

GENERAL AGENT CHECKLIST

In order to complete the licensing and contracting process, please follow the checklist below. All forms must be filled out in their entirety. Each question must be answered in some way: if a question does not apply to your situation, place the abbreviation "N/A" in the blank.

Submit the following items:

- 1. One (1) check for \$15.00 for processing fees which include the following: criminal background investigation, credit history, and Vector One. ***Check is to be made payable to "AIMC" and is only required in the following states: AL, AR, DC, DE, FL, GA, ME, MS, NC, NV, OH, OK, WI and WY.***
- 2. One (1) New Agent Data Sheet. After answering all questions, please sign and date where indicated. Remember - complete information is required!
- 3. Two (2) General Agent Contracts. Make sure to include your complete address. Sign and date the back of both contracts.
- 4. Two (2) Medicare Supplement Commission Schedules. Sign and date both schedules.
- 5. Two (2) Life Product Commission Schedules. Sign and date both schedules.
- 6. One (1) copy of agent/agency current state residence insurance license. Attach to license sheet enclosed.
- 7. One (1) State Licensing Form and Licensing Fees. If your state of domicile requires this form, one has been included for you. Please complete the necessary information including signature and date.
- 8. One (1) EFT Direct Deposit Form (this form is optional).
- 9. Sterling Investors Code of Ethics
- 10. W-9 Form

NOTICE: The licensing process cannot begin until ALL of the above items have been received.

Total licensing fees: Make check payable to "AIMC".

Remember: No applications may be written until the agent's effective date and writing number have been assigned.

We can help! If you have any questions, please call 800-951-1708 and ask for Sterling Investors Licensing. Fax completed licensing to 479-967-9898.

NEW AGENT DATA SHEET

Name _____ Home Phone(_____) _____

Home Address _____ City _____ State _____ Zip _____

Business Address* _____ City _____ State _____ Zip _____

Business Phone (_____) _____ Fax (_____) _____

Cell Phone (_____) _____

Social Security Number _____ Date of Birth ____/____/____ Spouse's Name _____

E-mail address _____

*Unless otherwise requested, we will use your business address for mailing purposes.

****A PHYSICAL ADDRESS IS REQUIRED TO SEND SUPPLIES****

LICENSE DATA Currently Licensed No Yes If yes, complete the following:

A. Resident License State _____

B. Resident License Number _____

C. Licensed for Health Only Life Only Life & Health Other

D. Business will be conducted as Individual Partnership Corporation

E. Partnership / Corporation Name _____

Tax ID # _____

**** PLEASE REMEMBER TO ENCLOSE A COPY OF YOUR CURRENT HEALTH AND/OR LIFE LICENSE****

LICENSE QUESTIONS	YES	NO
Are you indebted to any Insurance Company, Agency or Manager (including debit balance)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been fined or had a license to solicit insurance refused, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a defendant in any suit or legal action or the subject of any regulatory action?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>

****IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, YOU MUST PROVIDE AN EXPLANATION IN THE SPACE BELOW****

CURRENT AND PREVIOUS APPOINTMENTS:

COMPANY

	Appointment Status		Permission to Contact	
	Active	Inactive	Yes	No
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES IN THE INSURANCE INDUSTRY:

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, and grant permission to the Company or any of its General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report, Vector One search and a background check and by signing this form I am authorizing the company to do so. I also understand that any information obtained by the Company will be made available to me upon my written request.

Signature

Date

Recommended By

John L. Terry, III
IMGA Financial Group
PO Box 640
Russellville AR 72811
P 800-951-1708
F 479-967-9898

Sterling Investors Life Insurance Company

210 E. Second Avenue, Suite 105
Rome, Georgia 30161
877-896-6434
706-235-8154
FAX 866-889-4054

STERLING™

STERLING INVESTORS LIFE INSURANCE COMPANY

AGENT'S CONTRACT

This contract with attachments, executed in duplicate originals, is entered between you (the Agent) and Sterling Investors Life Insurance Company of Rome, Georgia.

Agent:

Name _____

A. DESIGNATION & APPOINTMENT

1. Designation

The Agent named above is herein referred to as You or Your. Sterling Investors Life Insurance Company is herein referred to as the Company or It. This General Agent's Contract and all supplements, amendments, and schedules attached are referred to as "the" or "this" Contract and are entered into between You and the Company in consideration for the mutual agreements set forth herein.

2. Appointment

You are hereby appointed an agent of the Company for the purpose of soliciting personally, or through your agents, applications for the Company's insurance policies and certificates in states in which you are licensed to sell Sterling products. This Contract does not grant exclusive rights in any territory or for any products. This Contract is limited to the types of products offered by Sterling Investors Life Insurance Company described in Exhibit "A" attached hereto and made a part hereof by reference.

B. RESPONSIBILITIES & LIMITATIONS

1. General

During the continuation of this agreement, you agree to:

- (a) Be responsible for the prompt delivery of policies sent to You or Your agents, in accordance with the Company's rules and instructions.
- (b) Follow, and be responsible for Your agents following, all Company rules and regulations.
- (c) Solicit only in the state(s) in which You and Your agents are licensed and appointed with the Company and where the Company is authorized to do business.
- (d) Comply with all State and Federal laws, orders, rules and regulations.
- (e) Be responsible for obtaining and maintaining the necessary licenses and appointments to sell the Company's products in the states in which You operate, whether resident or non-resident.

2. Relationship

Nothing contained herein is intended to create the relationship of employer and employee between You and the Company, and You shall at all times be an independent contractor. You shall be free to exercise Your own judgment as to the time, place and means of performing all acts hereunder, but you shall conform to the Company's rules, regulations and instructions concerning the solicitation and delivery of insurance policies or certificates.

3. Monies Held in Trust - Bond

All monies You or Your agents receive or collect for or on behalf of the Company shall be held in a fiduciary capacity for Its benefit and shall be immediately forwarded to the Company. You are not authorized to endorse or cash checks, drafts or money orders payable to the Company. The Company reserves the right to require a surety bond satisfactory to the Company.

4. Conflict of Interest

Without prior written consent of the Company, You agree not to engage in any way, either directly or indirectly, in any activity or business that could have potential or actual gain to You related to the long term care, Medicare supplement, or life insurance markets other than the sale of insurance.

C. COMPENSATION & ACCOUNTING

1. Compensation

(a) You shall be paid compensation according to the terms of this Contract and the Commission Schedule described in Exhibit "A" attached hereto and made a part hereof by reference. The Commission Schedule is subject to change by the Company upon notice in writing to You, but said change shall not affect any policies, certificates or contracts issued upon applications You solicited prior to the effective date of the change. All commissions or other remuneration earned by Your agents may be paid directly by the Company to them. Commissions due You shall be reduced by the amount payable to Your agents.

(b) After termination, and subject to the terms and conditions of the Contract, any commissions earned by You or Your agents shall be and remain fully vested and payable unless such commissions amount to less than \$50.00 per month for three consecutive months or \$600.00 in any one calendar year.

(c) Commissions shall not be owed or paid:

(i) on policies or certificates continued in force under any waiver of premium provision of any policy or certificate; or

(ii) on collected premiums that are subsequently refunded by the Company, and commissions paid prior to the refund shall be refunded to the Company.

(d) A \$250 fee will be charged to Your commission account per occurrence, if You initiate a replacement or surrender of an in force Sterling Investors Life Insurance Company policy.

2. Accounting

The Company shall mail to Your last known address as reflected on its records or deliver to You by other reliable methods, a monthly statement showing compensation and deductions made within the accounting period. Each statement is deemed to be correct and accurate unless You object in writing thereto within thirty (30) days after it has been mailed or delivered. If commissions due You total less than \$50.00 in any pay period, then the commission payable will be deferred until accrued commissions exceed \$50.00. All accounting records maintained by You relating to business conducted with the Company are subject to inspection at any reasonable time by our authorized representatives.

3. Premium Collection & Transmittal

All initial premiums collected with each application must be immediately remitted to the Company with accurate and appropriate accounting. Applications accepted and approved accompanied by premium shortages will be charged to Your account.

D. ADVERTISING GUIDELINES

All representations or references to Sterling Investors Life Insurance Company, its products or agents, in any advertising or marketing material shall be submitted to the Company prior to its use or distribution and shall not be utilized until You receive written approval from the Company.

Advertising includes any material which is designed to create public interest in Sterling Investors Life Insurance Company, its products or agents. This includes but is not limited to, consumer material designed to induce the public to purchase, increase, modify, retain, renew or reinstate a policy as well as agent recruiting and training materials.

Examples of advertising include but are not limited to printed and published material, audio visual material, direct mail material, Internet sites, newspaper and magazine ads, radio and TV scripts, billboards and similar displays, flyers and ad slicks, leaflets and booklets, brochures, newsletters, form letters, prospect letters, telephone scripts, lead generating devices of all kinds, depictions and illustrations, prepared sales talks, presentations and agent training materials.

The General Agent is responsible for submitting all advertising and marketing materials to Sterling for approval. Furthermore, the General Agent shall maintain a file copy of all such advertising and marketing material utilized and provide a copy to Sterling upon request.

1. Agent Only Advertising

All agent only advertising, training, or recruiting material must display the disclaimer, "**FOR AGENT USE ONLY**" on each page in bold type. This includes, but is not limited to recruiting ads in industry trade publications as well as any ad, mailer or letter that is sent to an agent to describe or promote Sterling Investors Life Insurance Company or its products. Training materials such as scripts and videos must also display this disclaimer.

All materials that make reference to Sterling products must include the full company name and product form number. This is true if the material makes indirect reference or no reference at all when the ultimate goal of the piece is the sale of a Sterling Investors Life Insurance Company product.

2. Contractual Language

Guarantees or promises beyond the guarantee in the policy are not permitted. Any use of investment type language is not permitted. Any nationwide advertising material must display language **"BENEFITS MAY VARY BY STATE"** in bold type.

E. PRIVACY ACT NOTICE

You herein acknowledge You have received a copy of the Privacy Notice of the Company attached hereto and made a part of this Agreement as "Exhibit B". You acknowledge and agree You are acting as a third party service provider to the Company as contemplated under §503 of the Gramm-Leach-Bliley Privacy Act and are therefore bound by the stated policy of the Company regarding the release of non-public information derived by or for the Company in the normal course and conduct of business. You shall receive an annual notice of the Privacy Policy of the Company and at any other such time as the Privacy Policy of the Company may change.

F. TERMINATION

1. Termination without Cause

At any time either You or the Company may terminate this Contract without cause by giving fifteen (15) days notice in writing sent to the last known address of the other. If You are an individual, this Contract shall immediately terminate without cause upon Your death. If You are a partnership, the death of either partner shall not terminate this Contract but it shall survive and continue in force and effect in favor of the surviving partner. If You are a Corporation, this Contract shall immediately terminate upon Your dissolution, sale, bankruptcy, or insolvency.

2. Termination For Cause

Without notice, this Contract shall immediately terminate for cause and all commissions and claims whatsoever accruing hereunder shall be forfeited and void if You:

- (a) Breach any provision of this Contract.
- (b) Violate any law or regulation regarding the sale of insurance or annuities or fail to comply with any court order.
- (c) Knowingly or intentionally induce or attempt to induce policyholders or certificate holders of the Company to reduce or discontinue any premium payments to It.
- (d) Either directly or indirectly, personally or through any other person or entity, communicate with any Company policyholder for the purpose or intent of rewriting, replacing or otherwise causing any policyholder to lapse, relinquish, or surrender a policy written through the Company.
- (e) Withhold or convert Company property.
- (f) Commit any other willful or dishonest act with the intent to injure the Company in Its public relations.
- (g) Induce or attempt to induce any agent, employee or representative of the Company to terminate his or her relationship with the Company.
- (h) Are convicted of a felony.
- (i) Become insolvent or bankrupt, or make an assignment for the benefit of creditors or be in default of any obligation.

3. Forfeiture

If this Contract is terminated without cause and the Company discovers during Your association with the Company or afterwards that You have committed any of the acts described in paragraph "F2", then You shall forfeit to the Company all right, title and interest in any compensation under this Contract. Forfeiture under this paragraph shall not constitute an election by the Company to forego any and all other claims or remedies it may have against you.

4. Limits of Authority

You are not authorized to waive, alter or change any provision or condition of the Company's insurance policies or certificates, agents' contracts, literature or receipts; modify or extend the amount or time of any premium payment due to the Company; or receive any money due or to become due the Company except initial premiums and/or additional first year premium collected when a policy or certificate is delivered. You shall not enter into any contract, incur any expense or obligation of any kind or character whatsoever or bind the Company to any coverage or risk. No coverage will be effective with respect to any application until approved by the Company. The Company reserves the right based upon its sole discretion and without liability to You, to approve or disapprove any application, limit the amount of coverage issued or charge a higher premium based upon our evaluation of the risk.

5. Applications & Policies

The Company may, at Its discretion and without liability to You, reject applications or refund premiums for insurance policies or certificates submitted by You or Your agents without specifying the cause; withdraw, substitute, or change any insurance policy, certificate, or premium rate used by the Company. All policies or certificates issued by the Company must be delivered by you to the policyholder or certificate holder within ten (10) days of Your receipt. You shall obtain a signed delivery receipt for the policy and return it to the Company. The failure to return policy delivery receipts shall result in the chargeback of advances and or commissions on applicable policies. If the health condition of the applicant has changed since the application date, then no issuance or delivery will occur and you shall return the policy or certificate to the Company.

6. Indebtedness

You shall be responsible for the payment to the Company of all monies which,

- (1) You or Your agents collect on the Company's behalf;
- (2) are due the Company because of compensation paid to You or Your agents upon premiums which the Company returned;
- (3) are paid to You or Your agents which are not due You or Your agents under this Contract. Until the Company receives all such monies from You, the same shall be a debt payable on demand and for which You are liable and at the Company's option, no commissions are payable to You or Your agents until such indebtedness is satisfied.

7. Lien

As additional security for the payment of any indebtedness under this Contract or any other contract with the Company, the Company shall have a first and prior lien against the compensation due You under this Contract. The Company's lien is superior to all other liens under this Contract. The Company may, at any time, offset any such indebtedness against compensation due You under the Contract or any contract You have with the Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other available remedies to collect the indebtedness.

8. Reimbursement & Indemnification

You shall reimburse the Company, and/or indemnify the Company, for any loss including attorney's fees resulting from actions by You or Your agents and for all costs, expenses and attorney's fees that the Company may incur in recovering from You any property or indebtedness belonging to or due the Company. You agree to indemnify and hold the Company harmless for any claim, loss, expense, cost or liability which It may incur resulting from Your breach of the terms of this Contract or violation of any law or regulation or failure to comply with any court order. You shall not institute any legal proceedings in the Company's name. Should any claims or lawsuits be made by any third party against You or the Company as a result of alleged wrongdoings by You then You shall hold the Company harmless from and indemnify It for any claim, loss, expense, cost or liability which It may incur defending the action and for any settlement of or judgment resulting from such action. The Company may, at Its sole discretion, defend or settle any such claim.

9. Company Property

Sales brochures, applications, rate cards and booklets, policyholder or certificate holder cards and all other supplies furnished by the Company will remain Company property. They are to be accounted for and returned by You on demand. You agree to be responsible for any damage or misuse thereof.

G. MANDATORY MEDIATION AND ARBITRATION

1. Mandatory Mediation

Except as otherwise provided in this Agreement, all claims, disputes, and controversies arising out of or in any manner relating to this Agreement, or any other agreement executed in connection with this Agreement, or to the performance, interpretation, application or enforcement hereof, including but not limited to breach hereof (in each case, "Dispute"), shall be referred to mediation before, and as a condition precedent to, the initiation of any adjudicative action pr proceeding, including arbitration, and any suit action or arbitration shall be barred unless mediation has been attempted in good faith. If there is a Dispute, the party claiming the existence of a dispute must make written demand for mediation prior to instituting a lawsuit, action or arbitration proceeding.

The mediation shall be conducted in Floyd County, Georgia. Each party shall bear its own expenses incurred as a result of submitting the matter to mediation with the expense of the mediator borne equally by the parties. The mediator shall be chosen by joint agreement of Company and You. In the event an agreement cannot be reached

with respect to a mediator, either party may request that Judicial Arbitration and Mediation Services, Inc. or Its successor (“JAMS”) appoint a mediator. Selection of the mediator by JAMS shall be binding

2. Mandatory Binding Arbitration

Should mediation be unsuccessful, it is agreed that the Dispute shall be submitted to binding, non-appealable arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association in force at the time the demand is filed, unless the parties mutually agree otherwise.

Either Party may within sixty (60) days from the date of such unsuccessful mediation or one (1) year from the date of the alleged breach of occurrence resulting in the Dispute, whichever is later, make a demand for arbitration by filing a demand in writing with the other party and serving the same depositing it in the U.S. Mail, certified mail, return receipt requested. Company and You shall each choose, within sixty (60) days after demand for arbitration is made, a former officer or executive of an insurance company as its arbitrator and the two appointed arbitrators shall choose a third arbitrator possessing the same qualifications. If either party fails to appoint an arbitrator within sixty (60) days after the written demand for arbitration is made, the party who has appointed an arbitrator may petition the Circuit Court of Floyd County, Georgia for an order compelling the non-complying party to appoint its arbitrator. All reasonable costs incurred, as a result of obtaining the court order compelling appointment of an arbitrator shall be paid by the non-complying party.

All arbitration hearings conducted hereunder, and all judicial proceedings to enforce any of the provisions hereof, shall take place in Floyd County, Georgia. The hearing before the arbitrators of the matter to be arbitrated shall be at the time and place within said County as is selected by the arbitrators.

The decision of any two arbitrators with respect to a Dispute shall be binding and conclusive and non-appealable and shall be submitted to the court for confirmation with the same effect as a judgment.

Each of the parties hereby irrevocably waives punitive, exemplary, consequential and other non-compensatory damages in connection with any arbitration award with respect to any Dispute.

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys’ fees incurred by said party in connection with the arbitration proceedings.

H. MISCELLANEOUS PROVISION

1. Injunction

You agree that if during this Contract, or within two years after termination, You do any of the acts described in paragraph F(2) sub-paragraphs (c), (d), or (f) of this Contract, that damages, if any, and remedies at Law for doing such acts would be inadequate. Therefore, in the event You do any such acts, the Company shall be entitled to an injunction without the necessity of furnishing bond, restraining You from any such act. You agree that any such act would result in continuing irreparable harm and damage to the Company, but nothing contained here shall be construed as prohibiting the Company from pursuing any other remedies available to It, including the recovery of damages from You.

2. Assignment & Modification

No assignment of this Contract or any compensation due hereunder shall be valid unless in writing and approved, in advance, by the Company. No modification of this Contract shall be binding on the Company unless in writing and signed and approved by an authorized Officer of the Company.

3. Bankruptcy

If You should file for or be placed in bankruptcy in any manner, to the extent of any amount due the Company under this or any other contract with the Company, no compensation shall be payable under this Contract and such compensation shall immediately become the Company's property.

4. Place of Payment & Enforceability

This Contract is made subject to the laws of the State of Georgia, and all compensation payable hereunder shall be payable at the Home Office. In consideration of the execution of this Contract and other valuable considerations, You agree that any litigation resulting from the violation of the terms and conditions of this Contract by You or the Company shall be brought in Floyd County, Georgia.

5. Supersedure & Waiver

This Contract supersedes and replaces any contract or agreement previously entered into between You and the Company on behalf of the Company with respect to any future transactions. However, any rights You and the Company have under any previous contract are otherwise unaffected except as expressly provided in this Contract. The Company's failure to enforce any provision of this Contract shall not constitute a waiver of any other provision of this Contract.

6. Savings Clause

If any provision of this Contract shall be contrary to the laws of the particular state, county or jurisdiction where used, such contrary provision shall not entirely invalidate this Contract, and this Contract shall be construed as not containing the particular provision held to be invalid in such state, county or jurisdiction and the rights and obligations of You and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.

7. Notice

All notice to the Company shall be delivered to Sterling Investors Life Insurance Company, 210 E. Second Avenue, Suite 105, Rome, Georgia 30161. Notice to You shall be delivered to your last known mailing address as provided below. You shall be responsible for maintaining a current physical and mailing address on file with the Company annually.

Address: _____

8. Entire Contract

This Contract and the Agent's application which is incorporated herein by reference contain the entire agreement between You and the Company and which has been approved by the Company. The Contract shall become effective only when first executed by You and thereafter accepted by the Company at Rome, Georgia.

9. Effective Date

This Contract becomes effective on the date it is accepted by the Company.

SIGNATURES:

AGENT

SPONSORING AGENT

PRINT NAME

PRINT NAME

John L. Terry, III
IMGA Financial Group
PO Box 640
Russellville AR 72811
P 800-951-1708
F 479-967-9898

DATE: _____

DATE: _____

**STERLING INVESTORS LIFE
INSURANCE COMPANY:**

AIMC:

DATE: _____

DATE: _____

Sterling Investors Code of Ethics

Sterling Investors Life Insurance Company believes that serving the needs of our customers with integrity is of utmost importance. All Home Office employees and field representatives are expected to conduct themselves at all times with the highest degree of ethical business practices and in accordance with all state insurance laws and Company regulations.

As a Sterling Investors Life Insurance Company agent I agree to:

- Adhere to all provisions contained in the Agent's contract.
- Fully comply at all times with all laws and regulations regarding the solicitation and sale of any Sterling Investors Life Insurance Company's products.
- Make a conscientious effort to ascertain and understand the needs and financial circumstances of my clients, and make every effort to render the same quality of service to my clients which in the same circumstances, I would expect myself.
- Not place the Company under any legal obligation that is not within scope of my authority.
- Not accept risks of any kind; make, modify or discharge contracts; extend the time for paying the premium; waive forfeitures or any of the Company's rights or requirements; bind the Company by any statement, promise or representation; or collect any monies other than as provided in the Agent's contract.
- To use only appropriate sales material approved by the Company and include all appropriate disclaimers.
- Make sure all signatures on applications or other documents submitted by me are authentic.
- Deliver all policies and contracts to the respective owner in an expedient manner.
- Not enter into any contracts for the solicitation of insurance or to share commissions with anyone not licensed and under contract with the Company.
- Not represent the Company in any manner whatsoever before any state insurance department or official thereof, or any governmental agency without the knowledge and approval of the Company.

Agent Signature

Date

Please attach a copy of your license here

EFT Direct Deposit Electronic Funds Transfer Authorization Agreement

We offer an easy and convenient way for you to receive your commission checks. Within 24 banking hours of the **WEEKLY** commission advance cycle, we electronically transmit your commission information to our bank, which in turn transmits to your bank by the following morning. Banks will vary, but most will post your funds at the close of that business day.

More and more of our agents and agencies are using this program for these reasons:

- * The hassle of waiting for your check to arrive is gone, **increasing your time** available to sell.
- * EFT Direct Deposit is **FREE!** There is a \$2.50 charge for all paper checks.
- * Needless trips to the bank are eliminated.
- * **Overnight express fees are eliminated.**

EFT Direct Deposit is easy to get started. Simply complete this form and submit along with a voided check. EFT Direct Deposits will begin two weeks after we receive your authorization and check.

I hereby authorize **Sterling Investors Life Insurance Company** to initiate credits to my __Checking or __Savings account with the Financial Institution indicated below. If the Company determines that funds were deposited to my account in error, I authorize the bank to return funds to the Company upon request by the Company.

Bank Name _____ Branch _____

Address _____

City _____ State _____ ZIP _____

Account Number _____ Routing Transit Number _____

This authority is to remain in effect until you have received written notification from me of its termination.

Bank Account Name _____

Agent Name _____

Agent Number (if previously contracted) _____

Signature _____ Date _____

YOU MUST ENCLOSE A VOIDED CHECK FOR US TO PROCESS THIS FORM.

PLEASE DO NOT SEND A DEPOSIT SLIP

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 (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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. citizen or other U.S. person (defined below).

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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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



STERLING INVESTORS LIFE INSURANCE COMPANY

General Agent Commission Schedule

Convalescent Care Commission Schedule

This schedule becomes a part of the Contract between the Agent and Sterling Investors Life Insurance Company when signed by an officer of the Company or the Company's designated representative. The terms and conditions of the Contract and any supplement thereto are incorporated and made a part of the terms and conditions of this Schedule. This Schedule of Commissions supersedes and replaces any prior dated Schedule of Commissions for applications submitted on or after the Effective Date stated below. The Agent must be licensed and appointed at the time of the policy sale to receive Commissions for such sale. The effective date of this schedule is the date the schedule is executed by Sterling Investors Life Insurance Company. Commissions are applied to commissionable premium only. Commissionable premium is the original gross premium less any policy fee.

Commission Percent Payable

	Issue Age	Policy Year 1	Policy Year 2	Policy Years 3 - 5	Policy Years 6 - 10	Policy Years 11 +
Convalescent Care Plan	50 - 80	45 %	6 %	4 %	3 %	0 %
	81 - 85	40 %	3 %	3 %	2 %	0 %

Agency/ Agent (print name) _____

By (Signature) _____ Date _____

Sterling Investors Life Insurance Company

By _____ Date _____

NOTE: Submission of applications after the Effective Date of this Schedule will constitute an acknowledgement and acceptance by the Agent of the compensation payable under this Schedule and the Contract.