



MYMD ASAP VBA REPRESENTATIVE DATA FORM

Representative Name: SS#: Date of Birth:
Commissions to be paid to: Tax ID:
Business Address: City: ST: Zip:
Residence Address: City: ST: Zip:
Business Phone: Fax: Residence Phone:
Email: Web Site:
Have you ever been convicted of a felony or crime, other than a traffic violation? Yes No (If yes, please explain on a separate piece of paper.)

MyMD ASAP VBA REPRESENTATIVE AGREEMENT

This Agreement is made by and between Value Benefits of America, ("VBA") and the representative whose signature appears on this Agreement, ("Representative"). IN CONSIDERATION of the mutual promises and covenants set forth below, the parties hereby agree as follows:

- 1: VBA or its designated third party administrator shall pay to Representative commissions as provided for in the commission schedule hereof as complete compensation for all enrollment forms procured and for all services performed by or required of Representative hereunder.
2: No commissions shall be payable on any membership not accepted by the applicant or on any membership declined by VBA.
3: Representative agrees to refrain from using advertising or any other material not supplied or approved in writing by VBA.
4: No forbearance or neglect by VBA to enforce any of the provisions of this Agreement shall invalidate it or thereafter constitute a waiver of any of these provisions.
5: This Agreement shall terminate automatically upon the death or total and permanent disability of Representative.
6: VBA may offset any indebtedness with VBA, General Agent Center (GAC), Colorado Bankers Services (CBS) or affiliates against commissions or overrides.
7: Nothing contained herein shall be construed to create the relationship of employer and employee or a partnership between VBA and Representative or between Representative and any company represented by VBA.
8: If Representative receives overriding commissions, representative shall be responsible in their hierarchy as per all provisions of the contract including all debit balances.
9: Commissions shall be paid so long as they total twenty-five dollars (\$25) in any month and Representative is active and does not violate any provisions of this Agreement.
10: Representative agrees not to influence or attempt to influence any representative or membership holder to any contract represented by VBA.
11: Representative hereby agrees that the ledger accounts of VBA shall be competent and sufficient prima facie evidence of the state of accounts between the parties hereto and the failure of Representative to object in writing to any statement of account furnished by VBA to Representative, within thirty (30) days from the date such statement is furnished, shall render such statement a correct account as between VBA and Representative.
12: If any provision of this Agreement is declared or found to be unenforceable all other provisions shall remain in full force and effect.
13: If Representative is a corporate entity, the persons executing this Agreement as officers of said corporation hereby agree and undertake the personal guarantee and satisfaction of all duties, performances and all obligations, including monies owed to VBA by such corporation, under this Agreement.
14: This Agreement shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County. This Agreement is executed as of the date approved by VBA. Other products may be added or commissions adjusted on new business by addendum.

Representative - MyMD ASAP VBA COMMISSION ADDENDUM

This Addendum is executed as of the date approved by VBA. Other products may be added or commissions adjusted on new business by addendum. This addendum will become part of your signed and approved agreement.

MyMD ASAP VBA Membership - 30% Level Commission on Active and Paid Memberships

AGREEMENT & ADDENDUM ACCEPTED BY

AGREEMENT & ADDENDUM APPROVED BY VBA

X Representative's Signature Date

By: Date

Bay Insurance

Recruited By

X Is 9 month loan advance requested on above memberships sold on bank draft? YES NO
Representative's Signature (Advancing is a privilege and may be limited by qualifying factors).

If Loan Advance is selected, 25% will be held in reserve to cover not takers or refunds for any reason. Reserves over \$500.00 will be paid out on a monthly basis. A maximum of \$500.00 advance commission will be paid per application.

*Consumer Notification - This is used to inform you that a consumer report or an investigative report is being obtained from a consumer reporting agency for the purpose of evaluating you as a representative. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

MAIL OR FAX COMPLETED CONTRACT FORMS TO: GENERAL AGENT CENTER

8700 E. Vista Bonita Dr., SUITE 174 ~ SCOTTSDALE, AZ 85255
FAX: 1-800-471-7996 TOLL FREE: 1-800-366-2467 DIRECT: 1-480-596-6536



15575 N. 79th Pl. Ste. 100 ~ Scottsdale, AZ 85260

Agent Authorization Agreement for Automatic Deposits - EFT Credits

Producer Name: _____

**Producer FEIN/SSN: _____

*Producer E-mail Address: _____

*(For notification of funds availability)

** Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: _____ Date: _____

I (we) hereby authorize **General Agent Center**, through **Home National Bank, Scottsdale**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) _____ Checking or _____ Savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the same to such account.

Name(s) on Account:
(Please print) _____

Signing Authority:
(Please Print) _____

Bank/Credit Union Information: ***(Please attach a voided check or Authorized Bank Document)***

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Authorized Account Signature: _____

EFT-GAC-06