMINATION OF CONTRACT: EFFECT ON COMPENSATION

- A. If this contract is terminated for a reason other than cause, compensation will be paid in accordance with the attached schedules of commissions.
- B. No compensation, however, shall be due or payable after termination of this contract if the Producer shall have perpetrated any fraud upon the Company; or shall have encouraged or condoned actions by any Sub-Producers which cause policyholders to relinquish or lapse their policies with the Company.

Compensation also shall not be payable to the extent the Producer shall have misapplied or withheld funds of the Company; or shall have defaulted in the payment to the Company of premiums collected by the Producer or any Sub-Producers.

22. MODIFICATION

This contract shall not be modified except in writing signed by the parties; for the Company and a corporate Producer, such modifications must be signed by the President or a Vice President.

23. NOTICE

Any notice under this contract by the Company shall be in writing signed by the President or a Vice President and mailed to the Producer at the address shown on the records of the Company. Any notice by the Producer shall be in writing signed by the Producer and mailed to the Home Office of the Company.

24. CORPORATION - PARTNERSHIP

Wherever in this contract reference is made to a natural person who is to act as Producer, and the Producer is either a partnership or a corporation, such reference shall be deemed to mean the partners or officers, as the case may be, and the provisions of the contract which are applicable only to a natural person shall not apply.

25. RECORDS AND INSPECTION

All documents, records, software and other data and information, in whatever form they may be, which pertain to policyholders or any other business of the Company, are and will remain the property of the Company. In addition, Producer agrees that it will maintain customary and accurate books and records relating to business solicited for the Company. Any such property shall be, upon reasonable notice, open to inspection by the Company or by its authorized representatives. Company may inspect such property, and make copies of the records of such accounts, records and documents, and all such records, documents, supplies and other property relating to the business transacted under this agreement.

26. PRIVACY COMPLIANCE

The Producer shall comply with all law, rules, and regulations while acting under the color of this contract. As part of this compliance, the Producer is hereby obligated to comply with all federal and state laws, rules, and regulations concerning privacy. Specifically, the Producer agrees that all nonpublic personal information (including financial and health) obtained by him on behalf of or from the Company in the performance of his duties under this contract shall be held in the strictest of confidence and shall not be used for any other purpose except to perform his duties under this contract or as required by law. The Producer shall establish procedures to protect the security and confidentiality of such information.

**Producer
Licensed Only Agreement**

*The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206*



The State Life Insurance Company, Indianapolis, Indiana ("State Life") has licensed or is about to license _____ as Producer for the purpose of soliciting insurance applications for it. It is the understanding of State Life that the Producer intends to submit business to State Life through:

Appointing Person or Corporation Name

Address

City

State

Zip Code

with whom State Life has a contract. In consideration of said licensing by State Life, the Producer agrees and understands that The State Life Insurance Company will pay compensation on business written by the Producer to the appointing or corporation contract holder as named above, and that such payment constitutes payment in full to the Producer.

Producer's Signature

*Appointing Person or Corporation
Principal's Signature*

As an Insurance Professional, I believe in and will abide by the following rules entitled "Principles and Codes of Ethical Market Conduct":

- I. I will conduct business according to high standards of honesty and fairness. I will represent myself and State Life with the highest integrity, always striving to enhance the prestige of my profession.
- II. I will provide competent and customer-focused sales and service. I will render that service to my customers which, in the same circumstances, I would apply to or demand for myself. I will accurately and honestly present all information necessary to enable my clients to make informed decisions. I will know and comply with all laws and regulations governing my business and professional activities.
- III. I will take reasonable efforts to determine the insurable needs or financial objectives of my customers based upon relevant information obtained from them and enter into transactions which assist the customers in meeting their insurable needs or financial objectives.
- IV. I will respond promptly to customer feedback and will always place their best interests above my own interests. I will provide fair and expeditious handling of all customer complaints and disputes and make every effort to resolve them through State Life's complaint handling process.
- V. I will respect the confidentiality of information regarding my clients' personal and business information. I will exercise the highest integrity in cooperating with all others who serve the needs of my clients.
- VI. I will present sales materials, product illustrations and advertisements in a manner which is clear as to purpose, honest and fair as to content, and consistent with the needs of the customer. All of my sales presentations will be based upon the principles of fair dealing and good faith, and will have a sound basis in fact. All such materials will meet with the approval of my company.
- VII. I will engage in active and fair competition in the marketplace for life and annuity products. I will not replace existing life insurance policies and annuity contracts without first communicating to the customer information that he or she needs in order to ascertain whether such replacement of existing policies or contracts may or may not be appropriate. I will refrain from disparaging competitor insurers.
- VIII. I will allow my professional conduct to be supervised and reviewed by State Life, and reviewed by my clients, for compliance with these "Principles and Codes of Ethical Market Conduct."

Principle I

I will conduct business according to high standards of honesty and fairness. I will represent myself and State Life with the highest integrity, always striving to enhance the prestige of my profession.

CODE OF CONDUCT

- a. I will honor my State Life Producer Contract.
- b. I will avoid the appearance of impropriety.
- c. I will avoid adverse publicity.
- d. I will do nothing to impugn a reputation for honesty.
- e. I will not overstep my authority as a Broker and negotiate contract terms or provisions with the policyowner.
- f. I will avoid "rebating" or offering any inducement other than what is contained in the policy itself in exchange for purchase of insurance, unless rebating is authorized in the state in which I am writing business.
- g. I will sell only products that have been approved by the proper regulatory authorities.
- h. I will not sign anyone else's name or initials.

Principle II

I will provide competent and customer-focused sales and service. I will render that service to my customers which, in the same circumstances, I would apply to or demand for myself. I will accurately and honestly present all information necessary to enable my clients to make informed decisions. I will know and comply with all laws and regulations governing my business and professional activities.

CODE OF CONDUCT

- a. I will always act in a manner consistent with upholding my good character and business reputation, as well as that of State Life's.
- b. I will maintain and increase my professional knowledge, skills and competence through continuing education, both formally and through private study.
- c. I will ensure that I am adequately trained to focus on customers' needs and objectives.
- d. I will know all of the features of the products I sell or seek assistance from State Life, if necessary.
- e. I will strive to listen and communicate effectively with my business associates and clients.
- f. I will deliver what I promise in a timely manner.
- g. I will be aware of industry issues, trends and standards.
- h. I will seek to improve the practices for sales and marketing of life and annuity products in cooperation with consumers, regulators and others.
- i. I will be aware of pending legislation and its possible effects on the products I sell and my clients' financial plans.
- j. I will strive to be aware of the tax and legal issues affecting the products I sell.
- k. I will provide timely, accurate and complete disclosure about a purchased product to my clients. Such materials will provide a factual basis for such client's evaluation of the product involved. I will expedite delivery to the policyholder of any policies purchased and return signed receipts to the home office in a timely manner.
- l. I will make every effort to assure that the prospect understands the potential for loss as well as the potential for gain in any product sold or strategy employed.
- m. I will always distinguish between guaranteed and non-guaranteed elements of a life insurance contract.
- n. I will never indicate that premiums for a policy which may be payable for life are payable for a shorter period.
- o. I will know, and strive to keep abreast of the changes to, and comply with the laws and regulations in all the jurisdictions in which I do business.
- p. I will maintain proper licensing in all states in which I do business.
- q. I will be conscious of premium taxes and anti-rebate laws, conforming to governmental regulations with regard to each.
- r. I will know and comply with these "Principles and Codes of Ethical Market Conduct."

Principle III

I will take reasonable efforts to determine the insurable needs or financial objectives of my customers based upon relevant information obtained from them and enter into transactions which assist the customers in meeting their insurable needs or financial objectives.

CODE OF CONDUCT

- a. I will help my clients protect insurable obligations and attain their financial security objectives.
- b. I will persist beyond the sale to assure implementation and completion of the plan when a product is sold as part of an overall business or personal plan.
- c. I will adhere to the premium commitment that a client can reasonably expect to be able to pay based on complete data gathering.
- d. I will not select a product based on the commission to be earned.
- e. I will always attempt to ascertain all relevant facts.
- f. I will provide prospects with the facts regarding products that are available so they can make informed decisions. Clients must understand both what it is they are purchasing and why.
- g. I will explain the reasons for recommendations and avoid exaggeration or oversimplification.
- h. I will, to the best of my ability, keep my clients informed of changing circumstances which impact their product or plan.

Principle IV

I will respond promptly to customer feedback and will always place their best interests above my own interests. I will provide fair and expeditious handling of all customer complaints and disputes and make every effort to resolve them through State Life's complaint handling process.

CODE OF CONDUCT

- a. I will identify, evaluate and handle consumer complaints in compliance with applicable laws and regulations related to consumer complaint handling.
- b. I will assist and cooperate with the company in making a good faith effort to resolve complaints and disputes without resorting to civil litigation.
- c. I will assist and cooperate with the company in obtaining, recording and reporting customer feedback.
- d. I understand that customer feedback includes, but is not limited to:
 - Inquiries
 - Service Requests
 - Concerns
 - Complaints
 - Disputes

Principle V

I will respect the confidentiality of information regarding my clients' personal and business information. I will exercise the highest integrity in cooperating with all others who serve the needs of my clients.

CODE OF CONDUCT

- a. I will never reveal a client's name or a client's situation without permission from the client.
- b. I will protect client files and client records with regard to confidentiality.
- c. I will assure that my staff respects client confidentiality.
- d. I will assure that other professionals involved in the business process understand and respect my clients' confidentiality.
- e. I will cooperate with other professionals as needed throughout the business process.

Principle VI

I will present sales materials, product illustrations and advertisements in a manner which is clear as to purpose, honest and fair as to content, and consistent with the needs of the customer. All of my sales presentations will be based upon the principles of fair dealing and good faith, and will have a sound basis in fact. All such materials will meet with the approval of my company.

CODE OF CONDUCT

- a. I will know, keep abreast of the changes in, and comply with the laws and regulations of all applicable jurisdictions regarding advertising, unfair trade practices and sales illustrations.
- b. I will ensure that illustrations of premiums and considerations, costs, values and benefits are accurate and fair, and contain appropriate disclosure of amounts which are not guaranteed and those which are guaranteed in the policy or contract.
- c. I will obtain the client's signature on any illustrations that are used at point of sale. I will submit those signed illustrations to the home office with the application for insurance.
- d. I understand that advertising includes, but is not limited to:
 - Printed and/or published materials
 - Newspaper, radio, television, computers, billboards
 - Ads, circulars, leaflets, descriptive literature
 - Business cards, business brochures, prepared sales talks
 - Telephone solicitations
 - Material used to sell, modify, update or retain a policy of insurance
- e. I will only use materials that are comprehensible in light of the complexity of the product.
- f. I will always obtain approval for any forms, sales materials or concepts that are developed outside of the home office prior to using them at point of sale or in any advertising.

Principle VII

I will engage in active and fair competition in the marketplace for life and annuity products. I will not replace existing life insurance policies and annuity contracts without first communicating to the customer information that he or she needs in order to ascertain whether such replacement of existing policies or contracts may or may not be appropriate. I will refrain from disparaging competitor insurers.

CODE OF CONDUCT

- a. I will know, keep abreast of the changes in, and comply with the laws and regulations of all applicable jurisdictions regarding fair competition and replacements.
- b. I will conduct a thorough data gathering with any client.

- c. I will make a complete comparison between the "to-be-replaced" product and the proposed product. I will point out the strengths and weaknesses of both.
- d. I will be aware of, and adequately disclose the existence and effect of, surrender charges and sales loads, including contingent deferred and back-end loads.
- e. I will compare guarantees of both contracts with the client.
- f. I will never cancel the original policy until the new policy is issued and accepted.
- g. I will inform the prospect of the significance of the suicide and incontestability clauses.
- h. I will always consider the client's need for additional coverage as opposed to replacement coverage.
- i. I will consider the alternatives to policy replacement, such as conversion to reduced paid-up or level term insurance.
- j. I will always be conscious that ethical replacement requires thorough disclosure and client understanding of the nature of the transaction and the reasons for it.
- k. I will know and comply scrupulously with disclosure and filing requirements of all jurisdictions.
- l. I will consider the effect of replacement on the clients' overall business or personal needs.
- m. I will not make disparaging remarks or statements that pertain to someone else's products, services or company.

Principle VIII

I will allow my professional conduct to be supervised and reviewed by State Life, and reviewed by my clients, for compliance with these "Principles and Codes of Ethical Market Conduct."

CODE OF CONDUCT

- a. I will review my practices to assure that I am in compliance with these "Principles and Codes of Ethical Market Conduct" and all applicable laws and regulations related to life and annuity product sales, advertising and market practices.
- b. I will support State Life's efforts to establish and maintain a system for obtaining objective reviews of sales practices and monitoring of information related to sales practice.

It's Your Responsibility To Choose The Right Path

Practicing good ethical conduct is not always a black and white issue. Since childhood, you have been taught the differences of right and wrong but sometimes you will find yourself faced with a situation that is gray. Something as simple as failing to deliver a policy in a timely manner or keeping a promise to review your client's needs on a regular basis may not be perceived as a violation of ethical conduct. However, if you are truly committed to your profession, you know the "right thing to do" and that doing the right thing is in everyone's best interests.

State Life, with the assistance of their field representatives, has demonstrated a strong commitment to good ethical conduct and integrity. Our growth in policyholders over the years is a tribute to our efforts of developing trust and stewardship. Just as we are committed to being ethical, we must also be committed to dealing firmly with unethical and unprofessional behavior to continue our growth and prosperity.

These "Principles and Codes of Ethical Market Conduct" should serve as a guideline of State Life's expectation of good ethical conduct. Proper conduct will be evaluated through Home Office observation, customer feedback (including LIMRA CAP program) and other reviews of sales practice. Non-adherence to any part of the Principles and Codes will be reviewed by our Market Conduct Compliance Committee which may initiate any of the following actions:

- 1) Immediate termination may result if our Market Conduct Compliance Committee determines that the violation is severe enough to warrant termination.
- 2) Any conduct that violates state or federal laws or regulations will be reported to the appropriate authorities.
- 3) Personal penalty, warning, probation or termination of contract depending upon the severity of the violation will result if use of disapproved sales and advertising materials continues after you have been notified of violation.
- 4) Monetary fines, cancellation of contract, loss of license or a combination of any three of these remedies could result if rebating or replacement violations, which are regulated by each state, are identified.
- 5) Revocation of your license could result if you fail to meet continuing education requirements in states where it is required.

Each of us has a responsibility to ourselves, our customers and our profession to choose the path of ethical market conduct. State Life is proud of the reputation you have helped us build and we trust that you will help us maintain that reputation for all others who follow.

If you are unsure about whether you are properly following the spirit of the Code, or if a rule is unclear or ambiguous, please consult with our Market Conduct Officer, Angelo Kostas, at (317) 285-1852.

Reporting violations of the Code is also necessary because, in some cases, failure to report another person's illegal act is, itself, a criminal act. You or the company could be prosecuted if there were a failure to report. Reporting violations should not be considered an act of disloyalty, but an action which shows a sense of responsibility and fairness to other Brokers, our customers and policyowners. Reports should be made to: Angelo Kostas, Market Conduct Officer, The State Life Insurance Company, P. O. Box 406, Indianapolis, Indiana 46206.

TO: State Life Field Representatives

RE: Fact-finding Tools

Determination of insurable needs and financial objectives of the customer is an essential aspect of the individual life and annuity sale. This is a key pillar to the Insurance Marketplace Standards Association (IMSA) guidelines.

State Life's policy is to provide our field representatives with access to fact-finding material and tools. Here are some recommended vendors for this purpose:

Vendor	Material	Tools
DEARBORN FINANCIAL 155 North Wacker Dr., #100 Chicago, IL 60606-1719 (800) 824-8742 www.dearborn.com	<ul style="list-style-type: none">• Total Needs Selling	<ul style="list-style-type: none">• Text w/exam• Format w/fact-finding Analysis Procedure
FINANCIAL PROFILES, INC. 5421 Avenida Encinas, Suite A Carlsbad, CA 92008 (800) 822-8302 www.profiles.com	<ul style="list-style-type: none">• Needs Analysis Planning System	<ul style="list-style-type: none">• Fact finding• Cash flow and net worth statements• Survivor needs determination• Personal presentations
VERNON PUBLISHING, INC. 155 North Wacker Dr. Chicago, IL 60606-1719 (800) 765-7799	<ul style="list-style-type: none">• Financial Needs Analysis (FNA) Learning Program (available in a software package)	<ul style="list-style-type: none">• FNA Fact Finding Tool• FNA Learning Guide• FNA Trainer's Guide• Customer Presentation Binder• Role Play Audio and Video Tapes

Please contact your General Agent for additional sources of information on needs-based selling.

Life and Annuity Compensation Schedule

(Expressed as a percentage of premium paid)

The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206



Plan	Policy Years		
	1 FYC* (%)	2-10 RC* (%)	11 and after SF* (%)
Lifestyle Freedom UL (Including riders)			
Premium up to target	75%	2.5%	2.5%
Premium in excess of target	2.5%		
Lifestyle I UL (Including riders)			
Premium up to target	70%	3.5%	2.5%
Premium in excess of target	3.5%		
Lifestyle II Plus UL (Including riders)			
Premium up to target	70%	2.5%	2.5%
Premium in excess of target	3.5%		
Lifestyle IV UL (Including riders)			
Premium up to target	70%	2.5%	1%
Premium in excess of target	2.5%		
Precision (Whole Life & Term)			
Whole Life I	65%	3.5%	2.5%
Term Rider	65%	None	None
Paid-Up Additions Rider	2.5%	2.5%	2.5%
Heritage Last Survivor Whole Life (Issued by American United Life Insurance Company®)			
Base Whole Life	70%	5%	.75%
Accelerator Rider	5%	5%	.75%
Accelerator One Rider	5%	5%	.75%
Joint Term Rider	35%	4.5%	4.5%
Term Policies			
Lifestyle 10	70%	0%	0%
Lifestyle 15/15+	75%		
Lifestyle 20/20+	80%		
Single Premium Annuities			
SPDA – Up to Issue Age 70	4%		
– Issue Age 71 and Over	3%		
Lifestyle Enhanced SPIA	3%		

* **FIRST-YEAR COMMISSIONS (FYC).** First Year Commissions shall be paid at the rates specified in the Compensation Schedule attached on premiums received by the Company for the first policy year on all policies paid for which were produced by members of the General Agency.

* **RENEWAL COMMISSIONS (RC).** Renewal Commissions shall be paid at the rates specified in the Compensation Schedule attached on all premiums received by the Company for the policy years specified in that Schedule on policies paid for which were produced by members of the General Agency.

* **SERVICE FEES (SF).** While this contract is in force, Service Fees shall be paid at the rates specified in the Compensation Schedules on premiums received by the Company for the policy years specified in that Schedule on policies paid for which were produced by members of the General Agency.

No first year commission is payable on extra premiums charged by reason of occupation, physical conditions, etc., which are payable for five years or less. Compensation is payable at the rates shown for the base policy on all other extra premiums.

The company reserves the right to charge back to the General Agent any commissions paid on a Single Premium Deferred Annuity when a death claim occurs on such Annuity during the first policy year.

Long Term Care Insurance Compensation Schedule

The State Life Insurance Company
P.O. Box 406
Indianapolis, IN 46206



This Schedule of Compensation Rates replaces any previously issued compensation schedules. The Company reserves the right to reject any applications submitted and to cancel or rescind any contract issued, returning where applicable the consideration or any part thereof. In the event of such rejection, cancellation or rescission, any commissions paid on the consideration returned shall forthwith be paid to the Company or withheld from other commission payments, or both. Premium rate increases and the rated portion of any substandard premium are not commissionable. Compensation payable to any sub-appointments will be deducted from the compensation described herein.

COMPREHENSIVE LONG TERM CARE AND NURSING CARE

Policy Series S-6000-P, including Riders, Options and State Variations

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia.								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
40 - 44	70%	4%	70%	0%	60%	2%	60%	0%
45 - 54	60%	4%	60%	0%	50%	2%	50%	0%
55 - 69	50%	4%	50%	0%	40%	2%	40%	0%
70 - 79	40%	4%	40%	0%	30%	2%	30%	0%
80+	30%	4%	30%	0%	20%	2%	20%	0%
<p>Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule.</p> <p>When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point.</p> <p>For Alabama replacements, the renewal commission rate will be paid on all first year premium.</p> <p>For California replacements, the renewal commission rate will be paid on the portion of premium that is equal to or less than the replaced premium; and the first year commission rate will be paid on the difference between the new premium and the premium for the policy being replaced.</p>								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION – All Ages - 3%								

DELAWARE								
All Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
New Business	35%	7%	35%	0%	31%	5%	31%	0%
Replacements	25%	7%	25%	0%	21%	5%	21%	0%
Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule. When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION – All Ages - 3%								

INDIANA								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
40 - 44	28%	14%	14%	7%	24%	12%	12%	6%
45 - 54	24%	12%	12%	6%	20%	10%	10%	5%
55 - 69	20%	10%	10%	5%	16%	8%	8%	4%
70 - 79	14%	7%	7%	3.5%	10%	5%	5%	2.5%
80+	6%	3%	3%	1.5%	2%	1%	1%	0.5%
Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule. When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION – All Ages - 3%								

KENTUCKY – New Business								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
40 - 44	70%	2%	70%	0%	60%	1%	60%	0%
45 - 54	60%	2%	60%	0%	50%	1%	50%	0%
55 - 69	50%	2%	50%	0%	40%	1%	40%	0%
70 - 79	40%	2%	40%	0%	30%	1%	30%	0%
80+	30%	2%	30%	0%	20%	1%	20%	0%
Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION – All Ages - 3%								

KENTUCKY – Replacements								
All Ages	Standard Commission Rates				*Endorsed Group Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
All Ages	4%	2%	4%	0%	4%	2%	4%	0%
Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule. *Kentucky replacement commissions are not reduced due to the Endorsed Group Discount, unless the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), in which case renewal commission rates are reduced 1 percentage point.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION – All Ages - 3%								

MICHIGAN												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	Long Term Care Policies, Except Single Pay			All Riders & 10 Pay Option, Except Single Pay			Long Term Care Policies, Except Single Pay			All Riders & 10 Pay Option, Except Single Pay		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2 - 3	4+		2 - 3	4+		2 - 3	4+		2 - 3	4+
40 - 44	70%	4%	4%	70%	0%	0%	60%	2%	2%	60%	0%	0%
45 - 54	60%	4%	4%	60%	0%	0%	50%	2%	2%	50%	0%	0%
55 - 64	50%	4%	4%	50%	0%	0%	40%	2%	2%	40%	0%	0%
65 - 69	20%	20%	4%	4%	4%	4%	18%	18%	2%	2%	2%	2%
70 - 79	16%	16%	4%	4%	4%	4%	14%	14%	2%	2%	2%	2%
80+	12%	12%	4%	4%	4%	4%	10%	10%	2%	2%	2%	2%
Payment of renewal commissions in policy years 2 and after (or policy year 4 and after for policies issued to insureds aged 65 and older) is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule. When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point.												
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION – All Ages - 3%												

PENNSYLVANIA								
Ages	Standard Commission Rates				Franchise Policy Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
18 - 44	70%	4%	70%	0%	60%	2%	60%	0%
45 - 54	60%	4%	60%	0%	50%	2%	50%	0%
55 - 69	50%	4%	50%	0%	40%	2%	40%	0%
70 - 79	40%	4%	40%	0%	30%	2%	30%	0%
80+	30%	4%	30%	0%	20%	2%	20%	0%
Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule. When the Franchise Policy Discount becomes effective in renewal years (after payment of first year commission), Franchise Policy renewal commission rates are reduced an additional percentage point. Pennsylvania first year commissions for replacements are paid at renewal commission rates. Pennsylvania writing agent commissions are subject to the following limitations: First year commissions are limited to 50%, renewal commissions are limited to 10%, and commissions for the 10-Pay Option are limited to 10% in all years. These limitations do not increase override commissions.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION – All Ages - 3%								

WISCONSIN - New Business								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
40 - 44	64%	16%	32%	8%	52%	13%	26%	6.5%
45 - 54	60%	15%	30%	7.5%	48%	12%	24%	6%
55 - 69	48%	12%	24%	6%	36%	9%	18%	4.5%
70 - 79	36%	9%	18%	4.5%	24%	6%	12%	3%
80+	28%	7%	14%	3.5%	16%	4%	8%	2%
Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule. When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 3%								

WISCONSIN - Replacements								
Ages	Standard Commission Rates				*Endorsed Group Commission Rates			
	Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay		Long Term Care Policies, Except Single Pay		All Riders & 10 Pay Option, Except Single Pay	
	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After	First Year	Renewal Years 2 & After
40 - 44	16%	16%	8%	8%	16%	16%	8%	8%
45 - 54	15%	15%	7.5%	7.5%	15%	15%	7.5%	7.5%
55 - 69	12%	12%	6%	6%	12%	12%	6%	6%
70 - 79	9%	9%	4.5%	4.5%	9%	9%	4.5%	4.5%
80+	7%	7%	3.5%	3.5%	7%	7%	3.5%	3.5%
Payment of renewal commissions in policy years 2 and after is subject to the Renewal Commission Eligibility Requirements stated on page 4 of this schedule.								
*Wisconsin replacement commissions are not reduced due to the Endorsed Group Discount, unless the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), in which case Endorsed Group renewal commission rates are reduced 5 percentage points, but never below 1%.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 3%								

Renewal Commission Eligibility Requirements

Renewal commissions are payable only if your total commission earnings for the previous calendar year for the policy series stated above are at least \$3000. Renewal commission payments will resume whenever this requirement is met. Forfeited renewal commissions are retained by the Company.

The renewal commission eligibility requirements for an agency are the same as a producer's, except that business produced by all of the agency's sub-agents is combined to meet the requirement.

When a producer's renewal commission is payable to another agent or agency due to an assignment of commission or license-only contract, the total amount payable to the agent or agency will only be paid when the producer meets the above requirements.

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 for each CPS producer.

Agent 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 _____

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 see 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.

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CPS INSURANCE SERVICES / CA LIC.# 0571612
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LICENSING DEPARTMENT FAX 949-225-7157