

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.



APPOINTMENT INSTRUCTIONS

• WANT TO GET PAID?

You must be licensed in a state before you can solicit business in that state. You may submit an application immediately but you must be appointed to MONY (or MLOA) before a policy or contract can be issued and you get paid.

1. Please follow the instruction that applies to you:

- **STOP** – the following states require that you be appointed before you take an application: **Georgia, Massachusetts, New Mexico, and Washington**. Complete the appointment paperwork and/or fax a copy of your license for these states before soliciting business.
- **Complete and fax** appointment paperwork if not previously completed and copy of state license(s) to 800-657-2911.
- **Fax** copy of state license to 800-657-2911 if already appointed but not in application state.
- **Identify** - Provide producer number on cover sheet or first page of application if known.
- **Disregard** - if already appointed in the application state and/or completed paperwork previously.

2. Please provide proof of **E & O coverage**. The coverage must consist of at least \$500,000 per occurrence. **The Certificate must list the types of business/activities in which you will be engaged.** (Example: Securities, Mutual, and/or Life.)

3. If you are a registered rep, include a copy of your U-4.

For additional help, contact Licensing Department at 866-262-6669

- Mamie Arsenault x1876
- Rachel Coogan x1819
- Lia Merrill x1842
- Aubrey Miner x1859
- Johanna Newman x1875



Sales Support Department

MONEY Independent Network
A Division of
MONEY Life Insurance Company
185 Asylum Street
Hartford, CT 06103
<https://broker.money.com>
Toll Free Ph. 866.262.6669
Toll Free Fx. 800.657.2911

Producer Survey

MONEY Independent Network is committed to providing you with the best possible products and service. We would like to know some general information about your business to help us continue with high quality sales assistance. Please take the time to complete the following survey, and then send it to us at our toll-free fax number, **800-657-2911**. Thank you for your cooperation.

Name: _____ Phone Number: (____) _____

Do you consider yourself a . . .

☐ Career Agent?

☐ Independent Life Producer?

☐ Broker?

☐ P&C Agent?

☐ Financial Planner?

☐ Other?

Within the last 12 months, what percent of your life and annuity first year commissions came from the sale of the following? (Total percentages should equal 100%)

____ % Whole Life?

____ % Term Life?

____ % Fixed Annuity?

____ % Variable Annuity?

____ % Variable Universal Life?

____ % Universal Life?

____ % Survivorship Variable Universal Life?

____ % Survivorship Universal Life?

What other life insurance carriers do you routinely do business with? _____

In which markets do you write business?

☐ Estate Planning

☐ Income Protection

☐ Executive Benefits

☐ Mortgage Protection

☐ College Funding

What markets are you interested in learning more about?

☐ Estate Planning

☐ Income Protection

☐ Executive Benefits

☐ Mortgage Protection

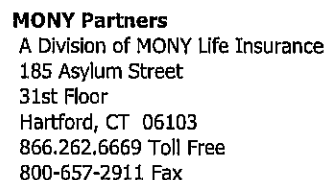
☐ College Funding

Are there any subjects for which you would attend seminars? _____

Your comments: _____

INSURANCE AND INVESTMENT PRODUCTS FOR BROKERS

Securities are offered by MONEY Securities Corporation, member NASD, SIPC., 1740 Broadway, New York, NY 10019 800.736.0166. MONEY Life Insurance Company and MONEY Securities Corporation are members of The MONEY Group



1. An attached copy of E&O coverage. Claim coverage must be **at least** \$1,000,000 (\$500,000 per wrongful act).
2. Completion and acceptance of the information below.
3. Copy of the agent's state license(s) and (if applicable) the sub-producer corporation state license(s).

Social Security Number: - - Date of Birth:

If yes, please provide: FU or FP number: Agency Number:

***Please review and circle an answer for each question. If yes, a written explanation from the agent is required. Please use the comment section below to provide details or send a separate attachment with the agent profile. Failure to provide supporting evidence and/or an explanation will prolong your appointment process with MONY.**

YES NO #1 Have you ever had your insurance license or securities registration suspended or revoked?

YES NO #2 Are there any outstanding or pending judgments or liens filed against you?

YES NO #3 Are you involved in any pending or current litigation, investigations or Errors and Omissions claims?

YES NO #4 Have you had any Errors & Omissions claims in the past 3 years?

YES NO #5 Within the past 5 years, have you ever initiated bankruptcy proceedings or been declared bankrupt?

YES NO #6 Within the past 10 years, have you ever had a complaint filed against you?

YES NO #7 With the exception of routine traffic violations, have you ever been convicted of or plead guilty or

nolo contendere (no contest) in court to a misdemeanor or a felony?

COMMENTS

ChoicePoint Services FAX #1-800-766-8086
2885 Breckinridge Blvd Phone: 1-800-888-5773
Suite #200
Duluth, GA 30096

The agent's signature is required below in order for MONY Partners to obtain an identity, financial, criminal, and state insurance background verification from ChoicePoint Services.

I hereby authorize the MONY Life Insurance Company, or any of its subsidiaries, (MONY), to obtain an investigative consumer report on me.

I further authorize any employer, credit bureau, consumer reporting agency or any other custodian of financial, personal or professional information regarding me to release to MONY any and all data respecting my duties, personal and professional behavior, credit and financial information. A photocopy of this authorization shall be deemed as valid as the original and this authorization shall remain in full force and effect for a time period of two years from the date hereof. I acknowledge that I have read and understand the notices above.

Signature _____ Date _____

Witness _____ Date _____

ChoicePoint Services
2885 Breckinridge Blvd., Suite 200
Duluth, GA 30096

Fax Number: 1-800-766-8086
Phone number: 1-800-888-5773
Date of Request: _____

MONY Life Insurance Company

Account #: 510188

Requester: Darlene Brandon-Scott

Total Pages: 1

Telephone #: 866-262-6669 x1807

The following Background verification will be ordered:

Identity, Financial, Criminal, and State Insurance check.

<i>Applicant Information</i>			
Name: _____			
_____	_____	_____	
Last	First	Middle	
Resident Address: _____			
_____	_____	_____	_____
Street	City	State	Zip
Driver's License # _____		State _____	
Social Security # _____ - _____ - _____		Date of Birth _____	
<p><i>I hereby authorize the MONY Life Insurance Company, or any of its subsidiaries, (MONY), to obtain an investigative consumer report on me. I further authorize any employer, credit bureau, consumer reporting agency or any other custodian of financial, personal or professional information regarding me to release to MONY any and all data respecting my duties, personal and professional behavior, credit and financial information. A photocopy of this authorization shall be deemed as valid as the original and this authorization shall remain in full force and effect for a time period of two years from the date hereof. I acknowledge that I have read and understand the notices above.</i></p>			
Signature _____		Date _____	
Witness _____		Date _____	

Revised 11/14/00

Summary of Consumer Rights

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA 15 U.S.S. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU.

Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

YOU CAN FIND OUT WHAT IS IN YOUR FILE.

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify and (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA.

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

INACCURATE INFORMATION MUST BE CORRECTED OR DELETED.

A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information.

YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error. **OUTDATED INFORMATION MAY NOT BE REPORTED.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.

ACCESS TO YOUR FILE IS LIMITED. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business. **YOUR CONSENT IS REQUIRED FOR REPORTS THAT ARE PROVIDED TO EMPLOYERS, OR REPORTS THAT CONTAIN MEDICAL INFORMATION.** A CRA may not give out information about you to your employer or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

YOU MAY CHOOSE TO EXCLUDE YOUR NAME FROM CRA LISTS FOR UNSOLICITED CREDIT AND INSURANCE OFFERS. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely. **YOU MAY SEEK DAMAGES FROM VIOLATORS.** If a CRA, user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

☐ Default Schedule (if checked)

MONY Partners
Sub-Producer Schedule A

The schedule below reflects the amount of compensation to be directed to

_____ for business that is produced on or
Print Sub-Producer's Name

after _____

Date

_____ Print Brokerage Agency Name

Product	First Year Sub-Producer Compensation	Renewal Sub-Producer Compensation (Years 2-10)	Excess
Term (including riders)			
Yearly Renewable	55%	1.5%	
5 Year Level	55%	1.5%	
10 Year Level	55%	1.5 %	
15 Year Level	60%	1.5%	
20 Year Level	65%	1.5%	
20 Year – 10 Year Guaranteed	65%	1.5%	
UL/SUL/WL/VUL/SVUL** ISWL****	(a) 65%	1.5%	(b) 3%
Term Riders same as Term			
Paid-Up Additions Rider			
MONY Fixed Annuity (1 Year Guarantee Period) (Flexible Payment Deferred Annuity)			
Ages 0 – 79	3.5%		
Ages 80 +	1.5%		
MONY Fixed Annuity *** (3, 5, 7, 8, 10 Year Guarantee Period) (Flexible Payment Deferred Annuity)			
Ages 0 – 79	4%		
Ages 80 +	1.5%		

Special Fixed Annuity – Special Rates may vary. Current special pays gross GDC of 3% and 1.5% over age 80.

Please fill in a percentage of the special you would like paid to your sub-producer

Ages 0 – 79 _____%

Ages 80+ _____%

☐ Default Schedule (if checked)

SPIA			
Ages 0 – 79	4%		
Ages 80 +	2%		
MONY Variable Annuity* **			
Ages 0 – 79	5%	-	
Ages 80+	2.5%	-	

(a) This compensation rate applies to premiums that do not exceed the Commissionable Target Premium applicable to the policy issued. With the exception of the non-commissionable Primary Insured Term Rider, rider premiums result in an increase in the Commissionable Target Premium.

(b) This compensation rate applies to premiums that exceed the Commissionable Target Premium applicable to the policy issued.

* Amounts listed represent a percentage of premiums and must be in even 5% increments.

** Variable products may not be sold unless there is a Broker-Dealer Selling Agreement with MONY Securities Corporation.

*** Additional 50 bpts for MONY Fixed Annuity (3,5,7,8,10 Year Guarantee Period) – non-special until December 31, 2002.

**** ISWL – available for sale October 28, 2002

Maximum rate you can advertise is 2% for specials and 4.5% for regular fixed annuity

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? _____

Page 1

***** 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.

Page 2

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