



THE AMERICAN HOME
LIFE INSURANCE COMPANY

Contracting Instructions General Agency

1. **Sign both General Agency contracts** on the line directly above the word *General Agent*. The balance of the contract will be completed by the Home Office staff.
2. **Fully complete, sign and date the application.** Incomplete applications will lengthen the contracting process.
3. **Complete copy of the IRS W-9** Request for Taxpayer Identification Number and Certification form.
4. Carefully read *“Ethics - Our Commitment to Policyholders”*.
5. **Provide copies of all state licenses** in which you are requesting to do business for American Home Life.
6. **Fully complete, sign and date the Direct Deposit Authorization.** Incomplete Authorizations will delay the transaction process.
7. **Attach a deposit slip or voided check** to the Direct Deposit Authorization from the account where your commissions are to be deposited.
8. **Enclose a check or money order** for all applicable appointment fees. You may refer to the attached listing of state appointment fees. Please make your check or money order payable to American Home Life Insurance Company.
9. **Enclose all of the above**, plus any additional information in the attached self-addressed envelope. Once received, a supply kit will be sent to you.

Please note, a fully executed contract will be returned to you **after** your first business is submitted to the Home Office.

If you have questions regarding the contracting process, please contact Don Smith or Ann Murphy in the Marketing Department. You may reach them at (785) 235-6276 or (800) 876-0199.

Return Completed Contracting To:

Insurance Marketing Group of America, Inc.
PO Box 640 Russellville AR 72811
P 800-951-1708 F 479-967-9898
www.imga.com



THE AMERICAN HOME LIFE INSURANCE COMPANY

GENERAL AGENCY CONTRACT

THIS AGREEMENT is between The American Home Life Insurance Company, Topeka, Kansas, hereinafter called the Company, and _____, of _____, State of _____, hereinafter called the General Agent (GA).

WITNESSETH:

1. **Appointment.** The Company hereby appoints the GA, _____, to perform such acts and duties as are specifically provided hereinafter; and the GA agrees to act in such capacity, subject to the terms and conditions hereinstated.

2. **Territory.** The GA is authorized to work in the following territory: _____. However, such authorization shall not be exclusive in nature and the GA understands and agrees that the Company, in its discretion, may appoint additional GA's within the territory designated herein.

2a. **Appointments of Sub-producers.** The GA may appoint sub-producers for the Company in the above described territory, subject to the approval of the Company. In each instance, the Agency shall consist of the GA and any sub-producers so appointed by the GA while this contract is in force. The GA shall receive overwriting, as provided in attached schedule, on all business paid during any contract year by himself and his sub-producers. The GA shall also receive, as full compensation on all business paid for during any contract year by said sub-producers and their appointees, overwriting commission equal to the difference between the compensation to the GA as provided in this contract and the compensation earned and payable to the sub-producers under the terms of their contracts. Unearned basic commissions of all sub-producers, whether appointed by the GA or by a sub-producer, and all unearned basic commissions of sub-producers shall be paid to the GA.

In consideration of the foregoing, the GA hereby acknowledges all the acts, and failures to act, of his appointees and their sub-appointees, as his acts and failures to act, and assumes all responsibility therefore to the Company. Any surety, fidelity, or indemnifying bond required of appointees and sub-appointees shall be for the benefit of the Company first, and thereafter, for the benefit of the GA; but in no event shall the Company's recourse against the GA be conditioned on or in any manner delayed or impaired by the existence or nonexistence, solvency or insolvency, enforcement or failure of such bond.

3. **Rules, Regulations, and Literature Restrictions.** The GA agrees to conform to all rules and procedures of the Company and to comply with those Federal and State laws and regulations pertaining to the business of insurance. The GA agrees not to issue, or cause to be issued, any circulars, advertising matter or literature of any nature, whatsoever, except on the written approval of the Company.

4. **Limitations.** The GA shall not enter into any contracts or obligations except as herein specifically provided, or incur any expense on behalf of the Company without its written authority, and shall not institute any legal proceedings of any kind in connection with the Company's business, or on the Company's behalf, without written approval of the Company. Should the Company be sued or incur any expense, loss or liability of any kind, or should any claim be made against it based upon, or arising out of, any wrongful or improper act of the GA, the Company, at its sole discretion, may settle any such claim, and the GA shall reimburse the Company for all monies and expenses paid in effecting such settlement.

5. **Waiver of Forfeitures and Payments.** The GA shall have no authority, on behalf of the Company, to make, alter, or discharge any contract, to waive forfeitures, to extend the time of payment of any premium, or to waive payment in cash.

6. **Relationship.** The GA is an independent contractor and shall exercise his own judgment as to persons to be solicited for insurance, the times and places of such solicitations, and nothing in this contract shall be construed to create the legal relationship either of employer and employee or of partnership between the GA and the Company.

7. **Production Requirements for Renewals.** Except as otherwise described herein, there are no production requirements to vest renewal commissions on such business issued and paid by the GA.

8. **Service Fee.** During the continuance of this contract, a non-vested service fee will be paid to the GA for the 11th and subsequent policy years, on covered policies written since the date of this contract, in accordance with the terms and conditions of the attached commission schedule and as further provided herein. To be eligible to earn and receive a service fee, the total insurance in force under this contract must be equal to, or in excess of four million dollars (\$4,000,000). Total insurance in force will be determined at the end of the 10th contract year, and annually thereafter.

9. **Persistency Bonus.** A persistency bonus may be earned at the end of each contract year, provided this contract is in full force and effect on that date. Provided the GA otherwise qualifies as provided herein, the bonus shall be payable on all policies issued and paid for under this contract excluding only those policies, if any, specifically designated as excluded from inclusion in the persistency bonus calculation on the commission schedule then in effect. A copy of the current commission schedule is attached hereto. The Company, in its discretion, reserves the right from time to time to add to or delete plans eligible to be used in the calculation of a persistency bonus and, in such event, the attached schedule shall be amended accordingly.

All calculations to determine eligibility to be paid a persistency bonus will be made as of January 1 of each year, with the persistency bonus payable in the following April. Otherwise eligible policies issued and paid for during the period commencing thirty six (36) months prior to, and ending twenty four (24) months prior to the current January 1 shall be qualified policies.

To be eligible for the persistency bonus, personal production credited to the GA during any qualification period must be equal to, or in excess of, Ten Thousand Dollars (\$10,000) of issued and paid annualized life insurance premiums written on policies that qualify for the bonus. The persistency rate is obtained by dividing the annualized premium of qualified policies which are in force and on a premium paying basis on the calculation date by the annualized premium of such policies which would have remained in force and on a premium paying basis, if no lapses or reductions had occurred.

The persistency bonus shall be five percent (5%) of the first year standard premiums of such qualified policies, which remain in force and on a premium paying basis on the calculation date, provided the persistency rate calculated on such policies is eighty percent (80%) or greater. In the event the persistency rate is less than 80%, then no persistency bonus shall be payable.

9a. **Production Bonus.** If, in any contract year, the GA and his appointees total first-year collected life premium, excluding premiums from those policies, if any, specifically designated as excluded from inclusion in the production bonus calculation on the commission schedule then in effect, equals or exceeds Twenty Thousand Dollars (\$20,000), the GA shall be paid a bonus at the end of the contract year of \$1,000 plus 5% of the amount of qualified premium in excess of \$20,000. A copy of the current commission schedule is attached hereto. The Company, in its discretion, reserves the right from time to time to add to or delete plans eligible in the calculation of a production bonus and, in such event, the attached schedule shall be amended accordingly.

10. **Contract Years.** The first contract year hereunder shall be understood to be the remaining months from the effective date hereof to the end of the calendar year in which this contract is executed. Subsequent contract years shall coincide with calendar years. The requirements as to volume of business or amount of premiums which are necessary to earn renewal compensation shall be proportionately reduced for the first contract year.

11. **Commission Divided.** The names of no more than two producers shall appear on the application and, in such cases, the commissions shall be proportionately divided on an equal basis between such producers.

12. **Commissions Returned.** Should the Company deem it necessary to cancel any policy and return the premium thereon, the GA shall be bound to repay the Company, on demand, the amount of commissions received by the GA on account of said policy. The Company shall at all times have the right to reject, in its absolute discretion, applications for insurance without specifying the cause, and, in case an applicant for insurance shall be rejected, the GA shall forthwith refund to such applicant, or to the Company, as the Company may direct, all premiums received by him upon such application.

13. **Withdrawal Provisions.** Without any liability to the GA, the Company may withdraw or discontinue any form, or forms, of policies enumerated herein, or which may hereafter be issued, and also reserves the right to comply with any legislative enactment or department ruling, or to withdraw from any part, or parts, of the territory in which said GA operates. It is further agreed that the provisions of this contract may be modified or changed without the consent of the GA, if the same shall conflict with any Federal or State law or regulation, or the ruling of any State Insurance Department.

14. **Cases Not Covered.** The Company reserves the right to specify, from time to time, minimum premium and minimum amount requirements for new insurance, and for the payment of commissions thereon; to establish, from time to time, rules governing the commission to be paid on any policy reinstated, or converted, or on any policy which, in its judgment, is a replacement of existing insurance; to determine the amount of commissions to be paid on policies not enumerated herein, or on short term or extra premiums, or on premiums paid otherwise than in cash; and to fix the fees to be charged for undelivered or reissued policies.

15. **Delivery of Policies.** The GA shall not deliver any policy except upon full payment of the premium during the lifetime and good health of the applicant, and shall immediately, upon delivery of any policy, remit full settlement thereon, in cash, to the Company. If any policy is not delivered and paid for within thirty (30) days after the date of issue, such policy shall be immediately returned to the Company with full information as to why it was not delivered.

16. **Collection of Premiums.** Unless otherwise duly authorized, in writing, by the Company, the GA shall not receive nor collect any premium other than the first premium. All monies collected, or property received by the GA for or on behalf of the Company, shall be held in a fiduciary capacity, and shall not be used by the GA for any purpose, whatsoever, except as herein specifically authorized, but shall be delivered as soon as possible to the Company, or, upon demand, to any other authorized representative of the Company.

17. **Supplies.** The GA shall keep an accurate and complete record of all transactions on behalf of the Company, these records being the property of the Company and open to its inspection at all times. All blanks, stationery, and supplies furnished by the Company shall remain the property of the Company, and must be returned upon demand. Should the GA withhold any funds, policies, vouchers, or other records or property belonging to the Company or to an applicant for insurance, if the same shall have been demanded, in writing, by the Company, this contract shall be terminable and, if terminated, all claims of the GA against the Company hereunder shall be forfeited.

18. **License Agreement.** The GA shall pay such license fees as may be required by the States in which the GA operates under this contract.

19. **General Agent's Bond.** The GA shall furnish a bond for such amount and with such security as the Company may require, and this agreement shall not be in force until such bond, if requested, shall be furnished by the GA and accepted by the Company.

20. **Indebtedness Due Company.** Any indebtedness due the Company, by the GA, shall bear interest at the rate of ten percent (10%) per annum or the maximum rate authorized by law within the State of residence of the GA, whichever is lesser. Such indebtedness shall be a first lien on all compensation or commissions due or accruing to the GA under this or any prior contract, which at the option of the Company may be retained and applied toward the payment of such indebtedness.

21. **Contract or Commissions Nonassignable.** Neither this contract nor any of the benefits to accrue hereunder shall be assigned or transferred, either in whole or in part, without the written consent of the Company.

22. **Immediate Vesting.** Deferred first year and renewal life insurance commissions at the rate stated in the attached schedule shall be vested immediately and will be payable to the GA, his executors or administrators in accordance with the terms of the General Agency Contract, provided however, that in no event shall any commissions, whatsoever, be paid in any year in which the total commissions paid to the GA under the terms of this agreement in the preceding calendar year shall have amounted to less than Three Hundred Dollars (\$300).

23. **Termination.** This agreement may be terminated by either party, at any time, by thirty (30) days written notice, mailed to the other, but the termination of this agreement by the Company, or by the GA, shall not waive or release any indebtedness to the Company by the GA.

If this contract is terminated for any reason other than death or total and permanent disability, as defined by the Company, the commissions at the rates and for the duration stated shall be reduced by one percent (1%) of the premiums on which such commissions are paid.

However, if the GA should: (1) Pay, or allow or offer to pay, any rebate of premium in any manner, whatsoever, or, (2) Withhold any funds, or, (3) Embezzle any funds, or, (4) Attempt to induce agents of the Company to leave its service, or, (5) Attempt to induce the policyholders of the Company to relinquish their policies, or, (6) Otherwise violate any of the terms of this contract, then this contract shall be terminated immediately, and all rights to any further commissions and benefits shall be forfeited.

24. **No Estoppel.** The failure of the Company to exercise any of its rights under this agreement shall not constitute a waiver of its rights or a precedent to be followed at any subsequent date.

Effective Date. This contract shall take effect on the ____ day of _____, _____, and all previous GA contracts, or managerial agreements, understandings or communications by parties hereto, verbal or written, except as provided herein, are hereby canceled, abrogated and withdrawn, and this agreement shall constitute the entire agreement between the parties hereto, and no modification hereof shall be binding on either party unless in writing, duly accepted by the GA and approved by a duly authorized Officer of the Company.

EXECUTED IN DUPLICATE by the parties hereto this ____ day of _____, _____.
THE AMERICAN HOME LIFE INSURANCE COMPANY

Attest:

By:

VP General Counsel - Secretary

VP Marketing Services

Service Date

General Agent

Form No. GAC/99



THE AMERICAN HOME LIFE INSURANCE COMPANY

GENERAL AGENCY CONTRACT

THIS AGREEMENT is between The American Home Life Insurance Company, Topeka, Kansas, hereinafter called the Company, and _____, of _____, State of _____, hereinafter called the General Agent (GA).

WITNESSETH:

1. **Appointment.** The Company hereby appoints the GA, _____, to perform such acts and duties as are specifically provided hereinafter; and the GA agrees to act in such capacity, subject to the terms and conditions hereinstated.

2. **Territory.** The GA is authorized to work in the following territory: _____. However, such authorization shall not be exclusive in nature and the GA understands and agrees that the Company, in its discretion, may appoint additional GA's within the territory designated herein.

2a. **Appointments of Sub-producers.** The GA may appoint sub-producers for the Company in the above described territory, subject to the approval of the Company. In each instance, the Agency shall consist of the GA and any sub-producers so appointed by the GA while this contract is in force. The GA shall receive overwriting, as provided in attached schedule, on all business paid during any contract year by himself and his sub-producers. The GA shall also receive, as full compensation on all business paid for during any contract year by said sub-producers and their appointees, overwriting commission equal to the difference between the compensation to the GA as provided in this contract and the compensation earned and payable to the sub-producers under the terms of their contracts. Unearned basic commissions of all sub-producers, whether appointed by the GA or by a sub-producer, and all unearned basic commissions of sub-producers shall be paid to the GA.

In consideration of the foregoing, the GA hereby acknowledges all the acts, and failures to act, of his appointees and their sub-appointees, as his acts and failures to act, and assumes all responsibility therefore to the Company. Any surety, fidelity, or indemnifying bond required of appointees and sub-appointees shall be for the benefit of the Company first, and thereafter, for the benefit of the GA; but in no event shall the Company's recourse against the GA be conditioned on or in any manner delayed or impaired by the existence or nonexistence, solvency or insolvency, enforcement or failure of such bond.

3. **Rules, Regulations, and Literature Restrictions.** The GA agrees to conform to all rules and procedures of the Company and to comply with those Federal and State laws and regulations pertaining to the business of insurance. The GA agrees not to issue, or cause to be issued, any circulars, advertising matter or literature of any nature, whatsoever, except on the written approval of the Company.

4. **Limitations.** The GA shall not enter into any contracts or obligations except as herein specifically provided, or incur any expense on behalf of the Company without its written authority, and shall not institute any legal proceedings of any kind in connection with the Company's business, or on the Company's behalf, without written approval of the Company. Should the Company be sued or incur any expense, loss or liability of any kind, or should any claim be made against it based upon, or arising out of, any wrongful or improper act of the GA, the Company, at its sole discretion, may settle any such claim, and the GA shall reimburse the Company for all monies and expenses paid in effecting such settlement.

5. **Waiver of Forfeitures and Payments.** The GA shall have no authority, on behalf of the Company, to make, alter, or discharge any contract, to waive forfeitures, to extend the time of payment of any premium, or to waive payment in cash.

6. **Relationship.** The GA is an independent contractor and shall exercise his own judgment as to persons to be solicited for insurance, the times and places of such solicitations, and nothing in this contract shall be construed to create the legal relationship either of employer and employee or of partnership between the GA and the Company.

7. **Production Requirements for Renewals.** Except as otherwise described herein, there are no production requirements to vest renewal commissions on such business issued and paid by the GA.

8. **Service Fee.** During the continuance of this contract, a non-vested service fee will be paid to the GA for the 11th and subsequent policy years, on covered policies written since the date of this contract, in accordance with the terms and conditions of the attached commission schedule and as further provided herein. To be eligible to earn and receive a service fee, the total insurance in force under this contract must be equal to, or in excess of four million dollars (\$4,000,000). Total insurance in force will be determined at the end of the 10th contract year, and annually thereafter.

9. **Persistency Bonus.** A persistency bonus may be earned at the end of each contract year, provided this contract is in full force and effect on that date. Provided the GA otherwise qualifies as provided herein, the bonus shall be payable on all policies issued and paid for under this contract excluding only those policies, if any, specifically designated as excluded from inclusion in the persistency bonus calculation on the commission schedule then in effect. A copy of the current commission schedule is attached hereto. The Company, in its discretion, reserves the right from time to time to add to or delete plans eligible to be used in the calculation of a persistency bonus and, in such event, the attached schedule shall be amended accordingly.

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The persistency bonus shall be five percent (5%) of the first year standard premiums of such qualified policies, which remain in force and on a premium paying basis on the calculation date, provided the persistency rate calculated on such policies is eighty percent (80%) or greater. In the event the persistency rate is less than 80%, then no persistency bonus shall be payable.

9a. **Production Bonus.** If, in any contract year, the GA and his appointees total first-year collected life premium, excluding premiums from those policies, if any, specifically designated as excluded from inclusion in the production bonus calculation on the commission schedule then in effect, equals or exceeds Twenty Thousand Dollars (\$20,000), the GA shall be paid a bonus at the end of the contract year of \$1,000 plus 5% of the amount of qualified premium in excess of \$20,000. A copy of the current commission schedule is attached hereto. The Company, in its discretion, reserves the right from time to time to add to or delete plans eligible in the calculation of a production bonus and, in such event, the attached schedule shall be amended accordingly.

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11. **Commission Divided.** The names of no more than two producers shall appear on the application and, in such cases, the commissions shall be proportionately divided on an equal basis between such producers.

12. **Commissions Returned.** Should the Company deem it necessary to cancel any policy and return the premium thereon, the GA shall be bound to repay the Company, on demand, the amount of commissions received by the GA on account of said policy. The Company shall at all times have the right to reject, in its absolute discretion, applications for insurance without specifying the cause, and, in case an applicant for insurance shall be rejected, the GA shall forthwith refund to such applicant, or to the Company, as the Company may direct, all premiums received by him upon such application.

13. **Withdrawal Provisions.** Without any liability to the GA, the Company may withdraw or discontinue any form, or forms, of policies enumerated herein, or which may hereafter be issued, and also reserves the right to comply with any legislative enactment or department ruling, or to withdraw from any part, or parts, of the territory in which said GA operates. It is further agreed that the provisions of this contract may be modified or changed without the consent of the GA, if the same shall conflict with any Federal or State law or regulation, or the ruling of any State Insurance Department.

14. **Cases Not Covered.** The Company reserves the right to specify, from time to time, minimum premium and minimum amount requirements for new insurance, and for the payment of commissions thereon; to establish, from time to time, rules governing the commission to be paid on any policy reinstated, or converted, or on any policy which, in its judgment, is a replacement of existing insurance; to determine the amount of commissions to be paid on policies not enumerated herein, or on short term or extra premiums, or on premiums paid otherwise than in cash; and to fix the fees to be charged for undelivered or reissued policies.

15. **Delivery of Policies.** The GA shall not deliver any policy except upon full payment of the premium during the lifetime and good health of the applicant, and shall immediately, upon delivery of any policy, remit full settlement thereon, in cash, to the Company. If any policy is not delivered and paid for within thirty (30) days after the date of issue, such policy shall be immediately returned to the Company with full information as to why it was not delivered.

16. **Collection of Premiums.** Unless otherwise duly authorized, in writing, by the Company, the GA shall not receive nor collect any premium other than the first premium. All monies collected, or property received by the GA for or on behalf of the Company, shall be held in a fiduciary capacity, and shall not be used by the GA for any purpose, whatsoever, except as herein specifically authorized, but shall be delivered as soon as possible to the Company, or, upon demand, to any other authorized representative of the Company.

17. **Supplies.** The GA shall keep an accurate and complete record of all transactions on behalf of the Company, these records being the property of the Company and open to its inspection at all times. All blanks, stationery, and supplies furnished by the Company shall remain the property of the Company, and must be returned upon demand. Should the GA withhold any funds, policies, vouchers, or other records or property belonging to the Company or to an applicant for insurance, if the same shall have been demanded, in writing, by the Company, this contract shall be terminable and, if terminated, all claims of the GA against the Company hereunder shall be forfeited.

18. **License Agreement.** The GA shall pay such license fees as may be required by the States in which the GA operates under this contract.

19. **General Agent's Bond.** The GA shall furnish a bond for such amount and with such security as the Company may require, and this agreement shall not be in force until such bond, if requested, shall be furnished by the GA and accepted by the Company.

20. **Indebtedness Due Company.** Upon termination any indebtedness due the Company, by the GA, shall bear interest at the rate of ten percent (10%) per annum or the maximum rate authorized by law within the State of residence of the GA, whichever is lesser. Such indebtedness shall be a first lien on all compensation or commissions due or accruing to the GA under this or any prior contract, which at the option of the Company may be retained and applied toward the payment of such indebtedness.

21. **Contract or Commissions Nonassignable.** Neither this contract nor any of the benefits to accrue hereunder shall be assigned or transferred, either in whole or in part, without the written consent of the Company.

22. **Immediate Vesting.** Deferred first year and renewal life insurance commissions at the rate stated in the attached schedule shall be vested immediately and will be payable to the GA, his executors or administrators in accordance with the terms of the General Agency Contract, provided however, that in no event shall any commissions, whatsoever, be paid in any year in which the total commissions paid to the GA under the terms of this agreement in the preceding calendar year shall have amounted to less than Three Hundred Dollars (\$300).

23. **Termination.** This agreement may be terminated by either party, at any time, by thirty (30) days written notice, mailed to the other, but the termination of this agreement by the Company, or by the GA, shall not waive or release any indebtedness to the Company by the GA.

If this contract is terminated for any reason other than death or total and permanent disability, as defined by the Company, the commissions at the rates and for the duration stated shall be reduced by one percent (1%) of the premiums on which such commissions are paid.

However, if the GA should: (1) Pay, or allow or offer to pay, any rebate of premium in any manner, whatsoever, or, (2) Withhold any funds, or, (3) Embezzle any funds, or, (4) Attempt to induce agents of the Company to leave its service, or, (5) Attempt to induce the policyholders of the Company to relinquish their policies, or, (6) Otherwise violate any of the terms of this contract, then this contract shall be terminated immediately, and all rights to any further commissions and benefits shall be forfeited.

24. **No Estoppel.** The failure of the Company to exercise any of its rights under this agreement shall not constitute a waiver of its rights or a precedent to be followed at any subsequent date.

Effective Date. This contract shall take effect on the ____ day of _____, _____, and all previous GA contracts, or managerial agreements, understandings or communications by parties hereto, verbal or written, except as provided herein, are hereby canceled, abrogated and withdrawn, and this agreement shall constitute the entire agreement between the parties hereto, and no modification hereof shall be binding on either party unless in writing, duly accepted by the GA and approved by a duly authorized Officer of the Company.

EXECUTED IN DUPLICATE by the parties hereto this ____ day of _____, _____.
THE AMERICAN HOME LIFE INSURANCE COMPANY

Attest:

By:

VP General Counsel - Secretary

VP Marketing Services

Service Date

General Agent

Form No. GAC/03



THE AMERICAN HOME LIFE INSURANCE COMPANY
 400 S. Kansas Ave. • P.O. Box 1497 • Topeka, Kansas 66601-1497
**APPLICATION FOR APPOINTMENT AND
 CONFIDENTIAL PERSONAL HISTORY RECORD**

IMGA - 8855

PERSONAL DATA

General Agent _____

Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>		DOB ____/____/____		Spouse Name	
Residence Address (Present)		City/State		Zip		Residence Phone ()	
						<input type="checkbox"/> Rent <input type="checkbox"/> Own	
Business Address (Present)		City/State		Zip		Business Phone ()	
						Contact Office <input type="checkbox"/> Yes <input type="checkbox"/> No	
UPS/Express Mail Address (Not a Box Address)				Cell Phone# ()			
				Fax# ()			
Social Security No.				e-mail Address			
Commissions Payable To? Individual <input type="checkbox"/> Corporation <input type="checkbox"/>							
Are Commissions to be Assigned? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes", Indicate below)							
Name				Partnership/Corporation Tax ID No.			
Circle level of education completed High School 1 2 3 4 College 1 2 3 4							
LUTCF Yes <input type="checkbox"/> No <input type="checkbox"/> CLU Yes <input type="checkbox"/> No <input type="checkbox"/> ChFC Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____							

Former residence address (within past 5 years)

REFERENCE List 2 local persons (not relatives) who know you well that we can contact.

Name	Address/Phone	Occupation/Firm

ADDITIONAL INFORMATION

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been bankrupt or insolvent, either personally or in business?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of or pled guilty or nolo contendere to any misdemeanor or felony other than a traffic violation?
<input type="checkbox"/>	<input type="checkbox"/>	Has an insurance company ever cancelled a contract with you?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a complaint filed against you by a state insurance department?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an insurance license denied or revoked by a state?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been refused a surety or fidelity bond?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have errors and omissions coverage that would be applicable to policies written for American Home Life? If yes, please attach copy of certificate.
(If any answers to any of the above questions are "Yes", give details on an attached sheet.)		

Are you indebted to another company? Yes No What company? _____

Were you financed? Yes No If so, by whom and on what basis? _____

How much is the indebtedness? \$ _____

What steps have you taken to repay the debit balance? _____

Will you be requesting annualized commissions from American Home Life? Yes No

What percentage of your time will you devote to American Home Life? _____%

I will commit to \$ _____ first year annualized Premium with American Home Life Insurance Company.

INSURANCE SALES EXPERIENCE (past affiliations)

Dates		Company	Market or Product Sold	Contract Type
From	To			

PERSONAL LIFE SALES RECORD (LAST 2 YEARS)

Year	Life Volume	Policies	Annualized Premium	Commissions	Persistency %

COMMENTS:

IMPORTANT NOTICE:

As part of our normal procedure, an investigative consumer report and background check may be prepared whereby information is obtained through reviewing public records and personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry usually concerns information on an applicant's character, general reputation, personal characteristic, credit information and mode of living. We must advise you that such a routine inquiry is to be made. Upon written request, additional information as to the nature and scope of the report will be provided. Your signature below acknowledges your understanding of this procedure and authorization for the release of this information.

Intentional misrepresentation in any statement on this application will be cause for refusal or revocation of the right to represent American Home Life Insurance Company. You are authorizing American Home Life Insurance Company to do any background investigation we deem necessary to allow you to represent American Home Life Insurance Company.

_____ **Minnesota and Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you by Trans Union to the residential address listed on the other side.

Signature of Agent _____

Date _____

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 ▶
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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.



DIRECT DEPOSIT AUTHORIZATION

Please deposit my commission check as follows:

Agent Name: _____

Primary account to deposit net pay to:

Bank Name: _____

Account Number: _____

Checking

Savings

Routing Number: _____

****IMPORTANT****

Please attach a voided check for the account specified to this completed form.

I hereby authorize the American Home Life Insurance Company to electronically deposit my commission to the account as specified above.

Agent's Signature: _____ Date: _____

E-mail address: _____

Monthly

Weekly

Semi-Monthly

Daily

ETHICS

Our Commitment to Policyholders

The American Home Life Insurance Company is committed to providing its customers with the highest level of customer service and ethical marketplace practices. Because we are owned by our policyholders, we believe the integrity of our home office staff and agents should be utmost in the minds of our customers. Our commitment to our policyholders is stated as a part of our Mission Statement:

For the benefit of those who trust in us . . .

We will deliver insurance products that are based on sound principles, that contribute to profitable growth, and that provide our customers with the best possible value and protection.

We will deliver these products through professional insurance agents who share our values and our commitment to serving the needs and interests of those we insure.

This brief portion of the Mission Statement commits your company to these guiding principles of ethical conduct.

We will conduct business according to high standards of honesty and fairness. We will provide the same level of service to our customers that we would demand for ourselves.

The Company was founded on the philosophy of efficient, courteous, and effective service to our policyholders. We believe you have the right to expect quality service from our agents and home office staff at all times.

Our policyholders deserve a thorough understanding of their needs and the products they purchase to meet those needs.

We believe our customers should have adequate information about the products they purchase and how those policies will meet their needs for protection or savings. Provided with this information, you may make an informed decision about your life insurance or annuity purchase. Our agents are trained in our products and understand how each product is designed to fit a particular need.

All agents should be qualified, trained, and knowledgeable about the products they sell.

We investigate the background of every agent who represents The American Home Life Insurance Company. If, in our opinion, the agent should not represent us, we will not appoint him or her. We ask our agents to make a commitment to training. Most states require continuing education for agents in order to maintain the license to sell. Often, that education includes ethics training, as well as specific-needs analysis. Our agents must understand the products they represent to you. We provide them with product information and resources for financial planning so they will have the knowledge to represent us in your home or business.

We believe in competing fairly in the marketplace.

Agents are discouraged from making disparaging comments about competing life insurance companies. Agents must provide total and fair information when discussing a competitor company. We believe the strength and integrity of American Home life products will encourage you to make sound purchase

decisions without resorting to “bashing” our competitors. We also comply with all state and federal antitrust laws.

Customers should receive complete information before they make a decision to replace existing coverage.

Replacement of existing life insurance coverage is a decision that can have significant impact on you and your family. Before making such a decision, you must be provided adequate information to reach an informed decision. This means your agent must explain why your present coverage cannot meet your needs. He or she must also explain why replacement may not be in your best interest. A decision for replacement must be considered carefully, whether you replace an American Home life policy or one with another company. Many replacements are not in the best interest of the customer.

All advertising and sales materials must be accurate, thorough and complete.

Sales and advertising materials include letters, brochures, proposals, illustrations, and any other items used by an agent in the sales interview. Any sales materials used in the sale of American Home life’s products must clearly identify us to you. We clearly state the guaranteed benefits and those benefits that are not guaranteed. We also indicate any limitations that may affect the values of the policy.

Any policyholder who is not satisfied with their policy or service must be given an opportunity to communicate their complaint to someone in authority. We will attempt to resolve any such complaints to the customer’s complete satisfaction.

Although we work very hard to prevent it, customers sometimes feel they are not treated fairly. If you should ever have a concern, you may contact us by calling our toll-free number, (800) 876-0199, between the business hours of 7:45am to 4:25pm central time, Monday through Friday. You may also write us at:

The American Home Life Insurance Company
Attn: Steven S. Lobell, President
400 S. Kansas Ave.
P.O. Box 1497
Topeka, KS 66601-1497

You may reach us by facsimile at (785) 235-1037. Our local phone number is (785) 235-6276.

We commit to ethical practices in the insurance marketplace.

As a mutual life insurance company, our first commitment for quality products and competent service is to you - our policyholder. Any time you believe you receive less in value of service than you deserve as a policyholder, please contact us. We want to know!

APPOINTMENT FEE SCHEDULE

RESIDENT & NON-RESIDENT

<u>RESIDENT</u>		<u>NON-RESIDENT</u>		<u>REQUIREMENTS</u>
<u>STATE</u>	<u>FEE</u>	<u>STATE</u>	<u>FEE</u>	
AR	**\$40.00	AR	**\$120.00	
AZ	NO FEE	AZ	NO FEE	
CO	NO FEE	CO	NOFEE	
FL	\$60.00	FL	\$60.00	
IA	\$5.00	IA	\$5.00	
ID	NO FEE	ID	NO FEE	
IL	NO FEE	IL	NO FEE	
IN	NO FEE	IN	NO FEE	
KS	\$5.00	KS	\$5.00	
MI	\$5.00	MI	\$5.00	
MN	\$10.00	MN	\$10.00	
MO	NO FEE	MO	NO FEE	
MT	NO FEE	MT	NO FEE	
NE	\$8.00	NE	\$8.00	
NM	\$23.00	NM	\$23.00	
ND	\$10.00	ND	\$10.00	
NV	\$5.00	NV	\$15.00	
OH	\$20.00	OH	\$20.00	
OK	\$40.00	OK	\$40.00	
SD	\$10.00	SD	\$20.00	
TN	\$15.00	TN	\$15.00	
TX	\$10.00	TX	\$10.00	
WI	\$8.00	WI	\$24.00	
WY	\$15.00	WY	\$15.00	

A copy of your license is required for each state you wish to be appointed in.

Anti-Money Laundering Training Program

Agent Name: _____

Completed Training

Copy of Certificate or Proof of Completion Enclosed
or Fax to: 785-235-9273

Date Training Completed: _____

Have Not Completed Training

Home Office will contact you with instructions and login information for the LIMRA Anti-Money Laundering Training Program.

The American Home Life Insurance Company
P.O. Box 1497 • 400 S. Kansas Ave • Topeka, KS 66601
800-876-0199
www.amhomelife.com

The American Home Life Insurance Company
Topeka, Kansas
COMMISSION SCHEDULE - GENERAL AGENCY CONTRACT

BASIC COMPENSATION. The compensation of the General Agent, subject to the modifications, conditions and limitations herein stated, shall be the following percentages of premiums received by the Company, in cash, for insurance issued upon applications secured by the General Agent and accepted by the Company.

No commissions will be allowed on the amount of any advance premium deposit until such amount is actually credited on the books of the Company as the payment of a premium. No commissions will be allowed on any amount of cash value or dividend deposits applied as a single premium to purchase paid-up insurance or to accelerate the maturity of the policy. Commissions will be allowed on premiums paid under the automatic premium loan provision. Commissions for riders shall be the same as the basic policy to which they are attached, unless otherwise identified below.

Unearned commissions will be charged back in the event of death (other than by accidental means) during the first twelve months under GuideStar final expense and American Legacy single premium whole life policies. 100% of commissions will be charged back for death (other than by accidental means) during the first twelve months under Single Premium Deferred Annuity policies.

PLAN	COMMISSIONS % of Premiums Paid Policy Years					PLAN	COMMISSIONS % of Premiums Paid Policy Years				
	1	2-4	5-7	8-10	*11+		1	2-4	5-7	8-10	*11+
WHOLE LIFE POLICIES:						TERM POLICIES:					
Ordinary Life	100.0	12.0	10.0	6.0	3.0	Versa Term	80.00	8.00	6.50	6.50	3.50
Worksite Marketing	85.0	10.0	8.0	6.5	2.5	20 Year Level Premium	80.00	8.00	6.50	6.50	3.50
PAID UP ADDITIONS						♦10 Year Level Premium	80.00	8.00	5.00	5.00	4.00
RIDER:						♦Nova Term	70.00	5.00	2.50	2.50	2.50
♦Single Premium	5.0					♦Children's Term	28.00				
♦Level Premium	5.0	5.0	5.0	5.0	5.0	TERM RIDERS:					
FINAL EXPENSE:						20 Year Level					
♦(Level & Graded Benefit)						Premium Rider	80.00	8.00	6.50	6.50	3.50
Ages: 35-75	110.0	10.0	8.0	6.0	2.5	♦10 Year Level					
76-80	100.0	10.0	8.0	6.0	2.5	Premium Rider	80.00	8.00	5.00	5.00	4.00
81-85	77.0	10.0	8.0	6.0	2.5	♦Nova Term	70.00	5.00	2.50	2.50	2.50
♦5 Pay Final Expense						ANNUITY PRODUCTS:					
Ages: 35-75	63.0	6.5	#6.5			>Flexible Premium					
76-80	57.0	6.5	#6.5			Ages: 0-75	3.00	3.00	3.00	3.00	3.00
81-85	51.0	6.5	#6.5			76-80	1.50	1.50	1.50	1.50	1.50
♦10 Pay Final Expense						81-85	1.00	1.00	1.00	1.00	1.00
Ages: 35-75	95.0	8.0	8.0	8.0		SPDA					
76-80	85.0	8.0	8.0	8.0		Ages: 0-75	3.00				
81-85	75.0	8.0	8.0	8.0		76-80	1.50				
SINGLE PAY:						81-85	1.00				
♦Single Pay Life	10.5					Immediate	3.00				
♦Single Pay Final Expense											
Ages: 35-75	17.0										
76-80	14.0										
81-85	10.5										

* Service Fee

♦ Products excluded from Production and Persistency Bonus

>Flexible Premium Annuities earn first year commissions when additional dollars are deposited to the contract

5th year only



THE AMERICAN HOME
LIFE INSURANCE COMPANY

Financing Instructions General Agency

1. **Read and sign (DO NOT DATE) both General Agent Financing Agreements** on the lines indicated.
2. **Read and sign both Annualized Commission Contracts** on the line directly above the words, *General Agent*. The Home Office staff will complete the contract.
3. **Return all of these** to the Home Office with your contracting papers.

Execution of the financing agreement is based upon the General Agent's credit history, work history, and overall financial status. American Home Life reserves the right to deny financing.

Please note, once approved, a fully executed Annualized Commission Contract will be returned to you **after** your first business is submitted to the Home Office.

If you have questions regarding financing please contact Don or Ann in the Marketing Department. You may reach them at (785) 235-6276 or (800) 876-0199.



THE AMERICAN HOME
LIFE INSURANCE COMPANY

GENERAL AGENT FINANCING AGREEMENT

Prior to signing your financing agreements, we want to be sure you understand that annualization of commissions to you by American Home Life will create a debit balance that you are obligated to repay in full upon demand. While American Home Life has the right to retain vested deferred first year and renewal commissions as they are earned and apply them toward the elimination of your debit balance, in many instances these commissions are insufficient to effect a prompt repayment of the debt in full.

Retention of these future commissions by American Home Life does not release you from your obligation to effect a prompt repayment in cash of the balance of your debt if it is requested. Of course, once any debit balance is repaid in full, vested future commissions will be paid to you as they are earned.

I have read the above paragraph and understand and agree with its contents.

Date

(General Agent)

AGY-53-97



THE AMERICAN HOME
LIFE INSURANCE COMPANY

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I have read the above paragraph and understand and agree with its contents.

Date

(General Agent)

AGY-53-97

**THE AMERICAN HOME LIFE INSURANCE CO.
Topeka, Kansas 66601**

**COMPANY FINANCING PLAN
Supplemental Agreement
Annualized Commissions
(General Agent)**

THIS SUPPLEMENTAL AGREEMENT, made this _____ day of _____, _____, by and between **THE AMERICAN HOME LIFE INSURANCE COMPANY** of Topeka, Kansas, Party of the First Part, hereinafter called the Company, and _____, Party of the Second Part, hereinafter called the General Agent.

WITNESSETH:

That it is mutually agreed by and between the parties hereto that the agreement contained in the General Agency Contract, dated _____, _____, between the said parties, together with any Supplemental Agreements thereto which may have been heretofore executed, is changed and modified in the particulars hereinafter set forth, but to that extent only.

1. **First Year Commissions**

- a. First year commissions specified in the commission schedule of the General Agency Contract and the first year overwriting commissions on appointed Sub-producer's under the General Agent may be annualized one hundred percent (100%) on monthly bank draft business issued and paid for with 80% of the annualized commissions to be advanced to the General Agent and 20% to be held for the purpose of recovering unearned commissions resulting from lapsed policies.
- b. Business issued and paid on the General Agent's own life or on the life of any member of his immediate family **will not** be annualized as defined in Paragraph 1. a. above. Group billing or other payment modes of life business **will not** be annualized and the business will be settled and credited to the commission account with commissions payable on an as earned basis.
- c. The Company may at its discretion reduce or eliminate entirely the amount of annualized commissions to be paid on any policy or policies. However, in no event shall more than Two Thousand Dollars (\$2,000) in annualized commissions be advanced on any one life.

2. **Pay Period**

The General Agent will be paid annualized commissions by the Company based on the General Agency Contract and determined in the fashion as stated above in Paragraph 1. Annualized commissions hereunder shall be payable in accordance with the General Agent's commission payment schedule. Detailed commission statements are prepared the first of the month for the previous month.

3. **Canceled Policies**

Unearned first year commissions and overwriting commissions resulting from canceled policies will be deducted from the General Agent's next annualized commission earnings.

4. **Accounting**

The advances of annualized commissions will be charged to an advance commission account. Commissions, as earned, on this business will be credited to this same advance commission account. This is in reference to business handled in accordance with Paragraph 1. a. above.

Commissions on issued and paid business, handled in accordance with Paragraph 1. b. above, will be credited to an as earned commission account.

5. **Remittance of Premium to the Company**

Under this agreement, the General Agent shall remit the correct gross premium to the Company before any commissions will be annualized hereunder.

6. **Annualized Commission Advances**

It is clearly understood by parties whose signatures are affixed hereto that the annualized commissions paid and referred to in this Supplemental Agreement are advances to the General Agent and not a salary.

7. **Termination of this Supplemental Agreement**

- a. This Supplemental Agreement may be terminated at any time upon written notice by either party to the other. Such written notice, if given by the Company, shall be sufficient if forwarded to the last address of such General Agent as shown on the Company records.
- b. Should the General Agent fail to issue and pay for any business in two consecutive calendar months, this Supplemental Agreement is automatically terminated unless extended, in writing, by the Company.
- c. Upon termination of this Supplemental Agreement, General Agent's debit balance is to be payable by the General Agent upon demand. The debit balance shall be the amount of advances made under this agreement less the actual earned commissions.

This Supplemental Agreement shall take effect on the ____ day of _____, _____.

THE AMERICAN HOME LIFE INSURANCE CO.

ATTEST:

X _____

VP General Counsel-Secretary _____

By: X _____

VP Marketing Services _____
(Company)

X _____

(General Agent)

**THE AMERICAN HOME LIFE INSURANCE CO.
Topeka, Kansas 66601**

**COMPANY FINANCING PLAN
Supplemental Agreement
Annualized Commissions
(General Agent)**

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- b. Business issued and paid on the General Agent's own life or on the life of any member of his immediate family **will not** be annualized as defined in Paragraph 1. a. above. Group billing or other payment modes of life business **will not** be annualized and the business will be settled and credited to the commission account with commissions payable on an as earned basis.
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This Supplemental Agreement shall take effect on the ____ day of _____, _____.

THE AMERICAN HOME LIFE INSURANCE CO.

ATTEST:

X _____

VP General Counsel-Secretary _____

By: X _____

VP Marketing Services _____
(Company)

X _____

(General Agent)

ADVANCE ADDENDUM GUARANTEE AND CONSENT

In consideration for receipt of advance compensation from Insurance Companies represented in whole or in part by John L. Terry, III or Jimmy Schmoll, individually, and/or Insurance Marketing Group of America, Inc., corporately, and as Guarantor(s), I understand and covenant the following:

1. I understand and acknowledge I am requesting advance compensation be paid me (individually and/or corporately) by the Insurance Company for business submitted and issued. I understand and acknowledge advance compensation approval is based upon my credit history, trustworthiness, and is paid at the discretion of the Company and/or the Guarantor(s) and may be changed without notice.
2. I understand and acknowledge the Company has agreed to advance unearned compensation to me (personally and/or corporately) and these advanced commissions are a loan with a legal obligation to repay. I understand and acknowledge that John L. Terry, III, Jimmy Schmoll, individually, and/or Insurance Marketing Group of America, Inc. are covenanted as Guarantor(s) for this advance compensation and as such, I am indebted both to the Company and the Guarantor(s) for any and all advance compensation.
3. Advanced commissions represent unearned compensation and create a legal obligation to repay should future collected premiums be insufficient to repay the indebtedness in a timely manner (typically 9 months or less or as agreed to by all parties in writing).
4. I understand, acknowledge, and covenant that I will not induce, transfer, disenroll, roll over, or in any way attempt to cause a client to change, swap, replace, exchange or terminate a policy for which I have received advance compensation until such time as all indebtedness owed the Company and/or the Guarantor(s) is repaid in full.
5. I understand and acknowledge that I am personally responsible to repay any indebtedness at the demand of the Company and/or the Guarantor(s). I covenant to repay this indebtedness in a timely manner and agree to forgo any commissions, earned income from any and all sources, and/or unearned income from any and all sources to repay this indebtedness.
6. I understand, acknowledge, and covenant that the Company and/or the Guarantor(s) has the legal right to place a garnishment, lien, or demand on any and all income sources until such time as the indebtedness is repaid in full. I also understand, acknowledge and covenant the Company and/or the Guarantor(s) also has the legal right to place a lien or demand on any and all my personal and/or business bank accounts, investment accounts, real estate holdings or personal property in order to recover any and all indebtedness.
7. I understand, acknowledge, and covenant to pay any and all legal costs associated with the collection of this indebtedness and agree to have released any and all records or information regarding my employment activities, bank accounts, investment accounts, real estate holdings, or other sources of income to the extent required to recover and repay any indebtedness owed the Company and/or Guarantor(s).

Agent requesting advance compensation:

Guarantor:

Print Name

Print Name

Signature

Signature

Date Signed

Date Signed