



Contracting Check list

To ensure your contracting experience runs as smooth as possible, please complete the agent name, recruiter name, carrier, and include the check points below.

Attach this check list to all new contracting when submitting.

Thank you!

Agent name: _____

Recruiter name: _____ WESTERN MARKETING

Carrier: _____ LIBERTY LIFE

✓ **Do you want advance commissions (if available)**
check one: _____ yes _____ no

✓ Included a copy of your current license?

✓ Included a copy of your current E&O?

✓ Included a Voided Check?

✓ Included a copy of your signed commission schedule?*

✓ Included a copy of your current AML training?

✓ Included any/all fees?*

✓ Signed where indicated

You can submit your contracting one of the following ways:

Fax: 712-642-4248

Mail: Western Marketing – 318 West Huron – Missouri Valley, IA 51555

Email contracting to: licensing@wmacorp.com

*if signature is required on commission schedule

**if fees are required, if you are not sure, call our contracting department: 800-852-7152

Send package to producer.
Fax completed forms to Liberty Life Producer Services at 864-609-3118.
Reminder: Don't forget to submit the hierarchy form.

Liberty Life Retail Annuity Contracting Package

For Appointment with Liberty Life Insurance Company

Thank you for your interest in becoming contracted and appointed with Liberty Life Insurance Company!
To ensure that we are able to process your Contracting Package quickly as possible, please follow these simple steps.

1. Answer the following:

- a. Is this contracting for? Producer Only
 Agency Only (choose this option when contracting an agency with a principal officer who will NOT write business)
 Both (choose this option when contracting an agency with a principal officer who will write business)

NOTE: If you change your answer to "1a.", you will need to answer "1b." again.

- b. Is the producer "licensed-only" and assigning 100% of their commissions?
 Yes
 No

2. Please read all of the documents in the package carefully, as well as the Guide for Doing Business with Liberty Life Insurance Company.

3. Complete each of the forms within the package and fax to Liberty Life Producer Services at: 864-609-3118.

Contracting Checklist:

- Producer Application for Appointment signed and dated by the agent.
All questions must be answered. If any are answered "yes," please provide a statement of explanation.
- Annuity Suitability Requirements & Certification Form
- Consent and Authorization Form signed and dated by the agent.
- Producer/Marketing Organization Agreement signed and dated by the agent.
- Override Commission Requirements and Certification Form signed and dated by the Agent. For an agency, form must be signed and dated by the Principal of the agency.
- Authorization for Automatic Pay Deposit form signed and dated by the agent.
Voided check must be attached. We will not accept deposit slips. Automatic Deposit is required.
- Review the Producer Solicitation Chart to find out when you may begin soliciting Liberty Life Insurance products.
- Product Training Certificate
- Suitability Training Certificate

Please Note: Any missing or incomplete documents may extend the contracting process.





An ATHENE Company

PRODUCER APPLICATION FOR APPOINTMENT

Liberty Life Insurance Company PO Box 1389 Greenville, SC 29602-1389 Phone: 1-800-234-5514 Fax: 1-864-609-3118

Application Submitted w/Appointment Form? Yes No App Sign State: _____ App Sign Date: _____

(App may be submitted with appointment request only in immediate states listed on attached state grid)

Commissions paid to: Individual Agency (Note: If commissions are paid to the Agency, the Agency must be appointed and attach an Assignment Form)

INDIVIDUAL APPLICANT OR PRINCIPAL OFFICER FOR AGENCY

Agent Name: _____

First, Middle, Last - As it appears on license

Date of Birth: _____ SSN: _____ E-mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(All correspondence will be mailed to this address.)

Home Phone: _____ Business Phone: _____ Fax: _____

Business Address: _____ City: _____ State: _____ Zip: _____

AGENCY INFORMATION (Complete this section if requesting Agency Appointment)

Agency Name: _____ Federal Tax ID #: _____

As it appears on license

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Licensing Contact E-mail: _____

Qualified Officer for Agency: _____

ADDITIONAL INFORMATION

		YES	NO
1.	Have you ever been convicted of, pled no contest (nolo contendere) to, or been put on probation for any crime, including any driving offenses other than a speeding ticket?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you currently charged with committing a crime, including any driving offenses other than a speeding ticket? An affirmative answer to either of the above questions does not necessarily mean a denial of your request for appointment with Liberty Life Insurance Company.	<input type="checkbox"/>	<input type="checkbox"/>
	If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)		
	If you answer yes to any of the above questions , you must attach the pertinent items listed below to this application. Failure to do so may result in your request for appointment being denied. a) A written statement explaining the circumstances of each incident, b) A certified copy of the charging document, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgement.	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
2.	<p>Have you or any business in which you are or were an agent, owner, partner, officer or director, ever been involved in or fined as a result of an administrative proceeding regarding any professional or occupational license, including but not limited to insurance and securities license?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement identifying the type of license and explaining the circumstances of each incident, b) A certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Even if disputed by you, do you have an outstanding negative balance with an insurance carrier or agency, or has any demand ever been made or judgement rendered against you for overdue monies by an insurer, insured or producer and have you been subject to a bankruptcy proceeding in the past seven years?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, type and location of bankruptcy along with a copy of bankruptcy discharge papers.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident, b) A certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an appointment with Liberty Life Insurance Company, and b) Certified copies of all relevant documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Have you completed Anti-Money Laundering (AML) training through LIMRA?</p> <p>If so, please enter the date of completion: _____</p> <p>(If you have not completed AML training through LIMRA, please refer to the "Terms, Conditions and Guide for Doing Business with Liberty Life Insurance Company" for a description of AML requirements including alternative training methods.)</p>	<input type="checkbox"/>	<input type="checkbox"/>

***Failure to include required supporting documentation will cause delays or denial of your request.**

I hereby certify that I have reviewed this Application for Appointment and that the information is true, correct and complete. **If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment.** I have reviewed the "[Terms, Conditions and Guide for Doing Business with Liberty Life Insurance Company](#)" including the Contracting and Appointment standards and believe I meet the standards required by the Company. Liberty Life Insurance Company retains sole authority to terminate any appointments subject to applicable laws and regulations.

X _____ Date: _____

Name (Print): _____ SSN: _____

In 2010, the National Association of Insurance Commissions (NAIC) adopted changes to the Suitability in Annuity Transactions Model Regulation (Model) to insure suitable annuity sales to consumers. The two primary provisions regarding producer training are outlined below:

1. The model requires any insurance producer who engages in the sale of annuity products to complete a one-time four (4) credit training course approved by the department of insurance and provided by an education provider approved by the department of insurance. You are responsible for completing this training and providing the Company with a certificate of completion based on the guidelines for each state you do business in.
2. In addition, an insurance producer may not solicit the sale of an annuity product unless the insurance producer is in compliance with the Company's standards for product training. The Company has developed a Product Specific Training slideshow and audio module to meet this requirement. You are responsible for obtaining this training from the Company's website at, www.libertylifeco.com/producer/doingbusiness at the time you submit contracting paperwork to Liberty and prior to soliciting Liberty products.

If you write business in a state, or states, that has set an effective date for the new model (NAIC states) you must complete both training components as required before soliciting business.

Please go to www.libertylifeco.com/producer/doingbusiness for a current list of effective states and dates.

NAIC Annuity Suitability Training

Have you completed the required NAIC Annuity Suitability Training for the states you are requesting appointment?

Yes

Not applicable for my state. I am requesting appointment in: _____

If yes, please include a copy of the Course Completion Certificate with your contracting paperwork.

Liberty Life Annuity Product Specific Training

Liberty Life Annuity Product Specific Training is required before soliciting Liberty Life Products. You may complete the Liberty Life Annuity Product Specific Training by going to the Product Specific Training module at, www.libertylifeco.com/producer/doingbusiness. The training module will record completion of the product training and report your completion to the Company. You may also print off a certificate of completion for your file.

If so, please provide the date the Product Specific Training was completed: _____

To expedite your contracting you should include a copy of the course certificate in your contracting package.

X _____ Date: _____

Name (Print): _____ SSN: _____



CONSENT & AUTHORIZATION

Liberty Life Insurance Company PO Box 1389 Greenville, SC 29602-1389 Phone: 1-800-234-5514 Fax: 1-864-609-3118

You have applied to Liberty Life Insurance Company for appointment to sell insurance as an agent or marketing organization ("Representative") or are currently under contract to sell insurance as a representative for Liberty Life Insurance Company. In connection with your appointment application, Liberty Life Insurance Company will obtain one or more consumer reports and/or investigative reports from a consumer-reporting agency for the purpose of evaluating you and your organization's qualifications for being appointed as a Representative with Liberty Life Insurance Company. Such report may contain information bearing on your credit worthiness, character, general reputation, and personal characteristics obtained from public records sources, references supplied by you, and interviews with your neighbors, friends, acquaintances and previous employers. Liberty Life Insurance Company may also access school, financial institution, National Insurance Producer Registry, law enforcement and other government agency records pertaining to you as an individual producer and/or principal of a marketing organization. You have the right to receive, upon written request, additional disclosures regarding the nature and scope of the investigation and a summary of your rights under the Fair Credit Reporting Act.

I understand that a consumer and/or investigative report will be obtained as described above, and authorize the release of such information to Liberty Life Insurance Company without restriction or qualification. Facsimile and photocopies of this authorization may be accepted with the same authority as the original, and I specifically waive any notice from any present or former employer who may provide information based on this authorization. I further authorize Liberty Life Insurance Company to use my social security number in its files pertaining to me for Income Tax and identification purposes.

These authorizations shall be valid until revoked in writing by the Applicant, or until the Applicant's appointment with Liberty Life Insurance Company is terminated, or 12 months after the Applicant ceases to receive any commission earnings from or through Liberty Life Insurance Company, whichever occurs first.

X _____ Date: _____

Name (*Print*): _____ SSN: _____



PRODUCER/MARKETING ORGANIZATION AGREEMENT

Liberty Life Insurance Company PO Box 1389 Greenville, SC 29602-1389 Phone: 1-800-234-5514 Fax: 1-864-609-3118

Name: _____	Address: _____
Check One: <input type="checkbox"/> Producer/Agent <input type="checkbox"/> Marketing Organization	

This agreement is between LIBERTY LIFE INSURANCE COMPANY, a South Carolina corporation (the "Company") and the above named producer or marketing organization ("You"). The parties agree as follows:

Authority. (a) The Company authorizes You to perform the following acts, provided they are performed in accordance with the Company's rules and procedures and applicable law:

- (1) solicit and submit applications for the insurance products set forth in the Commission Schedules to this agreement (the "Products"), provided You are licensed and appointed by the Company personally or through licensed and appointed agents as appropriate, to solicit the Products;
- (2) collect initial premium payments for Products solicited by You through checks (or other payment methods as prescribed by the Company) made payable to the Company;
- (3) promptly deliver contracts for Products ("Contracts") when all requirements for delivery as prescribed by the Company have been met;
- (4) service Contract owners; and
- (5) recruit and recommend licensed agents of good character for appointment with the Company.

(b) You may exercise this authority only in jurisdictions in which the Company is licensed to transact business, the Products are available, and You are licensed and appointed with the Company. The Company may appoint other agents in this same territory and has the right, either directly or through other agents, to sell, solicit or negotiate other products and services to customers whose policies were written by You. In all respects, Your relationship with the Company in Your performance of acts under this agreement is that of an independent contractor and not an employee. You have no power or authority to represent the Company other than as expressly granted by the Company in this agreement. You have no authority to and shall not attempt to:

- (1) alter, modify, waive or change any of the terms, rates, or conditions of the Company's policies contracts, or forms or extend the time for paying any premiums to the Company or bind the Company by making any promises about any policy benefits;
- (2) receive any money due or to become due to the Company, except in exchange for a printed receipt as authorized by the Company;
- (3) pay, offer, or permit any rebate of premium as an inducement to any person to purchase any Company product.

Duties. You shall fully comply with all applicable local, state, and federal laws, rules, and regulations governing Your activities under this agreement. When recommending agents for appointment with the Company, You shall inform the Company's producer services department of any complaints, fines, terminations for cause, and debit balances of which you are aware that concern the agent. When acting on behalf of the Company, You shall adhere to the terms, policies, and procedures set forth in the Company's publication, "Terms, Conditions and Guide for Doing Business with Liberty Life Insurance Company", which is hereby incorporated in this agreement and may be amended by the Company at any time. The Company will publish an updated version of that document on its website from time to time. It is Your responsibility to periodically check the Company's website for updates. You shall not advertise, create, use, or publish the Company's name, logos, trademarks, rates, products, or services without the Company's prior written consent. Your use of the Company's service marks, trademarks, and trade names does not confer a license or ownership rights to You. You shall not issue a press release regarding the parties' execution of this agreement, or otherwise publicize the parties' agreement, without the Company's prior written consent.

Compensation. (a) The Company shall pay You compensation in accordance with the Commission Schedules. The Company may revise the Commission Schedules at any time upon written notice to You. Any change to the Commission Schedules does not apply to Contracts effective before the effective date of the change. The commissions payable under this agreement are compensation in full for all services performed and all expenses incurred by You. The Company may charge back commissions received by You in accordance with the Commission Schedules. You shall repay to the Company unpaid chargebacks attributable to You and agents in your hierarchy in full upon demand by the Company.

In addition to any other available remedies, the Company may, without notice, apply any compensation payable to You against any debt owed by You to the Company whether related to this agreement or otherwise. The Company may charge interest up to the legal rate on any debt owed by You to the Company whether related to this agreement or otherwise. All payments toward a debt owed to the Company will be applied first to interest and then to principal. You shall pay all costs and expenses incurred by the Company in recovering any amount owed by You, including attorney's fees and court costs, if any. The amount of these costs and expenses are to be added to the principal balance of Your debt to the Company. The terms of this subsection are to survive termination of this agreement.

(b) No assignment of commissions or other compensation under this agreement is valid unless it is made in accordance with applicable state insurance laws and regulations and unless the Company authorizes and acknowledges it in writing. The Company assumes no responsibility for the validity or sufficiency of any assignment made by You.

Indemnification. (a) "Indemnifiable Losses" means the aggregate of Losses and Litigation Expenses. "Litigation Expense" means any court filing fee, court cost, arbitration fee or cost, witness fee, and each other fee and cost of investigating and defending or asserting a claim for indemnification under this section, including, without limitation, in each case, attorneys' fees, other professionals' fees, and disbursements. "Loss" means any liability, loss, claim, settlement payment, cost and expense, interest, award, judgment, damages (including punitive damages), diminution in value, fines, fees and penalties or other charge, other than a Litigation Expense. "Third Party Claim" means a claim, action, suit, or proceeding brought by a third party against the Company.

(b) You shall indemnify the Company against all Indemnifiable Losses arising out of or relating to the actual or alleged:

- (1) inaccuracy of any of Your representations in this agreement;
- (2) breach by You of any warranty or covenant in this agreement;
- (3) violation of any applicable insurance law or regulation by You and/or Your employees; and
- (4) any negligent, reckless or intentional act or omission of You and/or Your employees.

(c) The Company shall promptly notify You in writing of any claim, event or fact that may give rise to a claim by the Company against You based on this agreement, stating the nature and basis of the claim, event or fact and the amount, to the extent known, provided that the failure to notify You will not relieve You from any liability under this section, except to the extent that You are damaged as a result of the failure to give that notice. The Company has the sole right to control the defense of any Third Party Claim. After sending You notice of a Third Party Claim, the Company may contest the Third Party Claim as it determines or make a reasonable payment, settlement, or compromise of the Third Party Claim. You shall pay for the reasonable Litigation Expenses incurred by the Company in defense of a Third Party Claim. Reasonableness for purposes of Litigation Expenses and payments, settlements, or compromises is to be determined by all of the circumstances surrounding the claim, including without limitation the nature of the claim, the amount of the claim, and the jurisdictions involved. This indemnification is in addition to any liability You may otherwise have. The terms of this section are to survive termination of this agreement.

Damages; Remedies. Except for a breach of the confidentiality covenants of this agreement, neither party is liable to the other for any special, indirect, or consequential damages arising out of or related to this agreement. Any remedy provided in this agreement is cumulative and not exclusive of any and all other rights and remedies available at law or in equity. The terms of this section are to survive termination of this agreement.

The Company's Property. All materials supplied to You by or on behalf of the Company, in whatever form, including without limitation, manuals, forms, supplies, sales brochures, software, policyholder records, or lists of policy owners or insured persons, belong to the Company. You shall not share that property, or any copies or derivatives of that property, or divulge the information contained within it to any third party without the prior written consent of the Company. Upon termination of this agreement, You shall promptly deliver that property to the Company. While You are in possession of that property, You shall not use that property for any purpose except its performance under this agreement. You represent and covenant that you have and shall maintain all necessary licenses for all computer hardware, software, materials, and business processes You use in Your performance under this agreement.

Books and Records. You shall keep the records related to business produced under this agreement as may be required by the Company and as required under applicable laws and regulations. You shall make all accounts, correspondence, or other records pertaining to Your performance under this agreement available for inspection by the Company or its representative during business hours.

Errors and Omissions Coverage. You shall maintain, at Your own expense, errors and omissions insurance with deductibles and minimum limits as published from time to time by the Company, covering Your activities under this agreement.

You shall deliver to the Company a certificate of insurance evidencing the above insurance coverage upon the Company's request.

Term; Termination. (a) This agreement is to continue until terminated as provided in this section. Either party may terminate this agreement upon 30 days written notice to the other party.

(b) This agreement terminates upon Your dissolution or liquidation, Your death (if You are a natural person), or (if You are a partnership) the death of any partner of the partnership. Either party may terminate this agreement upon written notice to the other party if the other party:

- (1) becomes bankrupt or insolvent;
- (2) is disqualified or suspended to do business under any applicable state or federal law where that party's ability to perform its duties under this agreement is materially impaired;
- (3) commits an act of fraud, dishonesty, misrepresentation or conversion of funds relating to this agreement;
- (4) commits a material breach of this agreement; or
- (5) commits a material violation of any federal, state, or local law or regulation applicable to insurance business.

(c) If this agreement is terminated under the paragraph (a) of this section, the Company shall continue to compensate You for Contracts issued as a result of applications submitted prior to the date of termination. If this agreement terminates under the paragraph (b) of this section, commissions will immediately cease and the Company will not be liable to You for further compensation under this agreement.

Privacy. You shall comply with all applicable privacy and information security laws and regulations. You shall also adhere to the privacy and confidentiality obligations set forth in the "[Terms, Conditions and Guide for Doing Business with Liberty Life Insurance Company](#)".

No Waiver. No provision of this agreement may be waived, except in writing executed by the party against whom the waiver is sought to be enforced. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this agreement, and no course of dealing between the parties, operates as a waiver or estoppel of any right, remedy, or condition. A waiver made in writing on one occasion is effective only in that instance and only for the purpose that it is given and is not to be construed as a waiver on any future occasion or against any other person.

Severability. If any provision of this agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions of this agreement remain in full force if the essential terms and conditions of this agreement for each party remain valid, binding, and enforceable.

Governing Law. The laws of the State of South Carolina (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this agreement and the relationship of the parties.

Assignment. You shall not assign Your rights or delegate Your performance under this agreement without the express written consent of the Company. Any purported assignment of rights or delegation of performance in violation of this section is void. If You validly assign Your rights in accordance with this section, a contemporaneous delegation is deemed to have occurred and that assignee is deemed to have assumed Your performance obligations in favor of the Company, except if in either instance there is evidence to the contrary.

Notices. The parties shall provide all notices, requests, demands, or other communications under this agreement (each being a "[Notice](#)") in writing to the last known address of the party on file with the other party, if different from the address appearing in this agreement. Notices to the Company must be sent to the attention of the Company's producer services department. If a Notice is delivered by mail, it is deemed to have been received upon the earlier of receipt or five days after being deposited in the mail.

Entire Agreement. This agreement, the attached schedules, and any attached addenda constitute the final agreement between the parties. It is the exclusive expression of the parties' agreement on the matters contained in this agreement. All prior and contemporaneous negotiations and agreements between the parties on the matters contained in this agreement are expressly merged into and superseded by this agreement. The provisions of this agreement may not be explained, supplemented, or qualified through evidence of trade usage or a prior course of dealings. The parties may amend this agreement only by a written agreement of the parties, except that the [Commission Schedules](#) may be revised as stated in this agreement.

SIGNATURES APPEAR ON THE FOLLOWING PAGE

This agreement is effective on the date signed by the Company.

PRODUCER / AGENT / MARKETING ORGANIZATION

LIBERTY LIFE INSURANCE COMPANY

X _____

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

SSN: _____



**OVERRIDE COMMISSION
 REQUIREMENTS AND CERTIFICATION**

Liberty Life Insurance Company PO Box 1389 Greenville, SC 29602-1389 Phone: 1-800-234-5514 Fax: 1-864-609-3118

You cannot be directly involved in the sale, solicitation, or negotiation of insurance in a state in which you do not hold an active license.

In certain states, Liberty Life Insurance Company will permit payment of commissions to unlicensed individuals or business entities not directly involved in the sale, solicitation or negotiation of the insurance contract. However, there are several states that require a license in order to receive override commissions on business sold in those states, even if the individual or business entity was not directly involved in the sale, solicitation, or negotiation of an insurance contract. Liberty Life Insurance Company requires a license to pay override commissions in the following states:

Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, Nevada, Pennsylvania, South Carolina, South Dakota, Virginia, and West Virginia.

If your status changes in the future, you must notify Liberty Life Insurance Company of the change.

By signing below, I represent that I understand the above requirements and promise to promptly inform Liberty Life Insurance Company of any changes in any license I hold.

X _____ Date: _____

Name (*Print*): _____ SSN: _____

Instructions:

1. Complete the authorization form below.
2. Attach a voided check to this form.
3. Submit the completed form to Producer Services.

Agent Number (if applicable): _____

Name: _____ SSN: _____

AUTHORIZATION

I hereby authorize Liberty Life Insurance Company to:

Start Stop

Depositing my net earning on all payrolls into my checking and/or savings account (see below).

ACCOUNT CHANGES

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

BANK INFORMATION

Name of Bank: _____

City: _____ State: _____ Zip Code: _____

Routing No. _____ Account No. _____

Checking Savings*

Attach VOIDED check here.

*If your account does not have checks, please provide a statement from your bank providing your routing and account number to receive electronic funds.

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

*Please be sure that the routing information provided is the routing number that your bank uses to receive electronic funds.

X _____ 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 (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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 the "Name" line 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									
				-			-		

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

Employer identification number									
				-					

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.



ASSIGNMENT OF COMMISSION

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

1.800.234.5514
Fax: 1.864.609.3118 or 609.4889

Instructions:

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

ASSIGNOR:
(Assigning Commissions)

Agent Name & Agent Number

Tax ID and or Social Security Number

ASSIGNEE:

Name

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned, as the Releasor/Assignor designated above, does hereby release all right, title and interest in and to all commissions and other compensation, if any, which are now or may become due and payable to the undersigned by Liberty Life Insurance Company (RBC Insurance), under the Assignment of Commission dated _____, 20____ between the undersigned and the Releasee/Assignee designated above, and further assigns, transfers and sets over to said Releasee/Assignee all right, title and interest in and to all such commissions and other compensation, if any, acquired by the Releasor/Assignor under said Assignment of Commission.

The further assignment made herein is subject to all rights of lien which RBC Insurance may have or be entitled to upon such commissions and other compensation, whether for present or future indebtedness. Any payment of commissions or other compensation by RBC Insurance to the Releasee/Assignee pursuant to this Further Assignment shall fully and completely discharge and release RBC Insurance from any and all rights, claims and causes of action of the Releasor/Assignor for, or related in any way to, said commissions or compensation, and RBC Insurance shall not be bound in any way to see to the application of said commissions or compensation. This Release and Further Assignment of Commission is absolute and irrevocable.

Signed this _____ day of _____ 20 _____ .

X _____
Witness Signature

 _____
Assignor Signature

ACKNOWLEDGMENT:

RBC Insurance acknowledges receipt of a signed copy of this Assignment, which has been filed at its Administrative Office and consents to said assignment, subject to all rights of lien security and indemnification, which it may have.

RBC Insurance

By _____

Date _____

Title _____