



# LIBERTY LIFE INSURANCE

## L I C E N S I N G   R E Q U I R E M E N T S

Thank you for your interest in RBC – Liberty Life Insurance Company. In order to expedite the processing of your appointment with othis company, please follow the licensing procedures listed below. Should you have questions, please contact our Office. We look forward to a long, rewarding relationship.

- | <u>Check</u> | <u>Item</u> | <u>Requirement</u>  |
|--------------|-------------|---|
| [ ]          | [1]         | Complete and Sign the Producer Application For Appoitment ( <i>One Copy</i> )   |
| [ ]          | [2]         | Complete and Sign the Consent and Authorization ( <i>One Copy</i> )   |
| [ ]          | [3]         | Complete and Sign the Executive General Agent Agreement ( <i>One Copy</i> )   |
| [ ]          | [4]         | Complete and Sign the Sales Resource Center Enrollment Form ( <i>One Copy</i> )   |
| [ ]          | [5]         | Include A Copy of Your Current Resident License   |
| [ ]          | [5]         | If Non-Resident Appointment desired, Include a Copy of Your Non-Resident License and Appropriate Licensing Fee for the State(s) Required. |
| [ ]          | [6]         | Complete and Sign the Authorization for Automatic Pay.<br><i>RBC-Liberty Life pays only by Direct Deposit</i>                             |
| [ ]          | [7]         | Include a copy of a VOID Check  |

Once you have completed these items, please return them to your Regional Office for processing. Should you have questions, please contact our office.

Respectfully submitted,

President  
Insurance Marketing Group of America, Inc.

FAX TO 479-967-9898 TO EXPEDITE CONTRACTING, OR MAIL ORIGINALS TO:



**Insurance Marketing Group of America, Inc.**

Post Office Box 640  
Russellville, AR 72811-0640

**P 800-951-1708**

**[www.imga.com](http://www.imga.com)**



**L EGA  
PRODUCER APPLICATION  
FOR APPOINTMENT**

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389  
Overnight address: 2000 Wade Hampton Blvd, Greenville, SC 29615-1064

1.800.234.5514, Option-3  
Fax: 1.864.609.3118 or 609.4889

**Complete each of the following:** John L. Terry, III - Insurance Marketing Group of America, Inc.

Name of Top Level Sales Organization (i.e., NMO/MGA) \_\_\_\_\_

To be contracted as:  Individual  Corporation / Agency / Partnership  Both

Application Submitted W/Appointment Form?  Yes  No (App may be submitted with appointment request only in immediate states listed on attached state grid)

Commissions paid to:  Individual  Agency (Note: If commissions are paid to the Agency the Agency must be Appointed and attach an Assignment form)

**Personal Information**

Agent Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*First, Middle, Last - as it appears on license - please attach current copy*

Residence Address \_\_\_\_\_  
*Street or PO Box Suite City State Zip Code*

Mailing Address \_\_\_\_\_  
*Street or PO Box Suite City State Zip Code*

Residence Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Agency Information (Complete this section if Requesting Agency Appointment)**

Agency Name \_\_\_\_\_ Federal Tax I.D. # \_\_\_\_\_  
*(As it appears on company license - please attach current copy)*

Business Address \_\_\_\_\_  
*Street or PO Box Suite City State Zip Code*

Business Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ Company Contact Email Address \_\_\_\_\_

Qualified Officer for Agency: \_\_\_\_\_

**LICENSING & APPOINTMENT INFORMATION**

Resident State Appointment \_\_\_\_\_ License Number: \_\_\_\_\_  
IDENTIFY STATE (Include a copy of your resident license with this form.)

Non-Resident State Appointment(s) \_\_\_\_\_  
Check this box if you are requesting non-resident appointment(s) - List the states for which you are requesting appointments and attach a separate sheet listing all states if necessary. **IMPORTANT:** Include non-resident license copies for all non-resident states you wish to be appointed in.

**Additional Information:**

		YES	NO
1.	Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?	<input type="checkbox"/>	<input type="checkbox"/>
	If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)	<input type="checkbox"/>	<input type="checkbox"/>
	If you answer yes, you must attach to this application: a) A written statement explaining the circumstances of each incident. b) A certified copy of the charging document, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.		

		YES	NO
2.	<p>Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement identifying the type of license and explaining the circumstances of each incident,                      b) A certified copy of the Notice of Hearing or other document that states the charges and allegations, and                      c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident,                      b) A certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and                      c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and                      b) Certified copies of all relevant documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Do you have a child support obligation in arrearage?</p> <p>If you answer yes to Question 7, by how many months are you in arrearage? _____ Months</p>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<p>Are you the subject of a child support related subpoena or warrant?</p>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that I have reviewed this Application for Appointment and that the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. Liberty Life Insurance Company retains sole authority to terminate any appointments subject to applicable laws and regulations.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
 Name of Applicant (Please print)



\_\_\_\_\_  
 Signature of Applicant





Agent shall keep complete and accurate records of Agent's dealings on Liberty's behalf. Before soliciting an application for a Product, Agent shall first ascertain the consumer's need for the Product and strive to ensure the product is suitable for that particular consumer. When taking applications for Products, Agent shall accurately record all information supplied by an applicant. Agent shall hold all moneys collected or received on behalf of Liberty in a fiduciary capacity and promptly deliver all such moneys to Liberty. Agent shall provide to applicants for Products all information, disclosures, representations, and materials specified by Liberty. Agent shall not give any information or make any representations or statements on behalf of or concerning Liberty other than the information or representations contained in sales literature, promotional material, or other information expressly approved in writing by Liberty.

(b) *Notify Liberty.* Agent shall assist Liberty in investigating and responding to any insurance regulatory investigation concerning Agent's activities under this agreement. Agent shall promptly inform Liberty of any customer or regulatory complaints that concern Liberty's business and of which Agent becomes aware. Agent shall notify Liberty within one business day of receipt of any revocations or suspensions of any qualification or license of Agent. Agent shall also notify Liberty of any reprimand or fine given by an insurance regulatory authority to Agent.

3. **Advertising.** Agent shall not advertise, create, use, or publish Liberty's name, logos, trademarks, rates, products, or services without Liberty's prior written consent. The parties shall comply with all applicable insurance advertising laws and regulations.

4. **Compensation.** (a) *Commissions.* Subject to any offsets described in this agreement, Liberty shall pay Agent, either directly or through Agent's Marketing Organization, the commissions on premiums for "Settled Policies" that are sold by Agent, as set forth in **Schedule B**. A Policy is "Settled" when it is issued and delivered and the first full modal premium is paid, regardless of the payment mode. Liberty may revise **Schedule B** at any time upon written notice to Agent. Any change to **Schedule B** does not apply to applications dated before the effective date of the change. The commissions payable under this agreement are compensation in full for all services performed and all expenses incurred by Agent.

(b) *Chargebacks.* "Chargebacks" are commissions that Agent must repay to Liberty in accordance with **Schedule B** for a Policy that is rescinded or not taken or that terminates for any reason. Unpaid Chargebacks of Agent are an indebtedness of Agent to Liberty. Chargebacks of Agent will be deducted from the next commission payment due Agent. If there are not enough commissions to cover this Chargeback within 30 days, Agent shall pay the balance to Liberty in cash within 30 days of Liberty's written demand for payment. After this 30-day period, any remaining balance will accrue interest at a rate of 8% per year. All payments toward this debt will be applied first to interest and then to principal. Agent shall pay all costs and expenses incurred by Liberty in recovering any amount owed by Agent, including attorney's fees and court costs, if any. The amount of these costs and expenses are to be added to the principal balance of Agent's debt to Liberty.

(c) *Adjustments to Commissions.* Commissions are not payable on premiums waived under a waiver of premium provision. Liberty may make adjustments in Agent's compensation for policy exchanges, rewrites, policy changes, conversions, errors and changes in plan, age, amount,

or for policies written in excess of Liberty's retention limits, in accordance with the rules and procedures Liberty establishes from time to time. Liberty shall provide Agent with at least 30 days notice of any changes to those rules and procedures.

(d) *Assignment of Commissions.* No assignment of commissions or other compensation under this agreement is valid unless it is made in accordance with applicable state insurance laws and regulations and unless Liberty authorizes and acknowledges it in writing. Liberty assumes no responsibility for the validity or sufficiency of any assignment made by Agent.

5. **Indemnification.** Agent shall indemnify and defend Liberty from and against any and all losses, claims, demands, liabilities, costs, damages, and expenses (including attorney's fees) asserted against or incurred or sustained by Liberty arising out of any act, error, or omission of Agent, its employees, agents, subagents, or subcontractors in the performance of its duties and obligations under this agreement or the breach of any statute, regulation, agreement, covenant, representation, or warranty by Agent, its employees, agents, subagents, or subcontractors. If Liberty seeks indemnification under this agreement, it shall (1) give prompt written notice to Agent as to the existence of the indemnifiable event, and (2) provide information, cooperation, and assistance as may be reasonably necessary for the defense of the action or claim. Before Agent hires legal counsel to defend Liberty, Agent shall obtain Liberty's written consent (which shall not be unreasonably withheld or delayed) of Agent's choice of legal counsel. Agent shall not settle an indemnified claim without Liberty's written consent, which consent will not be unreasonably withheld.

6. **Liberty's Property.** If Liberty gives Agent access to any computer software or program owned or licensed to Liberty, Agent shall not copy or transfer that software or program without Liberty's prior written permission. All undelivered policies, rate and procedure manuals, applications, printed forms, books, policyholder records, accounts, documents, vouchers, papers, computer disks, computer chips, or other computer software, and all other materials furnished or delivered to Agent by Liberty, or otherwise obtained or prepared by Agent when acting on behalf of Liberty, belong to Liberty. Upon termination of this agreement, Agent shall promptly deliver that property to Liberty.

7. **Audit Rights.** Agent shall keep the records related to business produced under this agreement as may be required by Liberty and as required under applicable laws and regulations. Agent shall make all accounts, correspondence, or other records pertaining to Agent's operation under this agreement, available for inspection by Liberty or its representative during business hours. In addition, each party may audit the other during business hours to ensure compliance with Section 10. Agent shall also secure the right for Liberty to audit third parties engaged by Agent to assist with its obligations under this agreement, where that third party has or had possession of Liberty's Confidential Information.

8. **Errors And Omissions Coverage.** Agent shall maintain, at Agent's own expense, errors and omissions insurance in the amount of at least \$1,000,000 with a deductible not to exceed \$250,000, covering Agent's activities under this agreement. Agent shall deliver to Liberty a certificate of insurance evidencing the above insurance coverage upon Liberty's request.

**9. Term; Termination.** (a) *Upon Notice.* This agreement is to continue until terminated as provided in this section. Liberty, Agent, or the Agent's Marketing Organization with Liberty's prior written consent may terminate this agreement upon 30 days written notice to the other party.

(b) *Upon Death or Dissolution.* This agreement terminates upon dissolution or liquidation of Agent, upon death of Agent if Agent is a natural person, or upon the death of any partner of Agent if Agent is a partnership.

(c) *For Cause.* Each party may terminate this agreement upon written notice to the other party if the other party (1) becomes bankrupt or insolvent, (2) is disqualified or suspended to do business under any applicable state or federal law where that party's ability to perform its duties under this agreement is materially impaired, (3) commits an act of fraud, dishonesty, misrepresentation or conversion of funds relating to this agreement, (4) commits a material breach of this agreement, or (5) commits a material violation of any federal, state, or local law or regulation applicable to insurance business. Any remedy provided in this agreement for termination under this subsection is cumulative and not exclusive of any and all other rights and remedies available at law or in equity.

(d) *Effect on Commissions.* If this agreement is terminated under subsection 9(a), Liberty shall continue to compensate Agent for Policies issued as a result of applications submitted prior to the date of termination. If this agreement terminates under subsections 9(b) or 9(c), commissions will immediately cease and Liberty will not be liable to Agent for further compensation under this agreement.

**10. Confidential Information and Privacy.** (a) *Definition.* "Confidential Information" means any information, in whatever format, that is confidential and proprietary to either party, including, without limitation any information about the disclosing party's business or products; the terms of this agreement; the names and information relating to any current, past or prospective customer of the disclosing party; and any other information designated by the disclosing party as confidential. Confidential Information excludes (1) information that is in the public domain without breach of this agreement and without reliance on the Confidential Information and (2) information a party obtains from a third party without breach of this agreement.

(b) *Duties; Rights.* Each party shall (1) use Confidential Information only for the purpose of fulfilling its duties under this agreement; (2) not disclose any Confidential Information to any third party or to any of its employees or agents except those who need to know it to enable that party to fulfill its duties under this agreement, provided that the party shall take all reasonable measures to ensure that Confidential Information of the other party is not disclosed or duplicated in contravention of the provisions of this agreement by those third parties, agents and employees; (3) implement a written information security program that includes administrative, technical, and physical safeguards to ensure the security and confidentiality of customer information, protect against any anticipated threats or hazards to the security or integrity of the information, and protect against unauthorized access to or use of the information that could result in substantial harm or inconvenience to any customer; and (4) return to the disclosing party or destroy (at the

disclosing party's option) all Confidential Information of the disclosing party in the receiving party's possession or under its control when that information is no longer required for the purposes of this agreement, and confirm to the disclosing party in writing that the receiving party has done so.

(c) *Remedies.* Any breach or threatened breach of this section may result in irreparable harm, an injury for which there is no adequate remedy at law. Therefore, each party may move for any and all appropriate equitable relief including preliminary and permanent injunctions in any court of competent jurisdiction to prevent a breach or threatened breach of this section. This injunctive relief does not preclude a party from seeking other available remedies. When moving for injunctive relief, a party is not required to post bond or, if required to post bond by court order or other operation of law, is only required to post the minimum or nominal bond permitted.

(d) *Compelled Disclosure.* A party may disclose Confidential Information if that party becomes compelled to disclose the Confidential Information pursuant to court or administrative order, legal process, law, or regulation; provided, however, that before disclosure, to the extent allowed by law, and not more than three business days from its receipt of the order or legal process or its decision that a law or regulation compels the disclosure, the compelled party shall notify the other party of the compelled disclosure and shall cooperate with the other party in seeking a confidentiality agreement, protective order, or other protection of the confidentiality of the Confidential Information.

(e) *Unauthorized Acts.* Each party shall (1) notify the other party promptly of any material unauthorized possession, use or knowledge, or attempt thereof, of the other party's Confidential Information by any person or entity which may become known to that party, (2) promptly furnish to the other party full details of that incident, (3) use reasonable efforts to cooperate with the other party in any litigation or investigation deemed necessary by the other party to protect its proprietary rights, and (4) promptly use all reasonable efforts to prevent a reoccurrence of any unauthorized possession, use or knowledge of Confidential Information. Each party shall bear the cost it incurs as a result of compliance with this Section 10(e). The parties shall not commence any legal action or proceeding regarding any unauthorized possession, use or knowledge, or attempt thereof, of the other party's Confidential Information without the consent of the other party.

**11. No Waiver.** No forbearance or neglect by either party to endorse or insist upon any of the provisions of this agreement is to be construed as a waiver of any rights or privileges. If a party waives any of its rights arising from any default or failure of performance by the other party, this waiver does not modify this agreement, or extend to or affect either party's rights arising from any subsequent default or failure of performance.

**12. Entire Agreement.** This agreement, the attached schedules, and any attached addenda constitute the entire agreement between the parties with respect to the subject matter of this agreement. No amendment or modification of this agreement (except revisions to Schedule B) is binding on any party unless it is in writing and signed by all parties.

13. **Severability.** If any term or provision of this agreement is held to be unenforceable or illegal, that determination is not to affect the validity or enforceability of any other term or provision of this agreement and, to that extent, this agreement will be deemed to be severable.

14. **Governing Law.** The laws of the State of South Carolina govern all matters arising out of this agreement.

15. **Headings.** The headings in this agreement are for convenience only and do not affect its meaning.

16. **Assignment.** Agent shall not assign its rights or delegate its duties under this agreement without the express written consent of Liberty. This agreement is binding upon and will inure to the benefit of the parties and their permitted assigns.

17. **Survival.** In addition to those provisions expressly surviving termination or expiration, the terms of Sections 4(b), 5, 7, and 10 are to survive the expiration of this agreement or the termination of this agreement for any reason.

18. **Notices.** The parties shall provide all notices, requests, approvals and consents and other communications required or permitted under this agreement in writing by hand delivery, a nationally recognized overnight courier service, or certified or registered mail (return receipt requested), addressed as follows:

Liberty: Liberty Life Insurance Company  
2000 Wade Hampton Boulevard  
Greenville, SC 29615  
PO Box 1389 (29602-1389)  
Attention: Jim Sharkey  
  
with a copy to the Chief Corporate Counsel  
(same address)

Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_

Notices will be deemed given one day after sent, if sent by overnight courier; when delivered and receipted for, if hand delivered; or when receipted for (or upon the date of attempted delivery where delivery is refused) if sent by certified or registered mail, return receipt requested. Either party may change its address for notification purposes by giving the other party notice of the new address and the date upon which it will become effective.

19. **Compliance.** The parties shall fully comply with all applicable local, state, and federal laws, rules, and regulations governing their activities under this agreement. Any provision of this agreement that is in conflict with any applicable law, rule, or regulation is hereby amended to

conform to the minimum requirements of that law, rule, or regulation.

20. **Counterparts; Facsimile Execution.** This agreement may be executed in any number of counterparts, all of which taken together constitute one single agreement between the parties. Execution and delivery of this agreement may be evidenced by facsimile transmission.

The parties are signing this agreement on the date stated in the introductory clause.


**LIBERTY:**

**AGENT:**

Liberty Life Insurance Company

\_\_\_\_\_  
[Agent Legal Entity Name or Full Name, if an individual]

By: \_\_\_\_\_

By  \_\_\_\_\_  
[Signature of Agent or Authorized Officer if an entity]

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**72011**

## SCHEDULE A

### Products

**RBC LevelTERM<sup>sm</sup>**: 10, 15, 20, and 30-year level term life insurance, Form Nos. RBC-LT (06-04), et. seq. Optional accidental death, children's coverage, and waiver of premium riders, Form Nos. LT-AD (06-04), LT-CR (06-04), and LT-DIS (06-04), respectively.

**SCHEDULE B****Compensation**

(a) Subject to any offsets described in this agreement, Liberty shall pay Agent, either directly or through the Agent's Marketing Organization, a percentage of the total first-year premium (excluding the Policy fees) received and accepted by Liberty on Settled Policies as set forth below. Renewal commissions are not payable on any Policies.

<b>Commissions for Sales by Agent</b>	
<b>Product</b>	<b>Rate</b>
RBC LevelTERM 10 & 15 Year	70%
RBC LevelTERM 20 & 30 Year	80%

<b>Policy Fees</b>		
<b>Product</b>	<b>Annual Policy Fee</b>	<b>Annual Companion Policy Fee</b>
RBC LevelTERM	\$50	\$35

(b) Liberty may charge back 100% of commissions paid under this agreement (1) on premiums that are refunded and (2) on premiums not yet paid on a Policy that is rescinded or not taken or terminated for any reason (collectively, "Terminated").



## SALES RESOURCE CENTER ENROLLMENT FORM

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389  
Overnight address : 2000 Wade Hampton Blvd, Greenville, SC 29615-1064

1.800.234.5514, Option-3  
Fax: 1.864.609.3118 or 609.4889

### ATTENTION PRODUCER ADMINISTRATION

#### INSTRUCTIONS -

1. To access your pending and issued policy information on-line, you must first enroll by providing the information requested below.
2. To complete the form, please print it out and either fax or mail the form to the address or fax number listed above.
3. Once the form has been received and processed, you will receive two emails with your sign-on information included. The first email will contain your username, and the second email will contain your password.

#### APPLICANT INFORMATION

\_\_\_\_\_  
FULL NAME *(As it appears on your license)*

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
MARKETING ORGANIZATION/BROKER-DEALER

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS (REQUIRED)

\_\_\_\_\_  
BUSINESS ADDRESS *(State Only)*

\_\_\_\_\_  
AGENT NUMBER *(If applicable)*

#### HOME OFFICE USE ONLY

\_\_\_\_\_  
USER ID

\_\_\_\_\_  
PASSWORD

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
DATE COMPLETED

\_\_\_\_\_  
LICENSING AND CONTRACTING SIGNATURE



## AUTHORIZATION FOR AUTOMATIC PAY DEPOSIT

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389  
Overnight address : 2000 Wade Hampton Blvd, Greenville, SC 29615-1064

1.800.234.5514, Option-3  
Fax: 1.864.609.3118 or 609.4889

### INSTRUCTIONS:

1. Complete the authorization form below
2. **Mail the completed authorization form and voided check to the address above along with the appropriate contracting and appointment forms.**

Agent  
Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

I hereby authorize RBC Insurance to:  Start  Stop Depositing my net earnings on all payrolls into my checking and or savings account (*see below*).

My net earnings are now being deposited.  
Please change my bank, checking and/or savings account number as shown below:

Name of Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank No. \_\_\_\_\_ Account No: \_\_\_\_\_

Checking \_\_\_\_\_

Savings \_\_\_\_\_

I understand that all entries initiated are governed by the rules of the Mid-America Payment Exchange and I am bound by those rules. In the event that an entry is incorrectly initiated to my account, I also authorize BMA or LLIC to initiate a reversing entry. This authorization may be discontinued by my written request or upon termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_