



CONTRACTING DOCUMENT

Please complete the attached document with all requested information. Also, write the information clearly so that we may read it.

Once complete please return to:
contracts@apex-ig.com

New Agent Contracting Set Up Sheet

Agent's Name: _____

Address: _____ Apt./Suite No.: _____

Phone Number: _____

E-Mail Address: _____

Product	Commission Level	Commission Schedule Code
Final Expense	95 %	
EZ Term (20-30 Year)	95 %	
EZ UL	95 %	
Home Protector	100 %	
OBA	95 %	
UL Performer	95 %	
Standard	87 %	
Bonus Master	95 %	
Accidental Death Protector	95 %	
SecureLife Plus	95 %	

Agent Reports to (Manager) John Sanders Manager Agent # 710395

Checklist:

- _____ Completed "Producer History" Sheet (9534)
- _____ Contract (9511) signed by Agent and Manager
- _____ Copy of current license or completed license application
- _____ Signed "Consumer Report Notification and Authorization" (Form 9127)
- _____ W-9 or copy of Social Security card (must be legible copy)
- _____ Signed "Compliance Guidelines Statement of Understanding" (Form 9528-C)
- _____ Anti-Money Laundering certificate from our Company or LIMRA noted on paperwork
- _____ Completed "Annualization Plan Supplemental Agreement" (Form 9518)
(If Annualization is desired, completed form must accompany and have manager and Home Office approval.)
- _____ Agent's ACH Direct Deposit Request (Form 9508)
(**Must include a preprinted void check.**)
- _____ If corporation or other business entity, complete and sign the Business Entity Addendum (Form 3263)

Manager Signature:  Date: _____

PRODUCER HISTORY

<i>Please Print in Black Ink</i>										
1. WRITING AGREEMENT										
Producer					Sex		Date of Birth		City, State of Birth (PR Only)	
Corporate Contracting Information: Corporate Name (as printed on insurance license)							Your position in corporation (must be a principal)			
Residence Address					City, State, Zip				County	
Business Address					City, State, Zip				Send all mail to: <input type="checkbox"/> Business <input type="checkbox"/> Home	
Cell Phone		Business Phone		Resident Phone		Business E-mail			Personal E-mail	
Producer Social Security Number			Corporate Tax Payer Identification Number			Drivers License (State & Number)				
Resident License State & Number			Corporate License State & Number			NPN Number of Individual				
2. CONTRACTING QUESTIONS										
<div style="display: flex; justify-content: space-between;"> <div style="width: 85%;"> <p>a. Have you ever been appointed with American-Amicable Life Insurance Company of Texas, IA American Life Insurance Company, Pioneer American Insurance Company, Pioneer Security Life Insurance Company or Occidental Life Insurance Company of North Carolina?</p> <p>b. To your knowledge, are you presently the subject of any investigation or proceeding by any insurance, securities, or commodities agency, jurisdiction, or organization?</p> <p>c. Are you now or have you ever been a defendant in any litigation alleging the violation of any agreement with or provision of any insurance securities or commodities law or regulation?</p> <p>d. Has any insurance company within the past 10 years canceled any contract with you for any reason other than the nonproduction of business or at your request?.....</p> <p>e. Have you ever been convicted of a misdemeanor (other than a minor traffic offense), a felony or violation of 18 USC 1033?....</p> <p style="margin-left: 20px;">• If yes, list: Date _____ County _____ State _____</p> <p style="margin-left: 20px;">• If a 1033 violation, attach consent letter from appropriate Department of Insurance.</p> <p>f. Do you have any judgments or tax liens, bad debts, or collections items of any kind against you?</p> <p>g. Are you indebted to any insurance company, general agent, or manager (including debit balances)?</p> <p>h. Have you filed for bankruptcy under any bankruptcy act in the last 10 years?</p> <p>i. During the past 10 years, has any commissioner or any Department of Insurance or any stock exchange suspended, canceled, or revoked any license issued to you, fined you, or ever refused to issue or renew any such license for any reason whatsoever?</p> <p>j. Have you ever had any complaints, including but not limited to complaints with an Insurance Department or Insurance Company, filed against you?</p> <p>k. If you currently hold NASD license(s), provide series number(s)</p> <p>l. Have you taken the Anti-Money Laundering (AML) training course through:</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Our Company <input type="checkbox"/> Other Company <input type="checkbox"/> LIMRA Date Taken: <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> / <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px; margin-left: 10px;"></div> / <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px; margin-left: 10px;"></div> m m / d d / y y </div> </div> </div> <div style="width: 10%; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>										
<p>If no, you must take the Company online AML training course located on the Company website. (See “AML Course Access Instructions” in your Contracting Kit.) <u>DO NOT SEND IN YOUR CONTRACT WITHOUT OUR COMPANY AML COMPLETION CERTIFICATION. (THE EXCEPTION TO THIS REQUIREMENT IS THAT IF YOU HAVE TAKEN THE LIMRA AML COURSE, YOU MAY SEND IN YOUR CONTRACT AND THE COMPANY WILL VERIFY YOUR COMPLETION OF THE AML COURSE).</u></p>										
3. EXPLANATION - Please explain any “Yes” answers here; attach additional sheets if necessary.										
<p>This is just to advise you that your application for contract will be processed as quickly as possible. Public Law 91-508 requires that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, criminal records, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.</p>										
Date					Your Signature					

AGENCY AGREEMENT

THIS AGENCY AGREEMENT ("Agreement") is entered into between OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA ("OLIC"), Recommending Agency and the Agency identified in the Producer History ("Agency").

IN WITNESS WHEREOF, and in consideration of the mutual covenants and agreements contained herein and intending to be legally bound, OLIC, Recommending Agency and Agency agree as follows:

SECTION I - APPOINTMENT, AUTHORITY, AND RESPONSIBILITY

1.1 OLIC hereby appoints Agency to represent it in the sale of those insurance policies ("Policy" or collectively "Policies") listed on the Commission Schedule as it may be amended from time to time. OLIC retains the right to appoint other agencies in the same territory as Agency. Agency is authorized to solicit and supervise the solicitation and procurement of applications for Policies through recruited agencies, those sub-agencies responsible to the person or entity executing this Agency Agreement, or producers, those persons or entities executing a producer Agreement with OLIC recruited and recommended to OLIC by Agency (collectively, the above recruited agencies and producers shall be referred to as "Recruited Agencies"), to forward Policy applications to OLIC for approval or rejection, to collect premiums, and to deliver policies as directed by OLIC.

1.2 Agency is an independent contractor. Neither Agency nor its Recruited Agencies shall have authority, other than that expressly granted herein; and no forbearance or neglect on the part of OLIC shall be construed to waive any of the terms of the Agreement or to imply the existence of any authority not expressly given. Neither Agency nor its Recruited Agencies are authorized to:

- (a) make, alter, amend, waive, extend or discharge any Policy or Policy rates, conditions, or provisions;
- (b) waive or extend the time of payment of any premium due under any Policy;
- (c) waive any breach, or proposed violation, or misrepresentation on the part of any insured or proposed insured;
- (d) bind or obligate OLIC to any liability except as expressly provided herein;
- (e) use any advertising, lead generation or sales materials without prior written consent of OLIC;
- (f) make any endorsement or attach any instrument by way of illustration or otherwise to the policies of the Company;
- (g) receive any moneys due, or to become due, to the Company except on receipt signed by the President or Secretary of the company, without first obtaining from the Company permission in writing to do so;
- (h) incur any indebtedness in the name or on behalf of OLIC.

SECTION 2 - LICENSING AND APPOINTMENT OF RECRUITED AGENCIES

2.1 Agency shall recruit and recommend qualified persons or entities for appointment as Recruited Agencies to solicit applications for Policies and shall manage, supervise and train such persons or entities. OLIC shall appoint such Recruited Agencies and retains the right to refuse to appoint any person or entity as its agent and may, without notice and in its sole discretion or upon the advice of Agency, terminate the appointment of any Recruited Agency. OLIC shall have the right to at any time modify or cease to issue any policy or policies, or to withdraw from any territory.

2.2 Agency's authority to represent OLIC shall be contingent on Agency's conforming to all rules and guidelines as may be stated in this Agreement. OLIC rate books, OLIC compliance manual or any other materials (the "Company Rules") OLIC provides to Agency. In addition, OLIC shall comply with all federal, state or local laws, rules and regulations (the "Law and Regulations") where OLIC is doing business. Agency shall pay all federal, state, and other governmental taxes and license fees levied against Agency or its Recruited Agencies by the laws of any government authority wherein Agency does business. Agency shall pay all expenses which it incurs in the performance of this Agreement.

SECTION 3 - PRIVACY

3.1 Agency shall hold in strictest confidence all nonpublic personal financial information or nonpublic personal health information related to any insured or policyholder or to any consumer or customer (as such terms are defined under applicable state or federal privacy laws) of OLIC, obtained by Agency in the performance of Agency duties and obligations under this Agreement. Agency shall not disclose or use such information except as necessary to carry out Agency's duties and obligations under this Agreement or as otherwise required under applicable state or federal law. This provision survives termination of this Agreement.

SECTION 4 - COMPENSATION

4.1 OLIC shall compensate Agency in accordance with the Commission Schedule as amended from time to time, for the products indicated on the Commission Schedule, for premiums received and accepted by OLIC on Policy applications written by Agency and its Recruited Agencies.

4.2 Compensation due to Recruited Agencies shall be deducted from the compensation paid to Agency and shall be paid direct to Recruited Agencies. Agency shall indemnify and hold OLIC harmless from any liability, loss, cost or expense, including attorney's fees, incurred by OLIC resulting from or in connection with any claim or action brought by any Recruited agencies with respect to payment or nonpayment of compensation.

4.3 OLIC may, upon not less than thirty (30) days notice, change the compensation provided herein with respect to Policies issued after the date of such change.

4.4 The right of Agency to receive all compensation on Policies sold pursuant to this Agreement shall be vested in Agency. OLIC shall pay compensation even after termination, subject to exceptions set forth in Section 4.5.

4.5 Payment of compensation to agency may be terminated by OLIC notwithstanding Section 4.4 when: (1) the total payable in the preceding calendar year is less than one thousand dollars (\$1,000); or (2) this Agreement has been terminated for reasons set forth in Section 7.2(f); or (3) Agency or its Recruited Agency does any act which would result in termination pursuant to Section 7.2(f) regardless of whether this agreement has already been terminated.

- 4.6** Agency shall assume responsibility for the financial integrity of all Recruited Agencies and all obligations of Recruited Agencies to OLIC which arise after the effective date of this Agreement. Agency shall indemnify OLIC and Agency's account shall be charged the full amount of all such obligations in default.

SECTION 5 - INDEBTEDNESS

- 5.1** Any of the following transactions between OLIC and Agency shall be a loan and create a debtor-creditor relationship between OLIC and Agency.
- (a) the refund or return of any premium collected by Agency or its Recruited Agencies for which OLIC has paid a commission;
 - (b) any advance made by OLIC to Agency against future compensation for any reason;
 - (c) any other loan or debt between OLIC and Agency.
- 5.2** The indebtedness created by any of the transactions of Section 5.1 above is due and payable on demand and shall create a first lien on any compensation due or to become due Agency. OLIC retains the right to offset such indebtedness against any payment due Agency. Any indebtedness not paid when due shall vest OLIC with the authority and power to seek all available legal and equitable remedies against Agency to obtain repayment of the indebtedness.

SECTION 6 - ASSIGNMENT

- 6.1** This Agreement shall not be assigned or otherwise transferred by Agency without the prior written approval of OLIC. Any assignee shall be bound by the terms of this Agreement.

SECTION 7 - TERMINATION

- 7.1** This Agreement shall remain in full force and effect until terminated upon thirty (30) days prior written notice given by either party to the other. Termination of this Agreement shall not affect any duties, obligations, or liabilities incurred prior to termination except as otherwise provided herein. Within thirty (30) days of termination of the Agreement, Agency shall return to OLIC all OLIC materials and shall indemnify OLIC for any cost incurred to secure OLIC's property should Agency fail to honor OLIC's demand.
- 7.2** This Agreement may be terminated immediately, without notice in the event of and as of the date of the occurrence of:
- (a) bankruptcy, insolvency, receivership, liquidation, or assignment for the benefit of creditors by either party; or
 - (b) cancellation, suspension, or revocation of Agency's insurance license by any governmental or regulatory authority having jurisdiction; or
 - (c) death or dissolution of Agency; or
 - (d) IRS levies; or
 - (e) failure to secure OLIC any new paid life insurance during any period of 180 days.
 - (f) Agency's breach of this Agreement by:
 - (1) the wrongful withholding of funds belonging to an applicant or OLIC for a Policy or Policies; or
 - (2) the intentional or systematic inducement of insured(s) to lapse, relinquish, or surrender a Policy or Policies; or

- (3) the intentional or willful failure to comply with the laws, rules, or regulations of any governmental or regulatory authority having jurisdiction; or
- (4) any default in the performance of any material term or condition of this Agreement.

SECTION 8 - BOOKS, ACCOUNTS, AND RECORDS

- 8.1** All books, accounts, correspondence, and other records of Agency relating to business transacted pursuant to this Agreement shall, at all times, be open to inspection by OLIC or its designated representative and OLIC may make copies thereof before or after the termination of this Agreement.

SECTION 9 - AMENDMENT

- 9.1** This Agreement constitutes the entire contract between the parties and may not be amended or modified without the express written approval of an officer of OLIC and Agency.

SECTION 10 - INDEMNIFICATION

- 10.1** Agency shall indemnify and hold OLIC harmless from any liability, loss, cost or suit brought against OLIC resulting from or in connection with any unauthorized acts, any error or omission, or any breach of any of the provisions of this Agreement by Agency, Agency's employees or Recruited Agencies.

SECTION 11 - MISCELLANEOUS

- 11.1** Should Agency or Agency's Recruited Agencies engage, before or after termination of this Agreement, in any act prohibited by Section 7.2(f) (1) or Section 7.2(f) (2), it may result in irreparable injury to OLIC for which there may be no adequate remedy at law and Agency hereby agrees that OLIC may obtain injunctive relief.
- 11.2** If any provision of this Agreement is deemed void, illegal, or unenforceable, the validity of the remaining portions shall not be affected thereby. Any waiver of the rights of OLIC under this Agreement on one occasion shall not constitute a continuing waiver of any such right.
- 11.3** This Agreement is performable in, and all sums due from one party to the other are payable in McLennan County, Texas, and all legal proceedings in regard hereto shall be instituted in McLennan County, Texas, and all parties hereto expressly waive any privileges they may have as to venue contrary to this provision. It is further expressly agreed that all provisions of this Agreement and any controversy that may arise thereunder shall be construed according to the laws of the State of Texas.
- 11.4** If OLIC or Agency should bring a court action alleging breach of this Agreement or seeking to enforce, rescind, renounce, declare, void or terminate this Agreement or any provisions thereof, the prevailing party shall be entitled to recover all of its legal expenses, including reasonable attorney's fees and cost (including legal expenses for any appeals taken and attorney's fees incurred as a result of Bankruptcy proceedings), and to have the same awarded as part of the judgment in the proceedings in which such legal expenses and attorney's fees were incurred.

SECTION 12 - COMPLETELY INTEGRATED AGREEMENT

12.1 This Agreement along with the Schedules of Commissions, and any other supplemental Addendums, contain the entire and complete Agreement between the parties, and each of the parties hereto agree that there are no prior or contemporaneous agreements, promises or representations that are not set forth herein.

SECTION 13 - SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I, _____ certify that:

1. The following is my correct taxpayer identification number or social security number.

Social Security # or Taxpayer Identification #

2. I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, cross out item #2 and attach an explanation.

This Agreement is only effective upon signing by an authorized officer of the Agency, Recommending Agency and OLIC.

GENERAL AUTHORIZATION AND RELEASE

I hereby authorize OLIC to contact any past employer, business associate, business partner, military service, court, law enforcement agency, insurance company, financial institution, or any other person or entity to obtain information about my background, employment, schooling, business activities and experience, character, criminal record, or financial status.

I hereby authorize any of the above person, institutions, or entities to provide the above information to OLIC and waive and release any claims I may have related to the providing of such information. I also authorize them to rely on a photocopy or facsimile copy of the authorization.

I also acknowledge that OLIC may participate in programs which provide background and financial information on insurance agents, including debit balances. I authorize OLIC to obtain information from these programs and to share any information obtained from other sources with these programs. I also waive and release any claims I may have related to the sharing of such information by OLIC or the programs in which OLIC participates.

This authorization is continuing and remains in effect until revoked by me in writing delivered to an officer of OLIC.

I hereby certify that any representations and warranties made in this Agreement are true. I understand that if any representation or warranty given in this Agreement is found to be incorrect or incomplete, it may be grounds for OLIC to decline my application for appointment or immediate termination at the sole discretion of OLIC.

AGENT SIGNATURE *(If a Partnership, all partners must sign.)*

BY: _____	_____	_____
(Signature)	(Title)	(Date)
BY: _____	_____	_____
(Signature)	(Title)	(Date)

AGENT PERSONAL GUARANTEE *(If a Corporation, the following must be completed)*

The undersigned individual hereby personally guarantees the full and faithful performance of all duties and obligations of Agency pursuant to the above agreement.

BY: _____
(Signature) _____ (Date)

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

RECOMMENDING AGENCY *(If Applicable)*

Signature of Recommending Agency _____
Name (Please Print) John Sanders
Agent # 710395 Commission Schedule Recommended aa81oe

FOR HOME OFFICE USE ONLY *(Occidental Life Insurance Company of North Carolina)*

Commission Schedule Number _____ Agent Number _____
Authorization Signature _____
Title _____ Effective Contract Date _____

ANTI-MONEY LAUNDERING TRAINING COURSE ACCESS INSTRUCTIONS

1. Access your contracting company website at one of the four companies below:

American-Amicable	http://www.americanamicable.com
IA American	http://www.iaamerican-waco.com
Occidental Life	http://www.occidentallife.com
Pioneer American	http://www.pioneeramerican.com
Pioneer Security	http://www.pioneersecuritylife.com

2. Click on "Marketing Sales"
3. Enter Agent No., and Password. (Agent No. is: **AML** and Password is: **COURSE**)
4. Hit enter and follow instructions.

IMPORTANT!!

When you complete the course, a Company AML training course certification page will reflect on your computer screen. Make two copies of this page. One is for your file and the other **must** be sent to the Company with your contracting paperwork.

**IF THE CERTIFICATION PAGE IS NOT SENT TO THE COMPANY WITH YOUR
CONTRACTING PAPERWORK, YOUR CONTRACT WILL NOT BE PROCESSED!!**

CONSUMER REPORT NOTIFICATION AND AUTHORIZATION

Through this document American-Amicable Life Ins. Co. of TX, IA American Life Ins. Co., Pioneer American Ins. Co., Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, disclose to you that a consumer report or an investigative consumer report, is being obtained from a consumer reporting agency for the purpose of evaluating you for appointment as an agent. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, criminal records, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You have a right to request additional disclosures regarding the nature and scope of the investigation and a written summary of your rights as a consumer.

I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with my appointment for agent. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written authorized request.

I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I authorize American-Amicable Life Ins. Co. of TX., IA American Life Ins. Co., Pioneer American Ins. Co., Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, to share this information with the authorized representatives involved in my licensing and contracting process.

Print Name _____

Signature _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

If name changed (through marriage or otherwise), print former name here

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 (required): <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.

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

Social security number										
				-				-		

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 ▶

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,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 payee 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 to Form W-9 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.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Compliance Guidelines

Statement of Understanding

I acknowledge that I have read and understand the contents of these Compliance Guidelines for IA American Life Insurance Company, American-Amicable Life Insurance Company of Texas, Occidental Life Insurance Company of North Carolina, Pioneer American Insurance Company, and Pioneer Security Life Insurance Company, referred to collectively as “the Company”.

I acknowledge that I have read and understand the contents of the Compliance Guidelines and further understand that if I do not comply, in full, with its provisions it will be a violation of my contract and may result in, without limitation, the cancellation of my contract with the before mentioned Company.

1. I acknowledge the need for strict compliance with all applicable state and federal regulations regarding the solicitation and sale of insurance.
2. I understand the Company will insist upon strict adherence to all applicable state and federal regulations regarding the solicitation and sale of insurance and understand that I am individually accountable for my own actions.
3. I acknowledge that I must be professional in my sales presentations. I acknowledge that I must accurately and completely describe the insurance product being offered, help the purchaser understand the terms and conditions of the insurance product being sold, and comply with all applicable state and federal regulations. I understand that violations of the Compliance Guidelines or applicable insurance regulations may result in the immediate termination of my contract with the companies.
4. I understand that I must immediately take the Company approved anti-money laundering training course. I understand that I must take a refresher of the company online anti-money laundering training course every two years.
5. I acknowledge that this Agreement does not alter or amend my contract or contracts with the Company or create an employment relationship with the Company. This Agreement does not change the at-will relationship between the parties and me. The contract or contracts between the Company may be terminated at any time by either party upon notice, as set forth in those contracts.

Producer Signature

Producer (Print name)

Annualization Plan Supplemental Agreement

This Supplemental Agreement supplements your agent contract with the undersigned, selected Company(ies). It is intended to provide you with an advanced payment of a portion of first year commissions due on business written by you or your agents.

Plan Provisions:

1. Commissions paid under this Supplemental Agreement are an advance of commission from us to you. Such commissions are considered unearned and an indebtedness under the terms of your contract with us until sufficient premiums are paid on a policy to justify the commissions advanced.
2. While this Supplemental Agreement is in effect, we will pay you advanced commissions as a percent of 1st year commission due on the annualized premium. Excess and renewal commissions and service fees will not be advanced.
3. Policies issued on a monthly direct premium mode, policies that have been reinstated, or policies on you, your spouse, your parents, children, brothers, sisters, business associates or employees are not eligible for annualization under this Supplemental Agreement.
4. We reserve the right to declare any policy not eligible for annualization.
5. We may, at our discretion, impose a per Policy maximum to any advanced commission payments.
6. If any Policy included in any advanced commission payment terminates for any reason prior to the end of its first Policy year, any unearned advanced commission for that Policy is repayable to us on demand, and may be deducted at our sole discretion from any commissions which would otherwise be payable to Agent.
7. Any indebtedness created in any of the companies, American-Amicable Life Insurance Company of Texas, IA American Life Insurance Company, Occidental Life Insurance Company of North Carolina, Pioneer American Insurance Company or Pioneer Security Life Insurance Company may be recovered from commissions and/or advances that may become due in any of the aforementioned companies at the sole discretion of the Company.

Termination Provisions:

1. Continued eligibility for this plan is at our sole discretion. This Supplemental Agreement may be terminated by you, your recommending agency or us at any time. This Supplemental Agreement shall automatically terminate upon the termination of your contract with us.
2. Upon the termination of your contract, any advanced commissions which have not yet been earned will be treated as an indebtedness under the terms of your contract with us. This provision survives the termination of this Supplemental agreement.

Agent Name _____

Date _____

Signature of Agent _____

As General Agent for the above agent, I agree to assume any indebtedness that may result from this Supplemental Agreement and that such indebtedness will be considered an indebtedness under the terms of my contract with the Company(ies).

Print Recommending Agency Name _____ **Advance %** _____

Signature of Recommending Agent  _____ **Date** _____

Participating Companies:

American-Amicable Life Insurance Company of Texas

IA American Life Insurance Company

Occidental Life Insurance Company of North Carolina

Pioneer American Insurance Company

Pioneer Security Life Insurance Company

Agent's ACH Direct Deposit Request

**Fax To: 254 297-2126 or Mail to the Marketing Department
P.O. Box 2549, Waco, Texas 76702**

Bank Information

Bank Name _____

Street Address _____

City _____

State _____

Zip _____

Transit/ABA Number
(lower left of your checks) _____

Account Number _____

Type of Account: ☐ Checking ☐ Savings

Agent Information

Agent Name _____

Agent Number _____

Last 4 of SSN _____

Email Address _____

Phone Number _____

**A VOIDED CHECK OR CORRESPONDENCE FROM YOUR BANK WITH
ROUTING NUMBER AND ACCOUNT NUMBER MUST ACCOMPANY THIS FORM.**



American-Amicable Life Insurance Company of Texas	www.americanamicable.com
IA American Life Insurance Company	www.iaamerican-waco.com
Occidental Life Insurance Company of North Carolina	www.occidentallife.com
Pioneer American Insurance Company	www.pioneeramerican.com
Pioneer Security Life Insurance Company	www.pioneersecuritylife.com

For the quickest, most effective way to reach someone for assistance in one of our service departments; please follow the automated numerical prompts after dialing (800)-736-7311. The following is a list of prompts that can be pressed to reach the various departments:

<u>Department</u>	<u>Prompts:</u>	<u>Department:</u>	<u>Prompts:</u>
Agent Contracting	1, 1, 3	Marketing Sales Agent Hotline	1, 1, 2
Advanced Commissions	1, 1, 4	Supplies	1, 1, 6
Customer Service/Reinstatements	1, 1, 7	New Business Operations	1, 1, 1
Earned Commissions	1, 1, 5		

Departmental Listing

			Ext.	Fax Number
Marketing Sales				(254) 297-2709
Darren Sliva	Sr. Vice-President	dsliva@aatx.com	3466	(254) 297-2140
Rick Weaver	Vice-President	rweaver@aatx.com	3305	(254) 297-2141
Darren Hancock	Assistant Vice-President	dhancock@aatx.com	3203	(254) 297-2143
Mark Psencik	Assistant Vice-President	mpsencik@aatx.com	3415	(254) 297-2142
Angie Funnell	Sr. Marketing Assistant	afunnell@aatx.com	3450	(254) 297-2145
Amy Palacios	Sr. Marketing Assistant	apalacios@aatx.com	3505	(254) 297-2146
Gail Thompson	Lead Marketing Assistant	gthompson@aatx.com	3448	(254) 297-2147
Jessica Norvell	Marketing Assistant	jnorvell@aatx.com	3451	(254) 297-2149
Rose Corujo	Marketing Assistant	rcorujo@aatx.com	3445	(254) 297-2144
Executive				(254) 297-2710
Joe Dunlap	President	jdunlap@aatx.com	3525	(254) 297-2130
Jeanette Stone	Executive Assistant to President	jstone@aatx.com	3283	(254) 297-2130
Operations				(254) 297-2756
Leah Frerichs	Assistant Vice-President	lfrerichs@aatx.com	3529	(254) 297-2133

New Agent Contract Submission	Website: www.insuranceapplication.com/contractdrop	Fax: (254) 297-2110
New Business Application Submission	Website: www.insuranceapplication.com/appdrop	Fax: (254) 297-2100

Not Sure Who to Call? Contact Marketing Sales

Phone: (800) 736-7311, Prompts 1, 1, 2
Email: marketingassistants@aatx.com

Main Company Phone Number (800) 736-7311

			Ext.	Fax Number (254) 297-2110
Administrative Marketing Services (Contracting / Commissions)				
Jeanette Higgins	Assistant Vice-President	jhiggins@aatx.com	3258	(254) 297-2148
Arlene Williams	Commission Statements	arlene.williams@aatx.com	3292	
Destiny Sellers	Commission Statements	dsellers@aatx.com	3256	
Heather Strange	Agent Contracting	hstrange@aatx.com	3811	
Glenda Smith	Agent Contracting	gsmith@aatx.com	3338	
JoDee Archibald	Agent Contracting	jarchibald@aatx.com	3549	
Sue Prugh	Agent Contracting	sprugh@aatx.com	3252	
Casandra Mora	Agent Contracting	cmora@aatx.com	3254	
Systems Control / Agent E-File				
Jeanette Higgins	Assistant Vice-President	jhiggins@aatx.com	3258	(254) 297-2110
General Services / Supply				
Bill Auldrige	General Services Manager	bauldrige@aatx.com	3315	(254) 297-2156
Stacie Anderson	Supplies	supplies@aatx.com	3366	(254) 297-2155
New Business / Policy Issue / Underwriting				
		policyissue@aatx.com		(254) 297-2101
		underwriting@aatx.com		(254) 297-2102
Tina Holcomb	Assistant Vice-President	tholcomb@aatx.com	3871	
Melissa Rogers	Underwriting Manager	mrogers@aatx.com	3470	
Donna Nelson	Policy Issue Manager	dnelson@aatx.com	3387	
Cindy Saucedo	Chief Underwriter	csaucedo@aatx.com	3870	
Julio Ortega	New Business Supervisor	jortega@aatx.com	3263	
Agent Financing (Commission Advances)				
Mary Farris	Manager	mfarris@aatx.com	3293	(254) 297-2125
Margaret Schroeder	Financing Analyst	mschroeder@aatx.com	3306	(254) 297-2126
Shay Watson	Financing Analyst	swatson@aatx.com	3458	(254) 297-2126
Carrie Dieterich	Financing Analyst	cdieterich@aatx.com	3307	(254) 297-2126
Policy Service				
		pos@aatx.com		(254) 297-2105
Dei Casiano	Assistant Vice-President	dcasiano@aatx.com	3361	(254) 297-2167
Julie Long	Policy Service Supervisor	jlong@aatx.com	3800	(254) 297-2168
Mendee Moore	Policy Service Supervisor	mmoore@aatx.com	3528	(254) 297-2169
Dennisse Concepcion	Policy Service Supervisor	dconcepcion@aatx.com	3452	(254) 297-2164
Anselmo Mondragon	Spanish CSR	espanol@aatx.com	3260	(254) 297-2170
Premium Accounting				
		premiumaccounting@aatx.com		(254) 297-2756
Jimmy Weatherby	Manager	jweatherby@aatx.com	3394	
Crystal Palamares	Lead Premium Acct. Rep.	cpalamares@aatx.com	3556	
Tina Kolar	Direct Deposit Allotment	tkolar@aatx.com	3551	
Claims				
		claims@aatx.com		(254) 297-2756
Karen Fulp	Manager	kfulp@aatx.com	3533	(254) 297-2166
Andrea Everett	Lead Claims Analyst	aeverett@aatx.com	3547	(254) 297-2756

Service Hours

8:00 a.m. – 4:45 p.m. Monday – Friday, Central Time (excluding holidays)

Mailing Address

P.O. Box 2549
Waco, Texas 76702-2549

AMERICAN-AMICABLE GROUP OF COMPANIES

American-Amicable Life Insurance Company of Texas

IA American Life Insurance Company

Occidental Life Insurance Company of North Carolina

Pioneer American Insurance Company

Pioneer Security Life Insurance Company

BUSINESS ENTITY ADDENDUM**Business Entity Name (as printed on insurance license):** _____
(the "Agency")**Business Address:** _____**Business Phone:** _____ **E-mail Address:** _____**Federal Tax ID Number:** _____ **Form of Business Entity:** _____**State of Incorporation/Formation:** _____ **Date of Incorporation/Formation:** _____**AUTHORIZED REPRESENTATIVES:**

Complete all information for current officers, owners and key personnel of the Agency (use extra pages if needed)

(Note: person listed first is responsible for maintaining individual insurance license(s) associated with the Agency):

NAME (List Full Name)	LAST 4 DIGITS OF SSN	TITLE	DATE APPOINTED/ELECTED

By signing below, I agree as follows:

1. The above-listed officers, owners and key personnel ("Authorized Representatives") are authorized to act on behalf of the Agency in all dealings with the above-named insurance companies ("Company"). The Authorized Representatives have been properly appointed or elected to the titles stated opposite their names, and/or otherwise properly authorized to act as a representative of the Agency.
2. The Agency and/or the Authorized Representatives will notify the Company in writing of all changes applicable to the Agency's corporate structure, ownership and/or operation, *including but not limited to changes in the list of Authorized Representatives*, relevant license and registration information, and contact information.
3. The Agency and the Authorized Representatives are in compliance and will continue to comply with all federal, state or local laws, rules and regulations including, but not limited to, maintaining appropriate licenses and registrations, paying all required fees and taxes, and keeping records of transactions involving Company business.
4. The Agency is in compliance and will continue to comply with its articles of incorporation, articles of organization, limited liability agreement, operating agreement, by-laws, charters and/or any related corporate governance documents.

The undersigned agrees that the Company shall have no further duty to inquire into the status and/or condition of the Agency's business structure or the Authorized Representatives. The Company shall be fully protected in taking or permitting any action in reliance on any document, information, communication, notification or report provided by any of the Authorized Representatives on behalf of the Agency, and the Company shall not incur any liability for such action. The Agency and the undersigned hereby agree to indemnify, defend and hold harmless the Company and its affiliates against all liability for losses, costs, and expenses, including attorneys' fees, which the Company may incur as a result of actions taken or not taken as the result of any document, information, communication, notification or report provided by any of the Authorized Representatives, even if such Authorized Representative is no longer so authorized at the time, *unless* the Company was previously notified of a change in the list of Authorized Representatives under Section 2 above. Nothing in this Addendum will alter or modify the Agency Agreement except as expressly stated herein.

(Signature)

Print: _____

Title: _____ Date: _____



Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____ Date: _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: _____

Signature: _____

Name and Title: _____

SCHEDULE OF FIRST YEAR AND RENEWAL COMMISSIONS

POLICY FORM	Percent of First Year Premium	PERCENT OF RENEWAL PREMIUM							
		Second Policy Year	Third Policy Year	Fourth Policy Year	Fifth Policy Year	Sixth Policy Year	Seventh Policy Year	Policy Years 8-10	11th Year+
Financial Lifeline	87%	2%	2%	2%	2%	2%	2%	2%	0%
Value Plus	75%	2%	2%	2%	2%	2%	2%	2%	2%
Ultimate Freedom	75%	4%	4%	4%	4%	4%	4%	4%	0%
Lifestyle Freedom	75%	4%	4%	4%	4%	4%	4%	4%	0%
Guaranteed Guardian (Whole Life)	75%	4%	4%	4%	4%	4%	4%	4%	0%
Additional Term Rider (Attached to FLEX LIFE PLU\$ Only)	19%	3%	3%	3%	3%	0%	0%	0%	0%
Independence Builder (SPDA)	4%	(No Renewals)							
Independence Builder (FPDA)	5%	2%	2%	2%	2%	1%	1%	1%	Thru 8th Yr only

FLEX LIFE PLU\$			
Issue Ages	Percent of First Year Target Premium	Percent of 2-10 Yr. Target Premium	Percent of 1-10 Year Collected Premium
0-40	72%	1%	1%
41-55	70%	1%	1%
56-62	60%	1%	1%

All products not available in all states. Family riders will receive commissions at the rate payable for the policy to which attached

Agent Name (Print or Type) <u>John Parker</u> General Agent Signature	Agent Signature IMO Signature Company Approval Effective Date
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<input checked="" type="checkbox"/> American-Amicable Life Insurance Company <input type="checkbox"/> Pioneer American Insurance Company <input type="checkbox"/> Pioneer Security Life Insurance Company <input checked="" type="checkbox"/> Occidental
