

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

The Manhattan Life Insurance Company Family Life Insurance Company Western United Life Assurance Company ManhattanLife Assurance Company of America

10777 Northwest Freeway, Houston, Texas 77092 PHONE: 888-441-0770 WEB: www.manhattanlife.com

CONFIDENTIAL LICENSING INFORMATION

	INDIVIDUAL	□ CORPORATION	☐ REPRESENTA	ATIVE/LICENSED ON	_Y AGENT	
Last Name		First	First Name		Middle Initial	
Cc	orporation/LLC/Partners	hip Name				
Biı	rthdate	SSN		Tax ID		
Сι	urrent Residence Addres	SS				
Te	el. No	Fax No	E-Mail		·····	
		Send Correspondence to:	☐ Residence	☐ Business		
Re	esident State Ins. Licens	se No(Attach Copy)	Driver's Lice	nse No(Attacl	n Copy)	
NF	PN No					
2. 3. 4.	Are you now or have you Do you currently have you Have you ever had you Have you ever been ch a) a felony or misder or omissions, wron b) Have you been co	YES to any of the following question ou ever been included in litigation what a debit balance with any insurance our insurance or securities license sustanged, convicted, or plead guilty or meanor involving; insurance or an integral taking of property; or bribery, for provicted of any other felony or misdestration accuracy.	ith an insurance compa company?spended or revoked? nolo contendere ("no co vestment-related busine orgery, counterfeiting or	ontest") in a domestic ontest, fraud or false state extortion?	d? YES YES YES YES YES YES YES	□ NO □ NO □ NO □ NO
	b) found that you vio	connection with any insurance oring lated any insurance-related statutes	or regulations?		YES	□ NO
6 .	 a) found you to have b) found you to have c) found you to have to do business de d) entered an order a e) denied, suspende 	atory agency or any state regulatory made a false statement or omission been involved in a violation of insurate been the cause of any insurance or nied, suspended, revoked or restrict against you in connection with any ind, or revoked your registration or lice or investment-related business, or	n or been dishonest, unitation or been dishonest, unitation or investment regarding investment-related busined?	fair or unethical? ulations or statutes? siness having its autho related activity?	YES YES rization YES YES YES YES YES	
	Have you ever been that a) alleged compensate b) was settled or decorate.	e subject of any insurance or investi atory damages of \$2,500 or more, or sided against you for \$1,000 or more ct of any complaint, investigation, or	ment-related, consumer found fraud or the wron e, or found fraud or the w	r-initiated complaint or ngful takingof property vrongful taking of prope	proceeding that: ? YES erty? YES	□ NO
	questions 1 - 7?				YES	□ NO

As part of our contracting process due diligence, several inquiries will be made including a check of state and federal court records, a credit check, a Vector One check for agent commission debit balances and a routine investigative consumer report whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. These inquiries include information concerning criminal court reports, credit history, unpaid agent commission debit balances, character, general reputation, personal characteristics and mode of living. As applicable, employment, occupation, general health, habits, residence verification and marital status may be included. You have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of this investigation. You authorize all persons—and entities to release all written and verbal information about you to Vector One, Applicant Insight Limited, Inc., Manhattan Life Insurance, Family Life Insurance Company, Manhattan Life Insurance Company of America and Western United Life Assurance Company of America, Western United Life Assurance Company, Vector One and Insight Limited, Inc. harmless from all liability and responsibility for doing so. You also authorize the procurement of an investigative consumer credit report and Vector One inquiry.

Comment Section:
I have read, understand and accept this agreement
Date
Agent (Execute if an Individual):
Sign Name:
Print Name:
AGENT (Execute if a Corporation):
Corporation Name:
Signed By:
Print Name:
Title:

☐ The Manhattan Life Insurance Company	☐ Family Life Insurance Company
☐ Western United Life Assurance Company	☐ ManhattanLife Assurance Company of America

10777 Northwest Freeway, Houston, Texas 77092

AGENT AGREEMENT

THIS AGREEMENT, dat	ted thisday of	, 20	_is between
If Individual Agent:			
	(Print Agent Name)		
If Corporation:			
	(Print Corporation Name)		

(hereinafter referred to as "Agent"), and the specific Company or Companies identified above (hereinafter each such designated Company shall be referred to as the "Company").

1. APPOINTMENT

Each designated Company appoints the Agent to solicit and procure applications for the sale of Company's insurance products shown in the attached Commission Schedule in those territories where the Company and Agent are both licensed to do business. Agent's appointment is subject to the terms, conditions and limitations of this Agreement. Agent is not appointed to sell Company's Medicare Supplement policies.

2. APPOINTMENT OF OTHER AGENTS

The Agent is authorized to refer other agents to the Company to solicit and procure insurance applications under the Agent's management and oversight (hereinafter referred to as "Other Agents"). The Other Agents must be properly licensed by the appropriate insurance regulatory authority. The Agent shall provide the referral of the Other Agents to the Company in writing by identifying the Other Agent and specifying that the Other Agent is going to solicit and procure the sale of Company insurance products under the Agent's management and oversight. The Agent shall also request the Company to code the Other Agent as being part of the Agent's hierarchy and shall obtain from the Other Agent the forms necessary to complete the contracting process.

Upon Agent's referral of an Other Agent to the Company, the Company shall determine, in its sole discretion, whether it wants to contract with the Other Agent. All contracts made with an Other Agent shall be made directly with the Company in writing on the Company's contract form which shall become effective when executed by the Company. The Company may refuse to contract with any proposed Other Agent and may terminate any contract with an Other Agent without notice to the Agent.

As used herein, the term "Agent" or "Other Agent" shall mean any person who procures, supervises, or otherwise participates in the procurement of applications for insurance products offered by the Company.

3. COMPENSATION

The Company will pay the Agent first year and renewal commissions on original premiums paid on policies written and delivered by the Agent and accepted by the Company at the percentages and for the periods and terms set forth in the attached Agent's Commission Schedule, subject to the conditions set forth herein. The Company will also pay the Agent first year and renewal commissions on original premiums paid on policies written and delivered by any appointed or assigned Other Agents as set forth in the attached Agent's Commission Schedule, less the commission earned by the Other Agent whose commission rate shall be on file with the Company. The Company will not pay first year or renewal commissions on rate increases.

If insurance in the Company is issued (replacements, conversions and exchanges) which takes the place of insurance terminated or to be terminated in the Company after the new insurance is issued, the Company reserves the right to determine the rate of commission to be allowed, if any.

If Agent's Commission Schedule rates are not shown or special rate quotations are made, rates shall be such as may be fixed by the Company.

If the Company shall return to a policyholder all or any portion of the premiums on a policy or contract, the Agent shall, upon demand, repay to the Company the correspondingly proportionate part of the commission received by him on account of such policy or contract.

The Company reserves the right to change the provisions of the Commission Schedule with thirty (30) days written notice from the Company to the Agent or Other Agent. However, any such change shall only apply to applications submitted to and accepted by the Company after such notice.

AGT-0813 (Global) Page 1 of 4 Page 6

4 GENERAL PROVISIONS

The Agent agrees to comply with all applicable insurance laws and regulations and with all the written and printed rules, regulations, and instructions of the Company now in force and such as may be hereafter adopted.

It is understood and agreed that the Agent shall be considered an independent contractor. As such, the Agent shall be free to exercise judgment as to the persons from whom applications for insurance policies and annuity contracts will be solicited and as to the supervision and direction of appointed or assigned Other Agents. No other provision of this Agreement or any rule or regulation of the Company shall be construed to abridge this freedom or create the relationship of employer and employee between the Company and the Agent.

The Agent shall maintain accurate records of transactions made on behalf of the Company in a form satisfactory to the Company. Such books and records shall be open for examination by authorized representatives of the Company and shall remain in the property of the Company. The Agent shall return all undelivered policies to the Company for cancellation in accordance with its instructions.

The Agent has no authority to receive any money on behalf of the Company except initial premiums and then only in strict compliance with the terms by the Company and within the rules of the Company. Money collected or received by the Agent for the Company shall be immediately paid over to the Company.

Without liability to the Agent, the Company shall have the right to make changes in its method of conducting business; to make other appointments in the area as from time to time may seem to the Company to be desirable, and to discontinue writing all or any part of its business in any jurisdiction.

The Company shall have a prior lien on any and all sums of money due or to become due to the Agent under this or any prior Agreement with the Company for any indebtedness, obligation or liability of the Agent to the Company; and the Company may at any time offset against such sums of money the amount of any such indebtedness, obligation or liability.

It is understood that any "advance" or "commission advance" made by the Company to the Agent or an Other Agent from whom the Agent receives an override shall be a loan which shall create an indebtedness of the Agent to the Company repayable upon demand. The Company can require an immediate repayment of such indebtedness regardless of whether or not future compensation payable to the Agent appears to be adequate to offset such indebtedness.

In the event the Company is required to pursue collection procedures in order to collect any indebtedness, the Agent agrees to be liable for any and all Company expenses incurred by the Company.

No assignment of compensation accrued or to accrue under this Agreement shall be valid as against the Company unless authorized in writing by the Company.

The Agent and any appointed or assigned Other Agents under the Agent shall have no authority to make, alter or modify any policy or receipt, nor to waive a forfeiture or any provision or condition of any policy issued by the Company, nor to incur any liability on behalf of or against the Company, except as expressly provided herein or otherwise authorized in writing by the Company.

The Agent is not authorized and agrees not to publish, issue or circulate any advertising material, circular or pamphlet relating to the Company or its products unless the same shall have been approved in writing by an officer of the Company.

The failure of the Company to exact strict compliance with the terms of this Agreement or the failure to declare any default when the same shall become known to it, shall not operate as a waiver of such terms nor release the Agent from the obligation to perform this Agreement strictly in accordance with its terms.

All accounts and policyholders are considered to be accounts of the Company and not the Agent.

The Agent authorizes the Company to furnish information, upon inquiry from any person, regarding the Agent's record with the Company, personal character, habits, ability, or cause of leaving the service of the Company. No liability shall be incurred by the Company for release of such information.

It is agreed that this contract shall be interpreted and governed by the laws of the state of Texas.

5. PROHIBITED ACTS

Agent shall not, during the term of this Agreement or any time after the termination of this Agreement, directly or indirectly: Divulge or disclose the names of the Company's policyholders and accounts to any other person, firm or corporations; or Seek to induce, promote or encourage any Company policyholders to relinquish or discontinue their Company policies. The items listed in A and B shall be referred to herein as the "Prohibited Acts".

In the event Agent engages in any of the Prohibited Acts, whether during the term of this Agreement or post-termination, Agent shall forever forfeit all rights to be paid any first year or renewal commissions and such commissions shall revert to the Company.

AGT-0813 (Global) Page 2 of 4

6. TERMINATION

The Company shall have the right to immediately terminate this Agreement if the Agent, either directly or indirectly, by himself or as the agent of another engages in any of the following:

Engages in any of the Prohibited Acts described in Section 5; or

Wrongfully withholds any funds, policies, premium receipts or other property of the Company or an applicant for insurance; or Violates the insurance laws or regulations of any state in which the Agent solicits applications.

This Agreement shall automatically terminate upon the death of the Agent if the Agent is an individual, the dissolution of the partnership if the Agent is a partnership, or the dissolution of a corporation, if the Agent is a corporation.

Termination of this Agreement shall automatically terminate any previous agreement between the Company and the Agent. If requested, the Agent shall return to the Company at his own expense all rate books and other supplies furnished the Agent which shall remain the property of the Company.

This Agreement, unless otherwise terminated as provided above, may be terminated either by the Company or the Agent by giving the other party thirty days notice in writing at the last known address of such other party.

7. COMMISSIONS AFTER TERMINATION

If this Agreement is terminated under Section 5 or 6A, Agent shall forever forfeit all rights to be paid any first year or renewal commissions and such commissions shall revert to the Company. No additional first year or renewal commissions will be paid to Agent.

Except as set forth in Sections 5 and 6A, if this Agreement is terminated, the Agent shall receive vested commissions with respect to premiums paid to and accepted by the Company on and after the effective date of such termination, as follows:

- On business written by the Agent and his or her appointed or assigned Other Agents, the commission will be paid as provided in the Commission Schedule attached hereto.
- On business written by the Agent and his or her appointed or assigned Other Agents prior to the date of this
 Agreement, the commission will be paid as provided under the terms of any previous Agreements, except as otherwise
 provided in the Commission Schedule.
- The commission shall be payable only so long as the total compensation payable exceeds \$600.00 for the calendar
 year. If the total compensation payable hereunder is less than \$600 for the calendar year, the Agent shall forever
 forfeit all rights to be paid any additional compensation and such compensation shall revert to the Company.
- In case of the Agent's death, vested commission payments (pursuant to this subsection B) will be made to the surviving spouse or to the estate of the Agent when there is no surviving spouse so long as the total compensation payable exceeds \$600.00 on a calendar year basis.

8. PRIOR AGREEMENTS

This Agreement replaces all prior verbal or written agreements between the Company and the Agent for all business written by the Agent and Other Agents assigned to Agent except for any agreements pertaining to the sale of Medicare Supplement. All first year and renewal commissions on business written under any prior Agreement will be paid in accordance with the provisions of that Agreement. All prior Agreements are otherwise terminated.

9. ARBITRATION

- **A.** Any and all controversies, disputes, or claims arising out of or relating in any manner to this Agreement or the relationships resulting from this Agreement, including, but not limited to, issues relating to the commissions payable hereunder (a "Dispute"), whether based on or arising from a breach of contract, tort, equity, or seeking any other form or type of remedy under any state or federal constitutional provision or amendment, statute, regulation, court or administrative decision or other law, as well as any question regarding whether a particular controversy is subject to arbitration, shall be submitted to binding arbitration as provided herein.
- B. The Company and Agent agree to reasonably and diligently attempt to reconcile their differences in good faith promptly by negotiations. If they are unable to resolve a Dispute within ten (10) days (the "Negotiation Period"), the Company and Agent agree such Dispute shall be settled solely and exclusively through binding arbitration. The parties intend this Section to be enforceable in accordance with the Federal Arbitration Act (9 U.S.C. Section 1, et seq.), including any amendments to that Act which are subsequently adopted, notwithstanding any other choice of law provision set forth in this Agreement. In the event that either party refuses to submit to arbitration as required herein, the other party may request a United States Federal District Court Houston Division to compel arbitration in accordance with the Federal Arbitration Act. Both parties consent to the jurisdiction of such court to enforce this article and to confirm and enforce the performance of any award of the arbitrators. To initiate arbitration, either party shall notify the other in writing of its desire to arbitrate, stating the nature of the dispute and the remedy sought, and designating an arbitrator (the "Arbitration Demand"). The party to which the Arbitration Demand is sent shall respond thereto in writing within thirty (30) days of its receipt. In such response, the responding party shall also assert any claim, defense and other dispute it may have against the party initiating arbitration and designate its arbitrator. If the second party fails to respond within the time period set forth in this Section, or fails to designate its arbitrator in its response, the party initiating arbitration shall appoint a second arbitrator. The two arbitrators shall select a third arbitrator within thirty (30) days of the designation of the second arbitrator. If they are unable to agree upon the selection of the third arbitrator, they shall,

AGT-0813 (Global) Page 3 of 4 Page 8

within such period, each name three (3) individuals of whom the other shall decline two (2), and the decision of the third arbitrator shall be determined by drawing lots from the two remaining designees. All arbitrators shall be active or retired officers of life or health insurance companies and be unaffiliated in any way with the parties and disinterested in the outcome of the arbitration. The arbitrators shall have the power to determine all procedural rules for the conduct of the arbitration. The arbitrators' powers shall also include all legal and equitable remedies, including, but not limited to, money damages, declaratory relief, and injunctive relief. The decision, in writing, of the arbitrators shall be final and binding upon both of the parties. Judgment may be entered upon the final decision of the arbitrators in any court having jurisdiction in deciding the dispute, the arbitrators shall be bound by, and shall faithfully apply, the laws of the State of Texas. The arbitrators are not empowered under any circumstances to award punitive or treble damages, whether at common-law or statutory in source.

- **C.** The arbitrators shall award the prevailing party in any arbitration all of its reasonable expenses incurred, including, without limitation, attorney's fees. The non prevailing party shall pay the prevailing party's reasonable expenses and attorney's fees within ten (10) days of entry of judgment. The parties agree to abide by all decisions and awards rendered in the arbitration. Such decisions and awards rendered by the arbitrators shall be final and conclusive.
- **D.** This arbitration provision is binding upon and inures to the benefit of, the parties and any other person or entity related to or affiliated with the parties, including, but not limited to, the parties' successors, beneficiaries, assigns, trustees, relations, heirs, dependents, officers, directors, contractors, employees, servants, or agents. This arbitration provision will survive any termination, cancellation, revocation, rescission, or performance of the transactions between the parties.
- E. The parties voluntarily and knowingly choose arbitration instead of litigation to resolve any and all controversies, disputes or claims as provided in this provision. The parties understand that the parties have a right or opportunity to litigate disputes through a court, but prefer to resolve their disputes through arbitration. The parties voluntarily and knowingly waive any and all rights they have to a jury trial pursuant to any state or federal constitutional provision or amendment, statute, regulation, court or administrative decision or other law. Agent agrees to waive any class action or collective action against the Company under this provision.

Executed by the Company and the Agent to be effective on the date:				
nature if contracting as an individual) Date				
PORATION				
tly guarantee the full and faithful performance and discharge of al d indebtedness				
				
anies designated above, and waive notice of any breach in the				
Signature Officer or Principal Name) Date				
Date				
- r				

ATTACH THE CREDIT CARD AUTHORIZATION FORM, FOR YOUR CONTRACTING FEES:

Check which states you wish to become appointed.

Resident	State	Fee	Non-
			Resident
	Alabama	\$40.00 Individual/Agency	
	Arizona	No Fee	
	Arkansas	No Fee	
	California	\$32.00 Individual/Agency	
	Colorado	No Fee	
	Connecticut	\$20.00 Individual/Agency	
	District of	\$25.00 Individual/Agency	
	Columbia		
	Delaware	\$25.00 Individual/Agency	
	Florida	\$60.00	
	Georgia	\$16.00	
	Hawaii	No Fee	
	Idaho	No Fee	
	lowa	\$10.00 Individual/Agency	
	Illinois	No Fee	
	Indiana	No Fee	
	Kansas	\$5.00 Individual/Agency	
	Kentucky	\$40.00 Resident	
		\$50.00 Non-Resident	
		Business/Resident \$100.00 Business	
		Non-Resident \$120.00	
	Louisiana	\$30.00 Individual/Agency	
	Maine	\$30.00 Resident Individual/Agency	
		\$45.00 Non-Resident	
		Individual/Agency	
	Maryland	No Fee	
	Massachusetts	\$75.00 Individual/Agency	
	Michigan	\$5.00 Individual/Agency	
	Minnesota	\$30.00 Individual/Agency	
	Mississippi	\$25.00 Individual/Agency	

Missouri	No Fee	
Montana	No Fee	
Nebraska	\$10.00 Individual/Agency	
Nevada	\$15.00 Individual/Agency	
New Hampshire	\$25.00 Individual/Agency	
New Mexico	\$20.00 Individual/Agency	
New Jersey	\$25.00 Individual/Agency	
New York	No Fee	
North Carolina	\$10.00 Health/\$10.00 Life	
North Dakota	10.00 Individual/Agency	
Ohio	\$15.00 Health/\$15.00 Life	
	Individual/Agency	
Oklahoma	\$30.00 Individual/Agency	
Oregon	No Fee	
Pennsylvania	\$15.00 Individual/Agency	
South Carolina	No Fee	
South Dakota	\$10.00 Resident Individual/Agency	
	\$20.00 Non-Resident	
	Individual/Agency	
Tennessee	\$15.00	
Texas	\$10.00 Health/\$10.00 Life	
	Individual/Agency	
Utah	No Fee	
Vermont	\$60.00 Individual/Agency	
Virginia	\$10.00 Health/\$10.00 Life	
	Individual/Agency	
Washington	\$20.00 Individual/Agency	
West Virginia	\$25.00 Individual/Agency	
Wisconsin	\$16.00 Resident	
	\$40.00 Non-Resident	
	Individual/Agency	
Wyoming	\$15.00 Individual/Agency	

The Manhattan Life Insurance Company Family Life Insurance Company Western United Life Assurance Company ManhattanLife Assurance Company of America

10777 Northwest Freeway, Houston, Texas 77092

I authorize The Manhattan Life Insurance Company, Family Life Insurance Company, Western United Life Assurance Company, and Manhattan Life Assurance Company of America (hereinafter the "Company") to electronically deposit my Commissions directly into the financial institution(s) of my choice as specified below. I understand that my earnings advice will electronically post to Agent Portal or Agent Resource Center. I also authorize the Company to withdraw electronically from my account(s) any sum credited in error.

I understand that in the event I incur a commission debt to the Company, it will not debit my account without prior permission from me.

This authorization will remain in effect until I provide the Company written notice of its revocation and the Company has adequate time to process the appropriate transactions.

I understand the Company is providing this without charge, and the Company will not be held liable for any claims or damages arising, directly or indirectly, from this deposit arrangement.

Please Check Box: ☐ New (A voided check or statement conta and bank account number is recomn	aining pertinent banking information, such as bank transit/routing number		
Account Type:	☐ Savings		
Deposit Account Bank Name			
	Account No		
Agent No.:			
	Phone No.:		
Please print name and title of autho	prizing party		
Signature of authorizing party (REQU	UIRED) Date		
Return completed form to:			
VBCommissions@ManhattanLife.com and/or			
VBContracting@ManhattanLife.com	VBContracting@ManhattanLife.com		



(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	I Name (as snown on your income tax return). Name is required on this line; do not leave this line blank				
	2 Business name/disregarded entity name, if different from above				
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
e.	single-member LLC	☐ Trust/estate	Exempt payee code (if any)		
ફ	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne				
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)			
Ę	Other (see instructions)	1011	(Applies to accounts maintained outside the U.S.)		
See Spe	5 Address (number, street, and apt. or suite no.) See instructions. Requester's in the face instructions in the face instruction in the face in t		e and address (optional)		
Š	6 City, state, and ZIP code				
	7 List account number(s) here (optional)				
Par	Taxpayer Identification Number (TIN)				
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a		curity number		
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>					
TIN, la		or			
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name	and Employer	identification number		
Number To Give the Requester for guidelines on whose number to enter.			-		
Par	t II Certification				
Unde	r penalties of perjury, I certify that:				
 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 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 ar	n a U.S. citizen or other U.S. person (defined below); and				
4. The	I. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.				
Certif	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 for Part II, later.

U.S. person ▶ **General Instructions**

Signature of

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

Sign

Here

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

 □ Manhattan Life Insurance Company □ Family Life Insurance Company □ ManhattanLife Assurance Company of America □ Western United Life Assurance Company □ Standard Life and Casualty Insurance Company □ ManhattanLife of America Insurance Company 		□ Corporation/LLC □ Individual
Persistency Sens	itive Advance/Loan	Agreement
specific Company or Companies identified above (hereinafter referred to as the "Company"). This Agreement will be effective on the date shown on page 4 of this Agreement. This Agreement sets forth the terms under which the Company will advance funds to Agent against future commissions Agent expects to earn on new policies paid after the effective date. This Agreement is supplemental to and made a part of other any other contracts and agreements entered into by and between Agent and the Company. Please check the appropriate box to acknowledge the advance percentage for each company you are contracted with:		(hereinafter, "Agent") and the Company"). This Agreement will be sets forth the terms under which the to earn on new policies paid after the ther contracts and agreements entered
	Health Policies	
ManhattanLife Assurance Company Advance □ 25% □ 50% □ None □ 25% % Western United Life Assurance Advance % □ 25% □ 50% □ None □ 25% Standard Life and Casualty Advance % □ 25% □ 50% □ None □ 25%		□ None □ 25% □ 50% □ None □ 25% □ 50% □ None □ 25% □ 50%
1. All sums advanced to Agent by the Company shall constitute a loan to Agent, which Agent agrees to repay to the Company in accordance with this Agreement. All sums advanced to Agent may be referred to herein as "Advanced Funds".		
2. Agent agrees that all Advanced Funds shall be due and payable upon written demand or, if no demand is made, the Advanced Funds shall be repaid by applying future monthly commissions earned and due to Agent against Agent's outstanding principal and interest balance.		
3. Interest will accrue on Advance Funds owed by Agent at a rate of one point three nine percent (1.39%) per month. Interest shall be added to Agent's outstanding monthly balance.		
4. The unearned portion of any advance from a lapsed policy or from a policy with its premium more than 65 days past due will be deducted from Agent's next commission statement. Any termination or modification of all or part of a policy or its premium which results in the Company not receiving all the policy premiums during the first year as originally issued may result in a reduction in future advance payments and charge backs to Agent's commission statement.		
 5. Advances will be based on annualized comm type of business at a percentage to be communicated to Individual Coverage-Payroll & Bank Draft Group Disability Group Accident Life No advances on Group Plans other than Group 	to agent and is subject to cha	

through automatic direct deposit into Agent's designated checking or savings account. Additional forms are required to arrange for direct deposit. Advances on life policies are generated after the application has been accepted, underwriting requirements have been completed, and the policy has been issued. The maximum advance amount on any one life policy is \$1,000 unless a lower amount is specified otherwise by a Marketing Director. No advance will be paid on universal life excess premium.

Advances will be made to the Agent on a weekly basis. If daily advances are preferred, they will be provided

The Company reserves the right to advance a specific dollar amount to Agent (a "Flat Advance") without the advance being based on unearned annualized premiums. In the event the Company agrees to make a Flat Advance to Agent, Agent agrees to pay the Flat Advance on written demand, or if no demand is made, the Flat Advance shall be repaid by applying future monthly commissions earned and due to Agent against Agent's outstanding principal and interest balance on the Flat Advance. The Flat Advance will accrue interest as set forth in paragraph 3, above.

7. **General**

- **A.** No advance will be made on business written on Agent's life or on members of Agent's immediate family, policies for which only partial payment is made, or any replacement/conversion policies.
- **B.** The obligation of the Company to make advances pursuant to this Agreement may be terminated at any time.
- C. If Agent's Contract and Agreements with the Company are terminated for any reason while this Agreement (which is an Amendment to Agent's Contract) is in effect or if Agent fails to comply with any of the conditions or requirements of this Agreement, this Agreement shall automatically terminate and all funds advanced shall immediately become due and payable to the Company. Agent shall automatically forfeit to the Company all of his or her rights to all present and future compensation from the Company until all advanced funds are repaid in full. In the event the Company is required to pursue collection of any unpaid advanced funds, Agent agrees he/she will be liable for any and all collection costs and expenses incurred, including attorneys' fees and court costs. This Agreement shall be construed under and in accordance with the laws of the State of Texas and if any litigation should ensue as a result of this agreement, venue will be in the appropriate court in Harris County, Texas.
- **D.** Agent hereby grants to the Company a security interest in and to any and all commission sums or accounts which are, or may become due or owing in the future, to secure any loan or advance made by the Company to Agent.
- **E.** The Company will establish the advance percentage, the advance limits, the applicable advance duration, and the applicable plans to which it will agree to advance. The Company may change the advance percentage, advance limits, advance duration, and applicable plans at its discretion with notice to you and/or your Marketing Director. The Company reserves the right to decline advances on conversion policies (policies that the agent previously received advances). Additionally, the Company reserves the right to terminate future advances with written notice.
- **F.** Agents with outstanding Advanced Funds cannot assign their commissions to another agent.
- **G.** The Company is a reporting member of Vector One. Upon your termination, should you have an unpaid commission debit balance, we will report such debit to Vector One. You may contact Vector One at 800-860-6546, if you feel a report was made in error.

AGENT (execute if an Individual)

Signed By:	
Print Name:	
Date:	-
Address:	

Signed By:
Print Name:
Title:
Entity:
Date:
Address:
PERSONAL GUARANTY OF PRINCIPAL FOR CORPORATION/LLC AGENT
The undersigned,
Signed By Guarantor:
Print Name:
Date:
Address:
PERSONAL GUARANTY OF MANAGING GENERAL AGENT
The undersigned, Sharon Alford (hereinafter, "Guarantor"), hereby unconditionally and irrevocably guarantees the prompt payment of the funds advanced to the above named Agent, plus interest on the funds advanced, whenever the same shall become due. Guarantor has entered into this guaranty in consideration for and to induce the Company to advance funds to Agent. In the event Agent defaults in the payment of Advanced Funds when due, the Company shall be entitled to proceed first and directly against the Guarantor to collect the amounts owed without proceeding against Agent and/or the Company may apply any earned commissions due to Guarantor against any outstanding amount advanced to Agent until the outstanding balance is paid in full. In the event there are two guarantors, Guarantor acknowledges his/her guaranty is joint and several.
MANAGING GENERAL AGENT (execute if an Individual)
Signed By Guarantor: Thoran alba
Signed By Guarantor:
Print Name: Sharon Alford
Address: 11885 ANDERSON RD., WILLIS, TX 77318
11000 ANDLINGUIA IND., WILLIO, 1A 11010

AGENT (execute if an Entity)

unconditionally and
unconditionally and
gent, plus interest or nto this guaranty in Agent defaults in the d directly against the apany may apply any until the outstanding her guaranty is join



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.

satisfied or otherwise removed.		
BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENT	rs):	
(A) Authorize the Company to use My Inform balance screening, and periodic commission related debit balance following the engagement of any employment, appointment, contract, Check.		
(B) Authorize the Company to consider the order to determine my eligibility to be contracted and appointed or d insurance producer.	results of the commission related debit balance screening in letermine my eligibility for advancement of commissions as an	
(C) Authorize and direct Vector One to recedusclose and furnish the results of my commission related debt verification.	eive and process My Information as necessary to intentionally ation screening, whether directly or indirectly, to the Company.	
(D) Authorize the Company to submit My Info or expiration of my engagement with the Company, whether volumbalance is owed to the Company.	ormation to the Debit-Check service in the event of termination tary or involuntary, to the extent a commission related debit	
(E) Authorize and direct Vector One to rece any Debit-Check subscriber who submits an inquiry utilizing My Info screening, which will contain My Information, to the extent a debit ba		
Agent/Agency Printed Name:		
Signature:	Date:	
FOR COMPANY USE ONLY		
AGREED AND ACKNOWLEDGED BY COMPANY:		
Name of Company:		

Signature:

Name and Title:

MANHATTAN LIFE INSURANCE & CENTRAL UNITED LIFE INSURANCE COMPANY

HOUSTON, TEXAS

Agent II Commission Schedule

Health and Disability Products	1st Yr. %	Renewal %
24 Hour Accident, Voluntary Group Accident	25	3
24 Hour Accident in AZ Only	32.5	3
Affordable Choice	22	4
Critical Protection CPR- Critical Illness	35	7
Group Dental, Group Vision	6	6
Dental, Vision, Hearing	35	4
Central Income Security DI	35	8
Disability Income-Group	35	8
CP4000 CancerCare,		
FOB-First Diagnosis Riders to age 69	50	8
Intensive Care, Heart/Stroke	50	8
PAID Personal Accident & DI Rider	50	8
Hospital Indemnity	10	10
Out-Of-Pocket Protection Plan	25	4

First year commissions and renewal commissions shall be calculated according to the above percentages by product type sold. The first year commission and renewal commission percentages shown in the schedules of commission are percentages of the original premium received and accepted for policies written for Family Life Insurance Company, Central United Life Insurance Company, Manhattan Life Insurance Company and Investors Consolidated Insurance Company.

First year commissions are paid for the first 12 months of the policy, beginning on the effective date of the policy. Renewal commissions are paid after the one year anniversary of the policy. For flexible premium universal life plans, the date the premium is posted is used to determine the policy year the premium is applied and the corresponding commission percentage. Commissions are not paid on premiums waived, suspended, or paid under automatic premium loan provisions.

Commissions for policies with a special class premium or resulting from a policy conversion, replacement or other form of policy change will be determined by the Company. The rated up portion of the policy premium is not commissionable.

Any change to the above schedules will be applicable only to policies issued on applications received more than fifteen (15) days after notice of such change has been mailed to the agent's last known address on file with the Company.

For any lapsed policy which is subsequently reinstated, the Company is relieved of any further commissions due for the policy unless the reinstatement application was procured by the agent.

MANHATTAN LIFE INSURANCE & CENTRAL UNITED LIFE INSURANCE COMPANY

HOUSTON, TEXAS

Commissions will not be paid on premiums paid to or deposited with the Company in advance of when such premium is due and is paid according to the premium due dates specified in the original policy.

Commission on the total premiums for any policy to which a term rider is attached shall be at the rates in the schedule for the base policy without the rider.

The agent writing the policy shall be entitled to first year and renewal commissions as provided in the above schedules except when the policy has been transferred to another agent for any of the following reasons:

- Another agent rewrites a policy.
- Another agent reinstates a lapsed, cancelled or terminated policy.

In the absence of specific information to the contrary, the books, records, accounting and statistical procedures of the Company shall control in determining all matters in connection with the above schedules of commission.

Date:	
Agent Name:	Signature:
Approved:	Date:

CENTRAL UNITED LIFE