

Atlantic Financial

Life • Annuity • Long Term Care

IMPORTANT

*ALL LICENSING AND CONTRACTING APPOINTMENT
PAPERWORK IS TO BE FAXED TO 860-331-8551 ATTENTION:
CONTRACTING*

Include:

1. Contract
2. Proof of Errors & Omissions coverage
3. Attach copies of all active insurance licenses
4. Voided Check

For faster processing please use this form as your cover page

Or MAIL to:
Atlantic Financial
171 Market Square
Suite 106
Newington, CT 06111

Sincerely,

The Atlantic Financial Team

Fidelity Life Insurance Company

Appointment Requirements:

- Complete and Sign Producer Appointment Application
(For Corp appointments: Complete and sign Section 8)
- If requesting EFT, complete and sign Section 9 and **attach void check copy**
- Attach current copy of Resident State Life License

Pre-Appointment states: WA only

Please Return To Your Direct Upline For Processing

Upline Signatures Required:

- Bottom of Producing Agent Commission Contract

Producer Appointment Application



Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523
(630)522-0392

PLEASE ANSWER ALL APPLICABLE SECTIONS COMPLETELY.

Section 1: Appointment Information

Appointment for: Individual Corporation Partnership Sole Proprietorship

Business Name: _____

State(s) to be appointed in: _____

Note: General Agent must be contracted before a representative is appointed. Corporations must hold a valid license in all states, where applicable, in which agents/representatives will solicit business. A copy of the agent/representative individual state license must be submitted with this application.

Section 2: Producer Information

Name (first, middle initial & last) _____

Business Street Address _____

City _____ State _____ Zip _____

Business Phone Number _____

Fax Number _____ E-Mail Address _____

Social Security Number (Tax I.D. Number) _____

Place of Birth _____ Date of Birth _____

Resident Street Address _____

City _____ State _____ Zip _____

Section 3: Recruiting General Agent Information

Name _____ Atlantic Financial

Business Street Address _____

City _____ State _____ Zip _____

General Agent Number _____

Phone Number _____

Fax Number _____ E-Mail Address _____

Section 4: Background Information

Please attach details for any question answered yes.

- a) Has any insurance license ever had by you been refused, suspended, revoked or been the subject of any administrative action by any state? Yes No
- b) Have you ever filed for bankruptcy, pled guilty or nolo contendere to, or been found guilty of felony or misdemeanor charges including motor vehicle infractions at any time?..... Yes No
- c) Are you now the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions? Yes No
- d) Are any judgments or suits pending against you, your firm? Yes No
- e) List life insurance companies which your firm currently transacts business _____

- f) Are you/is your firm currently in debt to any life insurance company? Yes No
- g) May we contact your present carriers? Yes No

Section 5: Employment History

History must cover past 5 years. Attach separate sheet if necessary.

From _____ To _____ Company Name _____
Position _____ Contact Name _____
Street Address _____
City _____ State _____ Zip _____

From _____ To _____ Company Name _____
Position _____ Contact Name _____
Street Address _____
City _____ State _____ Zip _____

Section 6: Code of Conduct Agreement

I have read the Company's Ethics Code and certify that I understand, and will comply with, the Company's policies, procedures, and code of ethical market conduct.

By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my client; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by

protecting their confidential information; I will refrain from disparaging competitors; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to the Company in a timely manner and will notify the Company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company products to consumers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis of termination.

→ _____
Signature _____ Date _____

SECTION 7: Recruiting General Agent Commission Authorization

I, the below signed Recruiting General Agent, authorize Fidelity Life Association to pay a portion of my total compensation to _____ an Agent under my hierarchy. The percentage of compensation is to be governed by the following Commission Level (Contract Code): _____

Commission Advances

Producing Agents are responsible for any amounts paid by Fidelity Life as advance commissions. Any commission advances are given with the expectation that they will be fully earned within 12 months. Unearned commissions are considered indebtedness by the Producing Agent to Fidelity Life. Fidelity Life may offset against the Producing Agent for compensation payable by Fidelity Life to the Producing Agent under this Agreement or under any other agreement with Fidelity Life or with any affiliate of Fidelity Life now or hereafter existing, any existing or future indebtedness of the Producing Agent to Fidelity Life or to any affiliate of Fidelity Life and any advances heretofore or hereafter made by Fidelity Life or by an affiliate to the Producing Agent. Any such indebtedness may be debited to the Producing Agent's account or the Producing Agent may be required to repay such amount. In the event Fidelity Life is required to pursue formal collection procedures in order to collect any indebtedness under the terms of this Agreement, the Producing Agent agrees to be responsible for any expense incurred by Fidelity Life, including but not limited to the fee of a collection agent, attorney, or other costs, including court costs.

Advanced Information:

By my signature below I authorize Fidelity Life Association to pay a portion of the above General Agent's annualized commissions at the time a policy is placed in force. The percentage of the annualized commission to advance is (enter 0% for no advancing): _____ (Note, may not be available on all products.)

→ Recruiting General Agent Signature: _____

Recruiting General Agent Printed Name: _____ Atlantic Financial

Date: _____

Recruiting General Agent Email Address: _____ jim@atlanticadvantage.com

Reports To Name: _____ Atlantic Financial

Reports To Agent Code: _____ 10215494

SECTION 8: Assignment Information (Indicate Who Should Be Paid Commission):

Circle One: Individual Corporation

Name: _____

Social Security Number or Federal Tax ID Number: _____

Statements made herein are representations upon which the Company may rely when considering my/our request for appointment as its representative. This information is complete and accurate to the best of my/our knowledge and belief I/we understand and agree that, if appointed, any material misrepresentations of fact may be the basis for termination for cause of such agency agreement.

➔ Agent Signature: _____ Date: _____

Agent Name: _____ Agent Number: _____

SECTION 9: Commission Direct Deposit Request

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

This account is (check one): Checking Savings Account

Account Name _____

9 Digit ABA Number _____ Account Number _____

Bank Name _____ City _____ Zip _____

Note: Please do not assume that your commission will be deposited into your account because you have direct deposit.

Always check your commission statement to determine the amount deposited into your account. Allow at least 3 business days for direct deposit to be processed into your account. Questions regarding this information can be directed to the Licensing and Contracting Department 630-522-0392.

➔ Agent Signature _____

Mail To: **Fidelity Life Association**
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523

(attach a voided or cancelled check from your banking institution)

Or Fax To: Fidelity Life Association, 866-947-8738

You are responsible for ensuring all information is correct.

Section 10: Consent to Request Consumer Report and/or Investigative Consumer Information

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment.

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

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

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

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

Driver's License Number _____ State _____

→ Signature _____ Date _____

Ethics Code

Fidelity Life Association, A Legal Reserve Life Insurance Company, strives to provide our customers with quality products and service. We also strive to maintain a zero tolerance regulatory compliance standard for the Company's employees, vendors and distributors. This Ethics Code for distributors (agents and general agents) serves as a guide that helps us to maintain a high standard of honesty, fairness, and integrity in our market conduct and is compatible with our more detailed Employee Ethics Code.

Market Conduct at Fidelity Life Association (FLA):

“Market conduct” in this Ethics Code refers to actions of our distributors when providing service to our customers. FLA maintains high customer service standards. Honesty, fairness, and integrity are characteristics that all distributors are expected to display when dealing with customers. FLA has developed this Ethics Code to help our distributors understand what type of behavior is expected of them.

Our distributors will conduct business on behalf of the Company with the highest standards of honesty and fairness and will recommend products and provide services to our customers which are suitable to their circumstances.

Our distributors will always strive to provide the most customer-focused sales process and service experience possible.

Our distributors will engage in fair competition, providing full and accurate disclosure of information to enable the most informed and appropriate decisions.

Our distributors will only use company approved advertising and sales materials that are clear as to purpose, and honest and fair as to content.

Our distributors will always provide a means for fair and expeditious handling of customer complaints and disputes.

FLA will maintain a system of supervision that is reasonably designed to achieve compliance with this Ethics Code as well as applicable state and federal laws. Our distributors are also expected to make efforts to ensure that each customer fits the profile of the market for which the product is designed.

To provide competent sales and service, our distributors must adhere to this Ethics Code. In addition, all distributors must stay abreast of FLA's products and their functions. All distributors must also be licensed or otherwise qualified under state law in every state within which they solicit business.

To maintain and enhance competition in the marketplace for our products, all distributors should ensure that, through education and action, they promote an awareness of the concept of a fair marketplace. Our distributors should not replace existing insurance policies without first providing the customer with the information he or she needs to make an informed decision about the replacement.

Market Conduct Violations:

In order to resolve any complaints and disputes that may arise concerning the market conduct of our distributors, efforts should be made to identify, handle, and resolve all complaints fairly and objectively. All distributors who represent the Company should be provided with a copy of this FLA Ethics Code and acknowledge its receipt. FLA policies and procedures have also been developed for auditing and monitoring our general agents' and agents' market activities and sales practices. Appointments of distributors who fail to abide by requirements of the Code will be revoked.

All FLA distributors should comply with the Ethics Code at all times. Violation of this Code is considered serious and will be handled accordingly. Any violations of market conduct should be reported.

If you have any questions or need more information about market conduct at FLA, please contact our Corporate Counsel at (630) 371-1877.

**FIDELITY LIFE ASSOCIATION
COMMISSION ADVANCE AGREEMENT**

Producer

This instrument sets forth the AGREEMENT between the undersigned Producer, hereinafter referred to as the “Producer” and Fidelity Life Association, a Legal Reserve Life Insurance Company, hereinafter referred to as the “Company,” relating to the payment by the Company to the Producer commissions before they are earned (“advances”). Commissions, including advances, are payable pursuant to the Schedule of Commissions and Allowances relating to the sale of the Company’s insurance products.

1. In accordance with the terms hereof, advances of commission may be made to the Producer on a regular basis as policies are issued. The amount of such advances shall be determined by the Company. These advances against future commissions shall be continued solely at the Company’s discretion. Such advances of future commissions shall be considered loans to the Producer by the Company and are subject to the terms hereof.
2. The acceptance by the Producer of any advance commission payment from the Company shall be conclusive evidence that such advance commissions are owed to the Company until paid or earned pursuant to the terms of this AGREEMENT.
3. In consideration for the making of advances to the Producer against future earned commissions, the Producer hereby assigns and pledges all right, title and interest to all commissions, bonuses and overrides (collectively referred to as “commissions”) payable to the Producer pursuant to the terms of its Schedule of Commissions and Allowances or otherwise, and any other monies payable to the Producer thereunder, as collateral security for the repayment of any outstanding advance balances of the Producer owed to the Company. The Producer hereby agrees that any advanced amount may be at any time deducted and withheld by the Company from commissions earned by the Producer until such time as any and all advanced amounts owed to the Company by the Producer are paid in full.
4. The Producer hereby agrees that if an advance of commissions on an issued policy is made to the Producer, and the underlying policy is terminated during the period for which advances have been made, any remaining balance due on the advance for such policy shall be deducted from future commissions advanced or earned commissions payable to the Producer. Notwithstanding the foregoing, the Producer agrees that repayment of any such advance commissions against a terminated policy shall be made immediately by the Producer if requested by the Company.
5. In all events, the Producer hereby agrees to pay immediately upon demand by the Company any balance due and owing on the balance of any advanced commissions upon termination of the Producer by the Company, or upon termination of the Producer’s subordinate producers, if any.
6. For any advanced commission amounts that are not repaid in accordance with the provisions of this AGREEMENT, the Producer hereby agrees to pay interest at the rate of TEN PERCENT (10%) per annum compounded monthly on the unpaid balance until such amount is paid in full to the Company.
7. The Producer warrants and represents that none of the commissions payable to the Producer by the Company are subject to any prior assignment, claim, lien, or security interest, and that the Producer is authorized to make an assignment as collateral security in accordance with the terms of this AGREEMENT. The Producer hereby agrees to execute all financing statements required for the Company to perfect its security interest in the collateral pledged hereunder. The Producer hereby represents and warrants that it shall take all action necessary to secure the lien right of the Company on the receivables pledged herein such that the Company may, in the event of default by the Producer, directly pursue as the Producer’s assignee, the amounts owed by the Producer’s subordinate producers, or such other monies payable to the Producer by other insurance companies.
8. If commission advances owed to the Company, or its designee, as a result of the terms of this AGREEMENT are not repaid by the Producer when due pursuant to the terms hereof, or if an agreement is not reached with the Company for the repayment of said obligations within thirty (30) days after the due date, the Producer hereby agrees to pay all costs of collection, including, but not limited to, attorney fees and the costs of suit.

9. If any amounts owed to the Company are not paid as required hereunder, the Producer hereby agrees that the Company may initiate suit against the Producer in the jurisdiction of the Company's choice. The Producer hereby expressly consents to the service of process in the jurisdiction if a suit is brought by the Company against the Producer for amounts owing hereunder.

The foregoing sets forth the terms of the AGREEMENT between the Company and the Producer, please execute one copy of this AGREEMENT and forward the signed copy to the Company.

The Producer signing this Agreement executes this Agreement in both his or her capacity as a Producer and in his or her personal capacity.

Producer

Dated: _____

Signature of the Producer

Print or type name of Producer

FIDELITY LIFE ASSOCIATION

Dated: _____

By: _____

Its: _____

Request for Taxpayer Identification Number and Certification

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

Please print or type	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 ▶ _____ <input type="checkbox"/> LLC filing as Sole Proprietor <input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership	
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
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, for a resident alien, sole proprietor, or disregarded entity, see the Part I 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 U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- 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**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2)

Sign Here	Signature of U.S. person ▶	Date ▶
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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 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non-employee 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:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- 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

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

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

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

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

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

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

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

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

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

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

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

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

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

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

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

backup withholding on all such payments until you provide your TIN to the requester.

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

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

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

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

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

Part III—Certification

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

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

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a non-employee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

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

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

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

What Name and Number To Give the Requestor

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

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or your EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

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



SCHEDULE OF COMMISSIONS AND ALLOWANCES

CONTRACT CODE: PRDA
EFFECTIVE DATE: 00/00/0000

Commissions equal to the percentage shown below shall be paid on premiums actually received by Fidelity Life Association in each policy year. For each of the products listed below the policy fee is commissionable.

Rapid Decision Mortgage Term (Policy Form F3800)

FIRST POLICY YEAR COMMISSION				Renewal
15 YT	20 YT	30 YT	40 YT	Years
100.00%	100.00%	100.00%	100.00%	0.00%

Rapid Decision Term (Policy Form F3600)

FIRST POLICY YEAR COMMISSION					Renewal
5 YT	10 YT	15 YT	20 YT	30 YT	Years
83.00%	83.00%	90.00%	98.00%	98.00%	0.00%

Accidental Death Benefit (Policy Form F3700)

Face Amounts UNDER \$100K		Face Amounts \$100K and OVER	
Male	Female	Male	Female
38.50%	73.50%	65.00%	105.00%

This schedule can be replaced at any time with a successor Schedule of Commissions & Allowances issued by Fidelity Life Association to be effective from the issue date forward.

Revised as of 8/1/07