



In cooperation with
Bay Insurance Marketing

Fidelity Life

Contracting & Appointment Checklist

- _____ Complete and Sign Producer Appointment Application
- _____ Complete and Sign **Section 9** if requesting Direct Deposit of Commissions and attach a Void Check
- _____ Copy of Current Resident State Insurance License(s)
- _____ Complete and Sign W-9 Form

Please return the above contracting requirements to Garrison Insurance Group at the fax number or address listed below.

If you have any questions, please contact Garrison Insurance Group at 800-909-7183 or marketing@garrisoninsurance.net

Garrison Insurance Group
26216 Sword Dancer Drive
Wesley Chapel, FL 33544
Phone: 800-909-7183, Fax: 888-606-7345
E-mail: marketing@garrisoninsurance.net

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 Edward M. Garrison

Business Street Address 26216 Sword Dancer Drive

City Wesley Chapel State FL Zip 33544

General Agent Number 415650

Phone Number 800-909-7183

Fax Number 888-606-7345 E-Mail Address marketing@garrisoninsurance.net

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): PRDA

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): 0% (Note, may not be available on all products.)

→ Recruiting General Agent Signature: _____

Recruiting General Agent Printed Name: Edward M. Garrison 415650

Date: _____

Recruiting General Agent Email Address: marketing@garrisoninsurance.net

Reports To Name: Edward M. Garrison

Reports To Agent Code: 415650

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 _____

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)

FIRST POLICY YEAR COMMISSION	Renewal Years
100.00%	0.00%

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 1/1/08

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.

Graded Death Benefit Whole Life (Policy Form F3000)

(Ages 20-69)			(Ages 70+)		
Year 1	Years 2-10	Years 11+	Year 1	Years 2-10	Years 11+
50.00%	2.00%	0.00%	50.00%	1.00%	0.00%

Graded Death Benefit Term (Policy Form F3001)

(Ages 20-69)			(Ages 70+)		
Year 1	Years 2-10	Years 11+	Year 1	Years 2-10	Years 11+
50.00%	2.00%	0.00%	50.00%	1.00%	0.00%

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

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.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

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 3.** 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 3.

Social security number
+

or

Employer identification number
+

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
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, 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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain 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.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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

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.

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

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.