



LIFE INSURANCE COMPANY

Contracting Instructions

Welcome and thanks for your interest in Sagicor Life Insurance Company! Checking each item will help to ensure that we have all the information necessary to process your appointment in an expedient manner.

- Completed Agent Appointment Application. (Please complete each question, sign and date)
- We must have your complete 5 year employment and address history!
- If you currently carry Errors & Omissions coverage please provide a copy of your declaration page.
- Agent Contract. Signed and dated.
- Signed Authorization to Obtain Consumer Reports.
- Completed Request for Taxpayer Identification Number form.
- Copy of your license for your resident state. Copies of all NON-RESIDENT LICENSES FOR STATES IN WHICH YOU WILL BE PRODUCING. You must provide applicable non-resident state appointment fees.
- If commissions are being paid to your Agency or Corporation, we will require a copy of the agency/corporation license for each state in which you are requesting appointment.
- Commissions are paid via electronic fund transfer on a daily basis for annuities and single premium and on a weekly basis for periodic premiums. Please complete the direct deposit authorization information provided on the last page of your Agent Contract.
- Copy of your Certification of Anti-Money Laundering training (required for appointment).

Fax all of the above to (866) 853-1086

Or E-mail to:

HarborIns@yahoo.com

Or mail to:

Harbor Insurance Marketing, Inc.

P.O. Box 422

Brownsburg, IN 46112

Our street address for overnight delivery is:

Harbor Insurance Marketing, Inc.

4830 E. 350 N

Danville, IN 46122

For questions about contracting, contact Jim Ashley.

866-424-2167

jashley@HarborIns.com

Marketed Nationally by:

Harbor Insurance Marketing, Inc.

Toll Free 866-424-2167 – Fax 866-853-1086

James E. Ashley – President

CA License #0C92568



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Application for Appointment

INDIVIDUAL AGENT/AGENCY PRINCIPAL INFORMATION

Name: _____ CLU ChFC CFP CSA
 LUTCF Other _____

Email Address: _____ Website address: _____

Tax Identification Number: _____ Date of Birth: _____ Sex: _____

Mailing Address: _____ City _____ State _____ Zip _____

Business Phone: () _____ Fax: () _____ Cell: () _____

Residence Address: _____ City _____ State _____ Zip _____

Res Phone: () _____

ADDRESS HISTORY (5 years, if necessary use separate page)

Street	City	State	Zip	# of Years

EMPLOYMENT HISTORY AND COMPANIES REPRESENTING (5 years, if necessary use separate page)

Company	City	State	Phone #	# of Years

Do you intend to travel or reside outside the United States except for vacation? Yes No If yes, provide details:

AGENCY/CORPORATION INFORMATION (Complete this section if commissions are to be paid to agency/corporation)

Agency/Corp. Name (Attach a copy of Agency/Corporation License): _____

Tax Identification Number: _____ Individual/Sole Proprietor Partnership Corporation

Address: _____ City _____ State _____ Zip _____

Business Phone: () _____ Fax: () _____ Cell: () _____

Email Address: _____ Website Address: _____

LICENSE INFORMATION

Resident State: _____ Resident License Number: _____

Non-Resident Appointment States (Attach Non-Resident licenses and applicable appointment fees): _____

FLORIDA residents must specify the Florida county where their business office is located: _____

NON-RESIDENT FLORIDA agents soliciting in Florida must list the county(s) in Florida in which they intend to personally solicit: _____



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BACKGROUND/PERSONAL HISTORY INFORMATION

IMPORTANT: Please read and answer the following questions. For each "Yes" answer, provide a detailed explanation on a separate sheet of paper. The answers provided will be verified with a consumer reporting agency. If any information requested below has not been disclosed, this could be sufficient reason to close this application for appointment.

1. Have you ever been convicted of or plead guilty or no contest to any felony, misdemeanor or a violation of federal or state securities or investment related regulations? (Sagicor Life Insurance Company prohibits appointment of an agent convicted of any felony)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you now owe money to any life or health insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past ten years have you or a firm in which you were a partner, officer or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reasons other than non-production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been appointed with Sagicor Life Insurance Company or one of its affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ANTI-MONEY LAUNDERING TRAINING

10. Have you had any anti-money laundering training in the last 12 months?
- Yes I certify that within the last 12 months I have taken an anti-money laundering training course from another insurance company or an approved third party.
Date course taken: _____ **(Please provide a copy of the certification of training)**
- No I understand that my appointment will be declined until I complete and provide a copy of this training.
(note: call agent services for training availability)

Note: If you carry E&O Insurance, please provide a copy of your current E&O Policy Declaration Page with your completed application.

I hereby certify that the statements contained in this Appointment Application are true and correct to the best of my knowledge and belief. I understand that any false statements on this Application may be considered as sufficient cause for rejection of this Application, or for termination if such false statement is discovered subsequently.

I understand and agree that:

- I can solicit business only in states where I am licensed and appointed with Sagicor Life Insurance Company.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- As a general rule, it is not acceptable to solicit applications anywhere other than the resident state of the applicant.
- I will abide by all current written rules and regulations set forth by the Company.

Agent's Signature X _____ Date _____



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PLEASE COMPLETE THIS VOLUNTARY SURVEY TO HELP US BETTER SERVE YOUR BUSINESS NEEDS!

1. How did you hear about Sagicor Life Insurance Company?

2. What was the primary reason you contracted with Sagicor Life?

3. How long have you been in the insurance/financial services industry?

4. What companies are you currently representing?

5. What are your favorite life and annuity companies? Why?

6. Please show the percent of business income you or your agency receive from:

____% Life	____% Mutual Funds	____% P & C
____% Annuities	____% Health	____% Other:

7. Which life products generate production for you? Please show the percentage.

____% Term	____% U.L.	____% Equity Indexed products
____% Whole Life	____% V.U.L.	____% Single Premium

8. Which annuity products generate production for you? Please show the percentage.

____% Fixed	____% Variable	____% Equity Index
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9. Does any company provide you with annualized compensation? Yes No If so, what percentage? ____%

10. How do you prospect for clients?

Seminars Client Dinner Direct Mail Referrals Company-provided leads

Purchase leads

Which companies assist you with prospecting and how?

11. Please indicate which agent or agency channel best describes you and your business:

<input type="checkbox"/> PPGA	<input type="checkbox"/> RGA	<input type="checkbox"/> Broker Dealer
<input type="checkbox"/> MGA	<input type="checkbox"/> IMO	<input type="checkbox"/> Other _____

How many agents do you have contracted? _____

Where are they geographically located?

12. What are your Professional Designations?

<input type="checkbox"/> CLU	<input type="checkbox"/> LUTCF	<input type="checkbox"/> CSA
<input type="checkbox"/> ChFC	<input type="checkbox"/> CFP	<input type="checkbox"/> Other _____

13. What can we do to help you build your business?



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Various states impose penalties for misrepresentation of information in order to obtain insurance benefits. Before completing the attached Agent Application form, read your state's fraud warning in the listing below.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



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New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



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Agent Contract

AGENT or CORPORATION NAME: _____

Sagicor Life Insurance Company (hereinafter called the "Company", "we", "our" or "us") and the Person, Firm or Corporation named above (hereinafter called "Agent", "you", or "your") mutually agree to the terms of the contract as follows. This contract supersedes any prior contracts or agreements between you and the Company.

1. GENERAL AUTHORITY

1.1 AUTHORITY TO SOLICIT

The Company appoints you as an agent to solicit applications for life insurance products and annuities issued by the Company, subject to the terms and limitations in this Contract. You shall be licensed by the state(s) in which you solicit applications for insurance for the Company. You shall solicit applications in accordance with applicable state laws and regulations, the lawful rules and regulations of the Company as they may be in effect or amended from time to time by the Company at its sole discretion and in accordance with the provisions of this Contract.

1.2 AUTHORITY OVER AGENTS

You are authorized to recruit and recommend to the Company agents to be appointed as your Sub-Agents for purposes of developing and supervising distribution of Company insurance products. The contract made with the Sub-agent shall become effective when executed by the Company and the Sub-agent is licensed. The Company may refuse to contract with any proposed Sub-agent and reserves the right to terminate any Sub-agent's contract without violating your Contract.

1.3 LIMITATION OF AUTHORITY

You are not authorized by or on behalf of the Company to:

- (a) waive, alter or change any provision or condition of the Company's insurance policies or certificates, agent's contracts, literature or receipts, modify or extend the amount of time for any premium payment due the Company.
- (b) perform any act other than expressly granted herein except as specifically authorized in writing by the Company.
- (c) bind the Company by any promise or agreement, to incur any debt, expense or liability in its name or account.
- (d) enter into any legal proceedings on behalf of or as an agent of the Company in connection with any matter pertaining to our business without prior written authorization of the Company.
- (e) enter into any Contract, incur any expense or obligation, or cause or permit the insertion or distribution in any publication or otherwise, any advertising or publicity matter which in any way involves the Company without the prior written authority of the Company.
- (f) use or distribute any materials that reference Company or Company's products, use the Company logo, without prior written consent of the Company in connection with the solicitation of applications for insurance or appointment of agents. This excludes materials supplied by the Company.

2. RELATIONSHIP

2.1 INDEPENDENT CONTRACTOR

Your relationship with the Company shall be that of an independent contractor and not that of an employee. You shall be free to exercise independent judgment as to the time and manner you may perform the acts you are authorized to perform under this Contract. You consent to receiving communications from us regarding any matters within the scope of this Contract in any form, including, without limitation, phone solicitations, faxes, and e-mails.

2.2 YOUR SUB-AGENTS

You also acknowledge that all agents in your hierarchy are independent contractors of the Company. You are responsible for training and supervising such agents in accordance with the rules and regulations of the Company and requirements of the state(s) in which they are licensed and act as an agent for Sagicor Life Insurance Company.

Should there be a dispute between you and another Company agent relative to this contract and specifically regarding an agent's appointment, contract level, hierarchy, or a requested transfer, the Company will have the sole right to decide and settle the dispute. This decision will be binding and conclusive on all parties.

2.3 YOUR EMPLOYEES

You are solely responsible for compensation of any persons in your employ including any agents and agree to hold the Company harmless from any damages which may be incurred as a result of your failure to compensate said individuals.

2.4 TERRITORY OR POLICY FORMS

You have no exclusive territory or policy distribution rights. Your territory is any state in which you are licensed and the Company is authorized to conduct business.

Without liability to you, the Company may, at its sole discretion

- (a) discontinue writing business in any territory;
- (b) discontinue and/or withdraw any policy form in any or all territories without prejudice to our right to continue use of said form in any other territory;
- (c) resume the issuance or use of any form in any territory or territories;
- (d) designate certain products to be marketed only through select persons, distribution organizations, or Company affiliates.

3. DUTIES

3.1 COLLECTION OF PREMIUM

All monies received by you or collected for or on behalf of the Company shall be made payable to the Company. You are not authorized to endorse or cash checks, drafts, money orders or financial instruments made payable to the Company.

3.2 DELIVERY OF POLICY

The agent shall promptly deliver issued policies in accordance with the Company's policies and procedures. The policy may be delivered only if:

- (a) the proposed insured at the time of delivery is, to the best of your knowledge and belief, in as good a condition of health and insurability as stated in the application for such policy, and
- (b) the first premium has been fully paid.

Any policy not delivered in accordance with the Company's policies and procedures shall be immediately returned to the Company. For each policy issued in the form as applied for and returned for cancellation by the applicant, or for each policy which is reissued at your request, we may require you to reimburse us for an underwriting charge.

4. COMMISSIONS

- (a) We will pay to you commissions at the rate and in accordance with the conditions set forth in the commission schedule.
- (b) The commission schedule may be amended by the Company at its option, which amendments shall be effective upon written notice to you. Any amendment to the commission schedule will apply only to applications written after the effective date of the amendment.
- (c) No commission will be paid on premiums paid in advance until after the due dates of premiums and then only if the policy is in force and effect on such due date.
- (d) Commissions shall be payable no less than monthly as long as the minimum commission earned equals or exceeds \$50. Any commission earned that remains below \$50 will be paid by the Company the next commission cycle after the commission balance equals or exceeds \$50. If the premium on any policy secured hereunder is not paid within ninety days from the premium due date and such policy is subsequently reinstated, you shall be entitled to further commissions only if the policy is reinstated through you.
- (e) You shall not be entitled to commissions on premiums waived or paid by us under the disability waiver of premium provisions or waiver of monthly deductions of any policy.
- (f) Should the Company, at its sole discretion, deem it appropriate at any time to cancel a policy and/or refund any premium on which you were paid commission, then such commission shall be charged back to you and your sub-agents.
- (g) Commissions on benefit riders, term riders, flat extras, replacement policies and conversions shall be payable in accordance with Company practices at the time the coverage is issued, converted or replaced, as the case may be.
- (h) All commissions in this Contract shall be reduced by the amount which the Company, pursuant to the terms of their respective commission schedules, pays directly to sub-agents recommended by you and under your supervision.
- (i) The Company will make available to you no less frequently than monthly, statements showing commissions credited and other account entries within such account period.

- (j) The Company must be notified in writing of any disputed amounts or transactions with 90 days of the transaction date. Should a dispute arise between you and another agent over commissions, the Company will have the sole right to settle the dispute and the decision shall be binding and conclusive to all parties.
- (k) Except as set forth in paragraphs 9, 10(b) and 10(c), first year and renewal commissions shall be fully vested as they accrue; renewal commissions will be vested at 100% of the renewal commission percentage shown in the commission schedule or amendment.

5. LIABILITY

The agent is authorized to collect and promptly remit to the Company the first premium on business produced by the agent in accordance with the Company's rules and regulations. You shall be liable to the Company for all monies received on behalf of the Company and monies payable to the Company as a balance due as shown on agent's monthly statement. This includes monies paid to you or to sub-agents recruited or recommended by you. Any monies received on behalf of the Company will be held in trust by the agent and shall not be used by the agent for any personal or other purposes whatsoever, but shall be immediately forwarded to the Company. The Company reserves the right to charge interest on any amounts due hereunder up to 8 percent per year (or the maximum allowed by law whichever is less).

All accounting records maintained by you relating to our business are subject to inspection at any reasonable time by our authorized representatives.

6. INDEBTEDNESS AND OFFSET

The Company, as additional security and to secure the repayment of any indebtedness due the Company under this Contract or any other contract with the Company, shall have a first and prior lien against any compensation due you under this Contract and against any other sums due or to become due to you from the Company for any reason. You further hereby assign and grant to the Company an interest in all compensation due or to become due and all other sums which you may have on deposit with the Company from time to time. The Company may, at any time, offset any such indebtedness against compensation due you or other monies which you may have on deposit with the Company under this Contract or any other contract or Agreement with the Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other remedies to collect the indebtedness. You agree to pay all costs of collection, including attorney fees, incurred by Company or successors it assigns in collecting any indebtedness from you. The term "Company", as used in this paragraph, shall include all companies affiliated with Sagicor Life Insurance Company.

7. REIMBURSEMENT & INDEMNIFICATION

You shall reimburse the Company and/or indemnify the Company for any loss including attorneys' fees resulting from actions by you or your sub-agents and or all costs, expenses and attorneys' fees that the Company may incur in recovering from you any property or indebtedness belonging to or due the Company. You agree to indemnify and hold the Company harmless for any claim, loss, expense, cost or liability which it may incur resulting from your breach of the terms of the Contract or violation of any law or regulation or failure to comply with any court order. Should any claims or lawsuits be made by any third party against you or the Company as a result of alleged wrong-doing by you, then you shall hold the Company harmless from and indemnify it for any claim, loss, expense, cost or liability which it may incur defending the action and for any settlement or judgment resulting from such action. The Company may, at its discretion, defend or settle any such claim. The terms of this provision shall survive termination, as outlined in section 11.

8. ASSIGNMENT

No assignment of any commissions or any other amounts or any portion due or to become due to you shall be valid unless authorized in advance, in writing, by the Company. Any assignments so authorized shall be subject to any and all indebtedness of yours to the Company.

9. FORFEITURE

If, at any time, you endeavor to induce agents of the Company to discontinue their contract, or the Company's policy owners to relinquish their policies, you shall forfeit any and all commission(s) that you might otherwise have acquired under any and all contract(s), with the Company. A forfeiture under this paragraph shall not constitute an election by the Company to forego any claim it may have against you.

10. TERMINATION OF CONTRACT

- (a) This Contract shall be automatically terminated in the event of
 - (1) your failure to be licensed to sell;

- (2) your death; alternately, if you are an entity, upon any event legally or contractually causing a dissolution of the entity. We may continue to rely on this Contract as existing before such dissolution until we receive formal written notice of dissolution.
- (b) This Contract shall be terminated upon written notice by the Company, upon its discovery that you have engaged in any of the following:
- (1) withheld or misappropriated any money or other property belonging to us;
 - (2) subjected us to liability due to any act, omission or misrepresentation by you;
 - (3) committed a criminal act involving theft or dishonesty;
 - (4) failed to comply with the laws, rules or regulations of any federal, state, or other governmental agency or body having jurisdiction under this Contract;
 - (5) committed any fraud.
- (c) The Company, at its sole discretion, may terminate this Contract, at any time, without prior notice, if you
- (1) fail to conform to the rules and regulations of the Company;
 - (2) fail to pay any indebtedness to the Company on demand;
 - (3) replace the Company's policies with another Company.
 - (4) fail to attain paid first year production in any calendar year in the amount shown on the Commission Schedule in force. This requirement includes the total of all paid first year premiums for all plans as specified in the Commission Schedule, and all amendments attached thereto, paid to you and sub-agent(s) recommended by you.

Should you be terminated under subsections (b) or (c), you shall be liable to us for such acts including liability for damages we incur by virtue of such act or acts and you will forfeit all your rights to any further payments and/or commissions under this Contract.

- (d) The Contract may also be terminated by either party with or without cause by giving fifteen days written notice to the other party. The right to termination under this subsection (d) is not restricted by the provisions for termination in (a) or (b) above.
- (e) Upon any termination of this Contract, you shall immediately deliver to us all of the previously furnished materials, supplies, advertising and any other printed matter which mentions the Company.
- (f) Should the renewal commissions due you be less than \$100.00 for any calendar year, the Company may discontinue payment to you at its discretion.
- (g) In the event of termination of the Agreement for any reason, the liability, lien, reimbursement and indemnification, and set-off provisions hereof shall continue in full force and effect beyond the termination hereof. If, subsequent to termination, any monies become due from you to the Company, and you fail to repay such monies upon due demand, all compensation due hereunder or under any other contract you may have with the Company shall be forfeited. A forfeiture under this provision shall not, in any way, prejudice the Company's right to pursue any remedies available to it to collect any monies owed by you to the Company.

11. NOTICES

Any notice or demand required or permitted to be given under this Contract shall be in writing, and shall be deemed effective (unless this Contract provides for a different method or period of time), upon actual receipt by the party receiving the notice at its then principal place of business. Your principal place of business will be deemed your last known address in the Company's records, and either party may change the address to which such notices are to be addressed by giving the other party notice in the manner herein set forth. There will be a rebuttable presumption of receipt upon (a) the notification of a successful facsimile transmission, provided that a copy is also deposited in the U.S. Mail; (b) delivery confirmation by an overnight courier service; (c) delivery confirmation by certified U.S. Mail; or (d) personal delivery.

12. SEVERABILITY

Any provision of this Contract which shall prove to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision contained herein, and such other provisions shall remain in full force and effect.

13. NON-WAIVER

The forbearance or neglect of the Company to insist upon strict compliance by you with any of the provisions of the Contract, whether continuing or not, or to take action against you including termination of the contract, shall not be construed as a waiver of any of the Company's rights or privileges hereunder. No waiver of any right or privilege of the Company arising from any default or failure of performance by you shall affect the Company's rights or privileges in the event of a further default or failure of performance.

14. AMENDMENT

This Contract cannot be changed by any verbal promise or statement by who so ever made, and no written modification or change will bind the Company unless it is signed by the President, a Senior Vice President, a Vice President, or Secretary of the Company, and expresses an intention to modify or change this Contract.

15. ARBITRATION

If any dispute or disagreement shall arise in connection with any interpretation of this agreement, its performance or non-performance, or the figures and calculations used, the parties shall make every effort to meet and settle their disputes in good faith informally. If the parties cannot agree on a written settlement within (90) ninety days after it arises, or within a longer period agreed upon by the parties, then the matter in controversy shall be settled by arbitration, in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The place of any arbitration shall be in the city where the Company is headquartered (or such other place as determined by the Company, at its sole discretion).

16. APPLICABLE LAW

To the full extent controllable by our stipulation, this Contract shall be construed in accordance with Company rules and policies now or hereafter established and shall be interpreted and enforced under the laws of the then current state where the Company is headquartered.

17. PROTECTION OF PRIVACY AND SECURITY REQUIREMENTS

You acknowledge receipt of our HIPPA Privacy Notice, and agree to comply with, our policies regarding:

- (a) The use of private policyholder information,
- (b) Requirements of the Health Insurance Portability and Accountability Act of 1996 and other applicable laws;
- (c) Compliance with the requirement of the Federal Gramm-Leach-Bliley Act;
- (d) USA Patriot Act of 2001;
- (e) Statutes administered by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"); and the Telephone Protection Act of 1991 (amended 2003), and the National Do Not Call List administered by the Federal Trade Commission (FTC).

18. BENEFICIARIES

If you are an individual, your Primary and Contingent Beneficiary designations (for the receipt of vested commissions) should be indicated in this Contract. If no designations are shown, your estate will be your beneficiary. The Contingent Beneficiary will participate in the receipt of benefits only upon death of all Primary Beneficiaries prior to your death. You may change any beneficiary without his or her consent, prior to designation of any irrevocable beneficiary, by filing a written request for the change with the Company's home office. The request will not be effective until the Company sends you notice that the request has been received. Once this notice has been sent, the change will relate back to and take effect as of the date you signed the request. The Company will not be liable for any payments it makes before it acknowledges receipt of the request. A new designation of beneficiary terminates the interest of all previous beneficiaries.

BENEFICIARY DESIGNATIONS

Primary Beneficiary

<u>Full Name</u>	<u>Relationship</u>	<u>Address</u>	<u>SSN/TIN</u>	<u>DOB</u>	<u>%</u>

Contingent Beneficiary

<u>Full Name</u>	<u>Relationship</u>	<u>Address</u>	<u>SSN/TIN</u>	<u>DOB</u>	<u>%</u>

DIRECT DEPOSIT FOR COMMISSIONS (please include a voided check)

Payments for commissions are made if the commission payment is greater than \$50.00, whether or not direct deposit option is selected.

Bank Name	Transit/ABA Number	Bank Account Number	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address	City	State	Zip
			Bank Phone Number

It is hereby understood that by completing the above information and signing below I authorize Sagicor Life Insurance Company (SLIC) to initiate credit entries to my bank account. I understand that this authorization will allow SLIC to debit my bank account if the funds are credited erroneously to this account. This authority remains in force until SLIC receives written notice from me terminating this service or notice from me changing the account information for this service.

I HAVE READ, UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS OF THIS CONTRACT.

I agree, that as an agent of Sagicor Life Insurance Company, I understand that it is not only my "ethical responsibility" but it is required I have a thorough understanding of the Company's products. I will present accurately and honestly all facts essential to each potential policyholder's decision and recommend the product best suited to their needs.

This contract shall be first signed by you and shall not be effective until thereafter accepted and signed by the Company.

I hereby affirm that all answers and information provided by me are true.

Tax Identification Number

Signature of Agent or Principal of Corporation

Date Signed

To be completed by the Home Office:

By: _____

Contract Effective Date

Title: _____



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Disclosure of Intent to Obtain Consumer Reports

Sagicor Life Insurance Company may obtain one or more consumer reports with respect to establishing your eligibility for appointment, annualization, contract or hierarchy changes, reassignment, and/or retention as an agent of Sagicor Life Insurance Company.

If requested, the report(s) could be obtained from one or both of the investigative consumer-reporting agencies named below:

Vector One
PO Box 12368
Scottsdale, AZ 85267
(800) 851-8559

GIS (eQuest+)
PO Box 353
Chapin, SC 29036
(888) 333-5696

As disclosed below, the reports may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of these reports are: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

Authorization to Obtain Consumer Reports

The undersigned hereby authorizes Sagicor Life Insurance Company to procure one or more consumer reports and to access the information obtained with respect to establishing your eligibility for appointment, annualization, contract or hierarchy changes, reassignment, and/or retention as an agent of Sagicor Life Insurance Company.

X _____
Signature

Date

Name/Agency Name (if requesting an agency/corporate appointment)

Title

Fair Credit Reporting Act - Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, Sagicor Life Insurance Company may request an investigative consumer report which may include information related to your character, general reputation, personal characteristics, and mode of living. You have the right to request in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the Investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Send your request to: Licensing and Contracting Department, Sagicor Life Insurance Company, 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251. Disclosure information must be in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request. Also Sagicor Life Insurance Company may share the information contained in the investigative report and other information in your file, with its affiliates; unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Direct Deposit Authorization

THE BENEFITS OF DIRECT DEPOSIT ARE AUTOMATIC!

Receive your commissions automatically by Direct Deposit! Take a look at all the benefits you receive when you take advantage of Direct Deposit:

- ◆ **Free** – This service is provided free of charge!
- ◆ **Secure** – No more worries about lost or stolen checks!
- ◆ **Convenient** – No more special trips to the bank!
- ◆ **Reliable** – Your commissions are deposited when you are home or away!
- ◆ **Availability of Funds** – For your convenience, funds are immediately available for your use!
- ◆ **Ease of Use** – Simply complete the authorization below and send it in with a voided check.

Complete the authorization below and fax to 480-425-5150

If you have any questions about Direct Deposit of Commissions, contact us at 800-531-5067

INDIVIDUAL AGENT INFORMATION – Please print or type

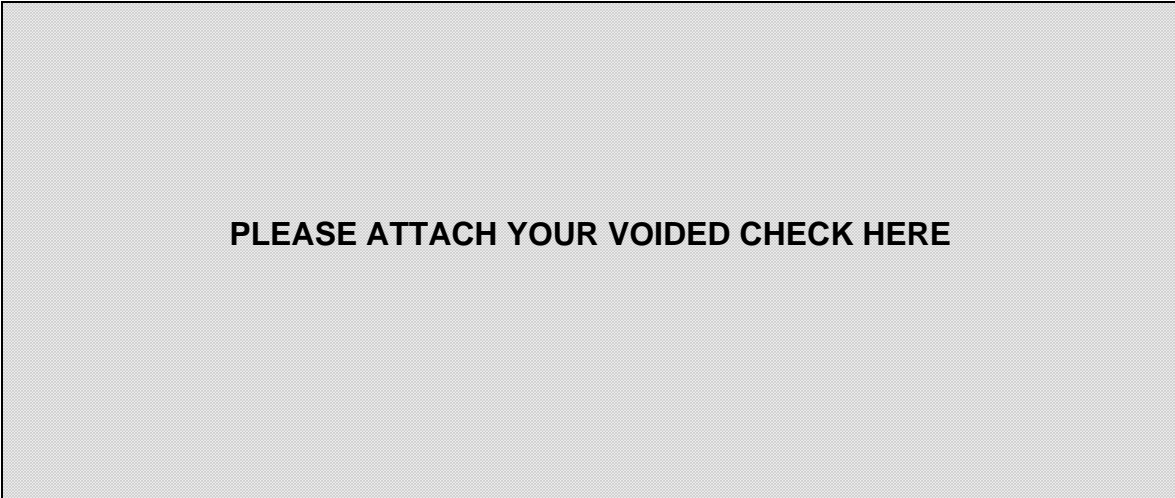
Primary Name on Account	Agent Number	SSN
Address	City, State	Zip Code

BANK INFORMATION – Please print or type

Bank Name	Transit/ABA Number	Bank Account Number	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address	City	State	Zip Bank Phone Number

I hereby authorize Sagicor Life Insurance Company (SLIC) to initiate credit entries to my bank account. I understand that this authorization will allow SLIC to debit my bank account if the funds are credited erroneously to this account. This authority remains in force until SLIC receives written notice from me terminating this service or notice from me changing the account information for this service.

Signature **X** _____ Date _____





LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Commission Advance Agreement

In order to assist _____ (herein referred to as "Agent"), Sagicor Life Insurance Company (herein the Company) agrees that so long as this agreement remains in force, the Agent will be advanced up to 65% of the Agent's first year commissions (herein referred to as "Advanced Commissions").

Commissions will be paid as specified in the Agent Contract as polices are placed in force. Advance Commissions will be recovered with each subsequent premium payment, including the first, until the Advance Commissions are recovered on that policy. When the Advanced Commissions has been repaid on the respective policy, the policy reverts to an earned commission status. Chargebacks for terminations will occur according to the Agent's compensation schedule.

The Agent agrees that Advance Commissions may only be paid on issued and first premium paid business and Advance Commissions will only be paid on policies paid by electronic funds transfer.

Such advance payment of commissions will not be paid on Group Business, Annuities, or Single Premium (or other policy types that the Company may define in the future).

The Agent agrees that the Company may review the Agent's credit history with the Agent's General Agent (herein any agent in the Agent's upline), including the general agent who is the guarantor of the debt. The Agent agrees the maximum dollar limit of the Advanced

Commission on each eligible policy issued by the Company is \$2,500 and the maximum dollar limit on the amount applicable to the total outstanding advances of the Agent's first year commissions on all eligible policies placed by the Agent with the Company is \$50,000.

Any exceptions to these maximum limits must be expressly authorized, in writing, by the Company.

The Agent agrees that the Agent's persistency must remain at a level of 85% or greater to qualify for the advancing of commissions.

The Company reserves the right to terminate the Commission Advance Agreement (the Agreement) at any time. Also, the Agreement may be terminated at any time by the Agent or General Agent.

In consideration for the advance payment of commission provided under this Agreement, the Agent hereby agrees that if upon termination of the Agent Contract, the commissions advanced under this Agreement exceed the commissions actually earned then; the Agent waives and releases all rights under said contract to any future commissions on the business so advanced. Further, the excess of advance over commissions earned is a debt which the Agent immediately owes the Company. The Company expressly retains its rights of offset as set forth in the Agent Contract. The Company shall charge interest monthly on any indebtedness to the Company and any unpaid balance shall bear interest payable monthly at 8% (or the rate as amended from time to time by the Company at its sole discretion).

Agent's Name

Agent #

Date

By X _____
Agent's Signature

The person receiving overriding commissions on the business of the Agent acting as a guarantor of the debt of the Agent created by this agreement is referred to herein as the "General Agent". The General Agent hereby agrees that:

- 1) If upon termination of this Commission Advance Agreement the commissions that have been advanced to the Agent under this Agreement exceed the commissions actually earned, the Company will offset any overriding commissions which are then, or later become due to the General Agent against the debit balance.
- 2) If upon termination of the Agent's contract, the commissions advanced under this Commission Advance Agreement exceed the commissions actually earned, then the General Agent waives and releases any rights under the General Agent's contract with the Company to any overriding commissions and to the Agent's non-vested commission on any business on which commissions were advanced under this Commission Advance Agreement.

X _____
General Agent

By X _____
(Home Office - Licensing & Contracting)

The effective date of his agreement is _____ 20 ____ (To be completed at the Home Office)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Please complete and return to:
Sagicor Life Insurance Company
Attn: Agent Licensing
4343 N. Scottsdale Rd., Suite 300
Phoenix, AZ 85251

FOR OFFICE USE ONLY

Name _____

Locator ID _____

Step 1. (Check ONE box only and provide your complete name and Taxpayer Identification Number.)

U.S. Resident – Individual/Sole Proprietor (Form 1099 reportable)

Name _____

If you are a sole proprietor, name the owner of the business: _____

Social Security Number _____ Employer Identification Number _____

U.S. Partnership, Limited Liability Company (“LLC”), or Trust (Form 1099 reportable)

Name (as shown on your tax return) _____ Employer Identification Number _____

U.S. Corporation (exempt from Form 1099 reporting except for medical or legal services)

(If an LLC electing corporate status for U.S. tax purposes, please attach a copy of your U.S. tax election on IRS Form 8832, *Entity Classification Election*)

Name (as shown on your tax return) _____ Employer Identification Number _____

U.S. Tax-Exempt Organization or Federal, State, or Local Government Agency (exempt from Form 1099 reporting)

Name (as shown on your tax return) _____ Employer Identification Number _____

Step 2. Certification/Signature (Complete the following) Under penalties of perjury my signature certifies 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).
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.
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, number 2 above 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.

Signature: _____ Phone: (____) _____

Print Name: _____ Title: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Instructions for U.S. Tax Persons

As a business, federal income tax law requires us to report certain payments we make to you if you are not exempted from this reporting responsibility. In order for us to properly meet the federal tax law requirements, we need certain information from you. Please complete the information requested above and return this form to the address shown above. If you do not provide us with your correct taxpayer identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, you may be subject to 28% backup withholding on reportable payments we make to you. *If you have any questions, please call us at 800 531 5067 x4410.*

Are you a U.S. person? The IRS defines a U.S. person as:

- a U.S. citizen;
- an entity (company, corporation, trust, partnership, estate, etc.) created or organized in, or under the laws of, the United States; a state; or the District of Columbia;
- a U.S. resident (someone who has a “green card” or has passed the IRS “substantial-presence test.” For an explanation of the substantial-presence test, please see IRS Pub. 515 or 519, available at www.irs.gov.)

If your answer is NO, please do not complete this form and contact us at 800 531-5067.

If your answer is YES, please complete the form.

See page 2 for additional information.

Instructions for Non-U.S. Persons

If you are a non-U.S. resident or a corporation, partnership or other entity formed outside the U.S. and you are receiving payments as beneficial owner, IRS procedures require you to submit one of the following forms for use in determining the correct course of tax withholding on and information reporting of payments made to you. *These forms are available at www.irs.gov:*

- IRS Form 8233, *Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual* **OR**
- IRS Form W-8ECI, *Certificate of Foreign Person's Claim for Exemption from Withholding on Income Effectively Connected with the Conduct of a Trade or Business in the United States*, **OR**
- IRS Form W-8BEN, *Certification of Foreign Status of Beneficial Owner for United States Tax Withholding*.

If you are not a beneficial owner, but instead acting in an agency capacity for a beneficial owner, you may be required to submit:

- IRS Form W-8IMY, *Certificate or Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding*.

If you need assistance in completing one of the above forms, please consult your U.S. tax advisor for the appropriate help in determining which of these forms should be submitted and in correct completion of the form. We require your provision of this information to assist us for tax purposes in correctly withholding and reporting payments we make to you for your services.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your income tax return. 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 entered on the form.

Sole proprietor. Enter your individual name as shown on your income tax return. You may also enter your business, trade, or "doing business as (DBA)" name.

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

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity.

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. 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. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% 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.

Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner, enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 of the instructions for the IRS Form W-9, available at www.irs.gov, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

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

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

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. 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. You will not be subject to backup withholding on payments you receive 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 be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required, or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions for the IRS Form W-9, available at www.irs.gov, under "Exempt from Backup Withholding" for more information.