



Agent Contracting

**Please complete the following contracting package and FAX to
866-866-2232 (toll-free) or 732-521-5113**

**AnnuityCommissions.com
28 Harrison Ave.
Bldg. D, Suite 209
Englishtown, NJ 07726**

Phone: 866-866-1106 (toll-free)

**If you have any questions or changes to existing contracts, please contact
Hersh Stern at 866-866-1106.**

www.annuitycommissions.com

Application for Agent Appointment



To sell life insurance or annuity products of Aviva Life Insurance Company ("Aviva" or "the Company") an agent must first be properly licensed and then appointed by Aviva in the state in which the business will be written. This form is designed to expedite this process.

Section 1: Agent/Agency Completes

Agent or Agency Name		Social Security Number	Taxpayer ID Number
DBA Name		Principal's Name (if applicant is corporate entity)	
Residence Address (Number & Street, City, State, Zip Code)			
Business Address (if different) (Number & Street, City, State, Zip Code)			
Mailing Address (if different) (Number & Street, City, State, Zip Code)			
Date of Birth (Month/Day/Year)	Gender	Phone Number	Fax Number
	___ M ___ F	()	()
Email Address (Required for Appointment)			
Direct Deposit Information (Required for Appointment) - Please complete the following information AND attach a void check			
Bank Name and Address			
Bank Account Number		Bank Routing Number	

Section 2: General Agent/Supervisory Agent Completes

General Agent/Supervisory Agent	Agent Code
Hersh Stern (MGA)	SNAAA

Section 3: States in which Appointments are Requested (Attach Copies of Licenses)

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Section 4: Background Information (Agent Completes)

PLEASE NOTE: The Violent Crime Control and Law Enforcement Act of 1994, Title 18 U.S. Code Section 1033, prevents "Prohibited Persons" from engaging in the business of insurance. Under this statute, a person convicted of a Federal or State felony may be a prohibited person.

If you answer "Yes" to any of the following questions, please provide full details.

- Have you ever been convicted of, or pled guilty or no contest to, a federal or state felony?..... Yes No
- Is there currently a criminal investigation or proceeding in which you or your insurance agency are involved?..... Yes No
- Do you intend to use any sales or training materials, including seminars, direct mail, etc.?..... Yes No

<ul style="list-style-type: none"> • Are you NASD Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the box to the right: 	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Name of Broker/Dealer</td> <td style="width: 30%;">Your CRD Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Name of Broker/Dealer	Your CRD Number		
Name of Broker/Dealer	Your CRD Number				

- Are you currently indebted to any insurance company, ever filed for bankruptcy, or had any federal, state, or other liens against you? Yes No
- Have you ever had an appointment terminated by any company for cause, or ever been notified in writing that you were the subject of a consumer complaint or internal investigation?..... Yes No
- Are there any judgements, suits, pending actions or proceedings currently in process, or has any state or federal authority (including state Insurance Department, SEC or NASD) ever taken any disciplinary action against you or any business entity of which you were a principal? Yes No
- Have you ever been terminated or denied appointment with Aviva or any of its predecessors or affiliates?..... Yes No
- Are you currently covered by Errors & Omission Insurance?..... Yes No
(Attach a copy of the Specification page indicating a minimum of \$1 million coverage from a company with an AM Best rating of A or better.)
- Has a claim ever been made against your E&O coverage?..... Yes No
If you have ever made an E&O claim, attach a separate sheet with the details.

Section 5: Employment/Occupation History History must cover past 5 years. Attach a separate sheet if necessary.

From _____	To _____	Company Name _____	Position _____		
Contact Person _____		Street Address _____	City _____	State _____	Zip Code _____
From _____	To _____	Company Name _____	Position _____		
Contact Person _____		Street Address _____	City _____	State _____	Zip Code _____

Section 6: Certifications and Authorization to Obtain and Disclose Information

I understand and agree that as part of the Aviva agent appointment process, and in order to maintain my appointment in good standing, a background investigation may be conducted by a consumer reporting agency to verify the information in the Appointment Form or at any time during the term of my appointment. This investigation will include one or more consumer reports and may include one or more investigative consumer reports. The consumer report may include, but is not limited to, verification of my educational background, prior employment records, military records, credit history and criminal records, obtained, in whole or in part, through personal interviews with neighbors, friends, associates and acquaintances who may have knowledge concerning any such items of information.

I understand that a notice of the investigative consumer report may be provided to me. I may make a written request for additional information concerning the nature and scope of the investigation requested of the consumer reporting agency by Aviva. I understand that if adverse action is to be taken against me in whole or in part due to the results of the above-referenced consumer report or investigative consumer report, such report(s) will be made available through the consumer report provider under the Fair Credit Reporting Act, as amended. I further understand that I may have additional rights under applicable state law. **Pursuant to Section 604(b) of the Fair Credit Reporting Act, this serves as formal notice that a consumer report may be obtained by Aviva in connection with your application for appointment.**

I hereby authorize all companies, agencies, broker/dealer corporations, credit agencies, current and former employers, educational institutions, federal and state courts (civil and criminal), law enforcement agencies and all other persons to release and forward to Aviva and its consumer reporting agency any and all information, references and records sought in connection with any request for a background investigative report. I hereby release the above-referenced entities, the consumer reporting agency, Aviva and any of its affiliated companies (and any of its or their current or former agents, directors, employees, officers and representatives) from any and all liability that may arise directly or indirectly from seeking or providing this information or complying with this request.

I acknowledge that telephone conversations with Aviva may be recorded and/or monitored in order to maintain quality service and consent to same. Any photocopy of this authorization shall be as valid as the original. This authorization shall remain valid during the appointment process and for such time as my appointment with Aviva is active. I understand that the information contained in this Appointment Form will be used to determine my eligibility for appointment as an Agent with Aviva and for other purposes related to my appointment as Aviva may determine in its sole discretion. If appointed, I agree to comply with all policies and procedures of Aviva and understand that all commissions, service fees or other compensation may be paid directly to the General Agent/Supervisory Agent. I hereby certify that all information contained in the Application for Agent Appointment Form is true and complete.

Signature of Applicant Agent _____ Date _____

Section 7: Code of Conduct Agreement

I have read the Company's Market Conduct and Compliance Practices "Doing Business With Us Guide" as provided by my MGA and certify that I understand, and will comply with, the Company's policies, procedures, and code of ethical market conduct.

By signing below, I acknowledge that I will make recommendations and present products consistent with the insurance needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and Company procedures; I will communicate any client concerns or complaints to the Company in a timely manner and will notify the Company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company's products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

Signature of Applicant Agent _____ Date _____

Section 8: Acknowledgement of the Review of, And Agreement To, the Agent Contract and Compensation Schedules

Applicant Agent's Compensation Schedule(s) and Contract Type (to be completed by MGA/Upline Agent):

Life (Color): Blue Annuity *Non-TSA* (Color): Blue TSA (Color): _____

Contract Type (e.g. Level): general agent

I hereby certify that I have read and reviewed all information submitted by the Applicant Agent and, to the best of my knowledge and belief, all such information is in accordance with Aviva's published policies and procedures. I hereby recommend this agent for appointment with Aviva. I have not met agent (app by internet)

MGA Signature: *Heish Stern* Date: _____

Upline Agent Signature: _____ Date: _____

SHORT FORM AGENT CONTRACT

By execution hereof, the Applicant Agent hereby acknowledges that he/she/it has received, read and understands the Terms Details to the above-referenced Contract Type ("Agent Contract") and Compensation Schedule(s), which are incorporated by reference herein, and agrees to be bound by their terms and conditions, as such Agent Contract and Compensation Schedule(s) are amended from time to time.

Written notification of appointment of the Applicant Agent by the Company will constitute agreement by the Company to abide by and be subject to all of the terms and conditions set forth in the Agent Contract and the Compensation Schedule(s).

If Agent is an Individual:

Print Name: _____

Signature: _____

Date: _____

If Agent is a Business Entity:

Financial Guaranty:

The undersigned individual(s) hereby unconditionally, jointly and severally, guarantee the full and faithful performance of each and every obligation of Applicant Agent under this Contract. The undersigned waives notice of acceptance, presentation and protest and any other notice with respect to obligations guaranteed hereby.

Print Name of Business Entity:

Blue

The Authorized Signatory(ies) below represent and warrant that he/she/they have the necessary authority on behalf of themselves, and any stockholders, officers, directors, members and principals of the above-noted Business Entity, to sign below and bind the Business Entity to the Agent Contract and Compensation Schedule(s).

By its Authorized Signatory(ies) (attach additional sheets if necessary):

Print Name: _____ Signature: _____

Date: _____

Print Name: _____ Signature: _____

Date: _____

Please be sure to send this completed form, along with all required attachments, to Aviva at the address noted below.

Note: Your appointment will be effective only upon written notification by the Company. Agents must be appointed with Aviva prior to soliciting any Aviva product, except where expressly permitted by state law. In such states, agents may solicit Aviva products prior to appointment, but only in compliance with the applicable law. Aviva expressly reserves the right to refuse or reject any application submitted prior to appointment.

Aviva Life Insurance Company
108 Myrtle Street, North Quincy, MA 02171
(800) 225-8073
Fax: (617) 405-6456
www.avivausa.com

Producer: _____ Contract Date: _____

This Contract is made between the Aviva Company affiliate(s) listed on your Producer Contract Application for which you applied and its predecessors, successors and/or assigns (“we” and “us”) and the person, firm or corporation named above.

1. Appointment

We hereby appoint you to act as our independent producer, subject to the terms and conditions stated below, to procure applications for the insurance products described in the attached addendums. You are authorized to solicit only those insurance products where the products have been approved for sale by the respective state insurance authority and you have been properly licensed. You agree to comply with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc. that we publish from time to time. You agree to make reasonable efforts to determine the insurable needs and/or financial objectives of the customer based upon relevant information obtained from the customer and enter into transactions that assist the customer in meeting their insurable needs and/or financial objectives including, but not limited to, conducting an insurance suitability analysis as may be required by law or Company practice. You may not apply as an owner of any insurance policy on the life of a prospective customer, nor list yourself as beneficiary of any such policy, unless you have a legitimate insurable interest in the life of the proposed insured as determined by appropriate law and by us. You may not make any representations, promises or warrants regarding product benefits or values not specifically stated in the insurance contract. This includes any statements that insurance current contract dividends or interest, or any contract values based on current dividends or interest, are guaranteed. This also includes any statements regarding the future projected values of any insurance product. You agree to notify us upon receipt of any customer complaint you or any of your sub-producers receive concerning you or any of your sub-producers, or us or any of our products in accordance with any complaint handling policy, procedure or guideline as we may publish from time to time. You also agree to give your full and complete cooperation in responding to any customer complaint or inquiry and will promptly respond, in writing, if and when we so request. You may not give any legal, investment or tax advice on our behalf unless licensed to do so.

2. Independent Contractor

You are our independent contractor. Nothing contained in this Contract may be construed to create an employer-employee relationship between you and us. You are free to exercise independent judgment as to the time, place and manner you may perform the acts you are authorized to perform under this contract; but from time to time we may proscribe certain rules, policies, guidelines and operating procedures with respect to the conduct of business by which you must abide. You have no authority, express or implied, to act in any manner or by any means for or on behalf of us in any capacity other than that of an independent contractor, and you have no authority to act in any manner except as herein expressly set forth. No authority may be implied from the authority expressly granted herein. All applications for insurance contracts must be acceptable to us in our sole discretion and our right of acceptance or rejection is absolute and unrestricted. For commissions paid on all premiums, you are an independent contractor and are responsible for withholding and reporting any and all taxes, such as federal, FICA, state withholding and any local self-employment taxes on your commissions.

3. Authority over Producers

You have authority to recruit and recommend to us individuals to be appointed as our producers. No recommendation or application for appointment or contract will be effective until approved by us at our home office. You may designate producers on whose production you are to receive compensation from us, in a form that is acceptable to us. You are responsible for the activities of any such producers on whose production you are entitled to receive and/or have received compensation from us (referred to as “your producers”). You are responsible for providing proper and adequate supervision and training of your producers, and for such producers’ compliance with the terms and conditions of their contracts with us and with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc. that we publish from time to time. You are responsible for all tax reporting that may be required with respect to your producers, including any withholding and reporting such as federal, FICA, state withholding and any local self-employment taxes.

4. Company’s Exclusive Authority

Only we have the authority to change any of the terms, rates or conditions of our contracts or policies. You, on your own behalf or on behalf of your producers, have no authority personally or on our behalf to make, modify or waive any of the terms



or conditions of any insurance contract; to bind us by making any promise or by accepting any representation or information not contained in an application for an insurance contract; or to incur any obligation or liability for which we shall be responsible. We may at our discretion:

- a. Modify or amend any insurance contract;
- b. Set maximum and minimum limits on the amount for which any insurance contract may be issued;
- c. Modify the conditions under which any insurance contract may be sold;
- d. Discontinue or withdraw any insurance contract from your state(s);
- e. Cease doing business in your state(s);
- f. Establish rules governing the commissions to be paid on any insurance contract which has been reinstated, converted or has replaced an existing insurance contract;
- g. Determine the amount of commissions to be paid on insurance contracts not enumerated herein;
- h. Make charges for rejected, undelivered or reissued insurance contracts;
- i. Audit the sales and marketing business practices of you or any of your producers, which may include onsite audits.

5. License

Subject to rules we may establish from time to time, we may pay license appointment fees required by the state in which you have your principal place of business.

6. Receiving Premiums

You have the authority to collect the first premium only and shall promptly remit that premium to us. We do not accept premium payments collected in the form of cash, money order, traveler's checks, third-party checks or "blank" (counter) checks. You may not commingle policyowner premiums with your personal funds or with your agency funds, and premium payments may not be remitted from personal or agency accounts (except on policies you personally own or except as specifically otherwise agreed in advance in writing). All monies received by you for or on behalf of us must be made payable to us, and you are not authorized to endorse or cash checks, drafts, money orders or financial instruments made payable to us. With respect to an application for a life insurance contract, if you collect an initial premium payment at the time of application you are to provide a completed Conditional Receipt Agreement to the customer with a copy to us along with the premium payment.

7. Advertising

You are responsible for knowing all laws, regulations and standards relating to the marketing and sale of insurance contracts in all states where you are licensed and/or conducting business.

Any sales promotion, sales material or other advertising material you use in connection with the solicitation and/or sale of our products must be submitted to us for our prior written approval of each specific item, pursuant to our published Advertising Guidelines.

8. Delivery of Policies

Insurance contracts must be delivered promptly and those not delivered within our required, published delivery period must be returned to us promptly.

9. Return of Premiums/Chargebacks

We may reject, decline, cancel, or modify applications for insurance contracts for any reason and at our sole discretion, and we may return the premium or any portion thereof to the customer. You are not be entitled to commissions with respect to any such insurance contract, and any such compensation paid to you will become an indebtedness of yours. Furthermore, you are not entitled to any compensation with respect to any such contracts or applications that are rescinded, declined or cancelled by us for any reason and you will immediately refund to us any such compensation upon our written demand. You will immediately refund to us any such compensation on insurance contracts which are rejected, cancelled, rescinded, not taken, or modified, or on returned premiums. With respect to insurance contracts which are refunded within the "free look" period, we will chargeback to you the entire commission paid on such insurance contract. You will return to us within five (5) days of written demand the applicable portion (or all) of any such commissions due to us with respect to this paragraph.

10. Other Company Policies, Procedures and Guidelines

You are responsible for reviewing, understanding and complying with all of our policies, procedures and guidelines which we publish from time to time, which are located on our producer extranet website. You acknowledge and agree to review these policies, procedures and guidelines upon confirmation of your appointment with us and to review them periodically throughout the term of your appointment. You will abide by, and will ensure that all of your sub-producers abide by all such policies, procedures and guidelines that we may establish from time to time, including, without limitation, our Premium Finance Guidelines, our Market Conduct and Compliance Practices and the requirements of federal and state law or regulation. You acknowledge and agree that all such policies, procedures and guidelines may be revised or discontinued by us at any time and from time to time, in our sole discretion and without prior notice to you.



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You are required to maintain Errors and Omissions (E & O) insurance coverage at all times with policy limits of at least \$1,000,000 per claim/\$1,000,000 annual aggregate, or such other limits as we may require from time to time. You must provide us with satisfactory evidence of such E & O coverage as we may reasonably request from time to time, but at a minimum annually. You must provide us with notification within ten (10) days of any cancellation, change of policy provisions or carrier, or other termination of such E & O coverage. Failure to maintain said E & O coverage may result in your suspension or termination of your contract.

11. Privacy of Customer Information

We may from time to time provide you with certain non-public personal financial and health information on our customers for the purpose of performing services for us or functions on our behalf. You are expressly prohibited from disclosing or using a customer's non-public personal financial and health information other than to carry out the purposes for which we disclosed the information. Subject to applicable state or federal law provisions, such purposes include the joint marketing and/or marketing services of our products in the ordinary course of our business to carry out the joint marketing and/or marketing services of our products. You will keep all information strictly confidential. You will comply with all federal and state requirements regarding the disclosure of medical information, including but not limited to the provisions of HIPAA. You will maintain adequate privacy systems and safeguards to protect the confidentiality of such customer information, consistent with current law.

12. Contract Non-Assignable

Any assignment or pledge of your commissions under this Contract must have our prior written consent, and is subject to our prior security interest and right of offset. All other rights under this Contract are personal to you and may not be transferred or assigned by you.

13. Compensation

Compensation, fees and bonuses, if any, will be paid in accordance with the commission schedule provided to you, as modified from time to time, for production by you or your producers. Amounts payable to you on sales by your producers will be reduced by the amount payable to such producer(s), so that you will receive only the override on such sales. We reserve the right to revise the Commission and/or Service Fee rate levels set forth in the commission schedule at any time and from time to time, at our sole discretion. You must obtain your commission statements and production reports by accessing our producer extranet website. If commissions are payable to you by an upline producer under a "zero comp" or "license only" arrangement, you agree that we have no obligation to pay any compensation directly to you and you agree to indemnify and hold us harmless from all losses and expenses, including attorneys fees, resulting from any claim by you for such compensation, notwithstanding anything contained herein to the contrary.

We may amend from time to time the terms and conditions for payment of Compensation as set forth on any supplement. We will give you written notice of any such amendment. No amendment will reduce the Compensation paid to you on business sold by you or your producers prior to the effective date of the amendment. To the extent you are required by any state or federal law to disclose to a consumer your compensation earned, you will abide by any and all such requirements in a timely manner. You must not engage in any type of compensation rebating unless permitted by applicable law and not prohibited by company practice.

No compensation or other fees will be paid on premiums waived under the provisions of any policy procured by you or any of your sub-producers.

14. Indemnity and Indebtedness/Right of Set-Off

You agree to indemnify and hold us harmless for any losses, claims, liabilities, lawsuits, costs or expenses we incur (including attorneys' fees and costs) as a result of any acts or omissions by you or your producers. This indemnity and hold harmless will extend to any debt you or your producers incur (including the costs of collection and attorneys fees). You agree to pay any debit balance owed to us when due, and any debit balance(s) of your producers remaining after completion of any debt collection we may undertake.

You grant to us a first priority security interest in all compensation payable to you to the extent of any indebtedness or other obligation you or your producers owe to us, and we will have the right of offset against any such compensation or any other monies paid or owed to you. Any amount not fully paid within thirty (30) days of demand will bear interest at the rate of 6.75% per year, as amended from time to time upon notice to you by us. This right of set-off will also apply to any compensation payable to you after termination of this contract.

15. Termination

This Contract may be terminated with or without cause by either you or us immediately upon written notice to the last known address of the other party. This Contract is terminated automatically without cause upon your death if it is an individually signed (non-corporate) contract, or if you are a partnership, LLC or corporation, upon any event legally or contractually causing the dissolution of that entity. We may terminate this Contract "for cause" immediately upon written notice to your last known address. "For Cause" shall include, but not be limited to, the following:



- a) you withhold, embezzle or misappropriate any money or other property belonging to us, to a policyowner or to an insured;
- b) you subject us to a liability;
- c) you fail to comply with the laws, rules or regulations of any federal, state or other governmental agency or body having jurisdiction over you or us, or with our rules and operating procedures, including without limitation those rules and procedures set forth in our Compliance Guide and our OFAC and AML policies and procedures;
- d) you commit a material breach of this Contract;
- e) you commit any fraud or material misrepresentation of fact including but not limited to misrepresentation of any fact on the Application for Contract;
- f) you fail to pay any indebtedness to us upon demand;
- g) you are, or have ever been, convicted of or plead guilty or nolo contendere ("no contest") to any felony or to any crime involving dishonesty, breach of trust, or violation of any federal law;
- h) you are not a duly licensed insurance agent;
- i) you engage directly or indirectly in rebating of commissions payable or paid in connection with the purchase of insurance contracts; or
- j) you engage in any effort to systematically replace the policies or contracts written with us by you or your producers.

Upon termination for cause, no further compensation will be payable hereunder. Except as otherwise provided, first year and renewal commissions will be fully vested as premiums are applied. Upon termination with or without cause, no further service fee commissions or performance and persistency bonus payments, if any, will be payable, and supplies and all other property and materials, including marketing materials and company business cards, furnished by us will be returned to us within ten (10) days. In addition, any bonus plan and finance plan payments, if any, will cease upon any termination of this contract, unless agreed to otherwise by us in writing.

Following termination with or without cause, we may withhold any compensation or other monies payable to you for a period not to exceed 365 days.

16. Suspension

We retain the right, with or without prior notice, to place you and/or any of your sub-producers on suspension and/or suspend the processing of any submitted insurance or annuity applications as a result of (i) any suspected or alleged misconduct; (ii) any violation, breach, suspected violation or suspected breach of any provision hereof; or (iii) any complaint issued or disciplinary action taken, by any state or federal insurance agency or department, the National Association of Securities Dealers, or any other governmental or quasi-governmental entity. During the period of suspension, suspended agents may not take any action to solicit or procure applications for our products, directly or through agents, brokers or employees. Furthermore, during the period of suspension, suspended agents will not be entitled to qualify for any reward, incentive or other promotional programs including, but not limited to, conference credits, previously awarded to them or awarded during the period of suspension. The period of suspension will not exceed three (3) months or such longer period as we may deem appropriate for the investigation of such violation or suspected violation. We reserve the right to terminate you or any of your sub-producers at any time during the period of suspension and the duration of the suspension will count towards any requirement that you or your sub-producer receive notice of termination, including the notice requirements set forth in Section 15 above.

17. Arbitration

You and we agree that any disputes arising out of or relating to this Contract will be arbitrated in accordance with the Rules of the American Arbitration Association and the Federal Arbitration Act. Arbitration may not be initiated unless the party requesting arbitration has given the other party at least 30 days prior written notice of its intent to initiate arbitration and a detailed description of the basis of the dispute. A single arbitrator (or, in any matter in which the amount in controversy exceeds \$100,000, a panel of three arbitrators) shall interpret this Contract in accordance with Iowa law and shall conduct proceedings in accordance with the Federal Rules of Civil Procedure. Any punitive damages awarded by the arbitrator(s) shall not exceed two times compensatory damages awarded. Any award of the arbitrator shall be deemed final and judgment upon such award may be entered and enforced in any Iowa District Court and transferred to any other jurisdiction. Such arbitration will be held in Des Moines, Iowa.

18. Non Interference

As a condition of, and material inducement to the consideration set forth herein, you agree you will not, for a period of two (2) years following termination of this Contract, directly, indirectly, or through others, induce or urge any policyowner, after termination of this Contract, to lapse, exchange, surrender or otherwise terminate any policy, or induce or urge any employee or member of our field force to terminate any relationship with us. In the event this provision is violated and without limitation of our other remedies, all your rights to Compensation under this Contract will immediately cease and you will be liable for any damages we suffer. You further agree that money damages for your breach of this provision will be inadequate and that we are also entitled to seek injunctive relief to prevent further breaches of this provision. We may seek that injunctive relief, coupled with any claim by us for damages, in any state or federal district court in Des Moines, Iowa, and you agree that



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those courts have personal jurisdiction over you for the purpose of such actions, which shall not be subject to the Arbitration provisions of this Contract.

19. Contract Binding on Principals

In the event that you are contracting with us as a corporation, partnership, LP, LLC., or other business entity, it is further agreed and guaranteed by the principals of said business entity that all terms and conditions of this Contract shall be binding on them severally and jointly in the same manner as upon the entity named as the producer.

20. Consent to Electronic Agreement & Notice

In the event that you enter into this Contract by electronic means through our website, you hereby agree and consent that this Contract shall be legally binding upon your estate, heirs, executors, administrators, personal representatives, successors and assigns. You hereby waive any and all defenses that this Contract was not in writing or properly executed as may be required by the Statute of Frauds or any other similar law, rule or regulation. You hereby agree that we fulfill our obligation to deliver to you any document, statement, notice, or other communication if sent via electronic delivery. Documents sent by electronic delivery will contain all the information as it appears in the printed hardcopy version as prepared and distributed by the originator, with the possible exception of graphic insertions such as photographs or logotypes. Electronic delivery may be in the form of an email, an electronic mail attachment, or in the form of an available download from our website. You represent that you will download the relevant document promptly after receiving notice of its availability. Should you experience any difficulty opening a document electronically delivered by us, you will promptly advise us in order to allow us to make the required delivery by other means. Failure to advise us of such difficulty within forty-eight hours after delivery shall serve as an affirmation that you were able to receive and open said document.

21. Entire Agreement

Except for compensation payable with respect to business sold under any previous contract between you and us, this Contract supersedes any previous agreements between you and us. This Contract sets forth the entire agreement between you and us and may not be altered or modified except in a writing signed by you and our authorized officer. Notwithstanding the foregoing, we reserve the right to amend this Contract at any time, effective on a prospective basis only. Such amendment will be effective at such time as we display new Contract provisions at our agent website or when we notify you of such changes. Your continuation of the relationship created hereby will be deemed to be your acceptance of such changes. You may request the most current edition of this Contract by calling or writing us.

Except for our right to amend this Contract from time to time as stated above, for purposes of providing notices required or permitted by this Contract, waiving any right under this Contract, or amending any term of this Contract and notwithstanding any law recognizing electronic signatures or records, "a writing signed," "in writing" and words of similar meaning, shall mean only a writing in a tangible form bearing an actual "wet" signature in ink manually applied by the person authorized by the respective party, unless both parties agree otherwise by making a specific reference to this section.

No forbearance or neglect by us to enforce any term, condition, or provision of this Contract shall be construed as a waiver of any of its rights or privileges hereunder or affect its rights arising from any default or failure of performance by you. You agree that a declaration of invalidity or unenforceability of any particular provision or provisions of this Contract will not in any manner affect any other provision and that you will comply fully with all remaining provisions contained herein.

The provisions of any supplemental addendums, amendments or schedules attached hereto, including the Producer Contract Application signed by you and attached hereto, are incorporated in this Contract in their entirety by this reference, as if fully set forth herein.

This Contract shall be governed by the laws of the State of Iowa, without regard to principles of conflicts of law. In addition, the parties to this Contract agree that the District Court of Polk County, Iowa shall have exclusive jurisdiction over any and all disputes which may arise with respect to this Contract, consent to such jurisdiction, and agree that proper venue exists therein. This Contract is executed below and upon our approval of the attached Application for Contract.

/s/ _____
COMPANY OFFICER NAME AND TITLE

/s/ _____
Producer name and signature



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Annuity Compensation Schedule - BLUE



Agent: _____

Date: _____

Product	Year	Commissions					
		1	2	3	4	5	6+
Asset Builder 201	Ages 0 - 75	8.00%	7.00%	6.00%	0.00%	0.00%	0.00%
Asset Builder 201	Ages 76 - 80	7.00%	5.50%	4.50%	0.00%	0.00%	0.00%
Asset Builder 201	Ages 81 - 85	5.00%	3.50%	2.50%	0.00%	0.00%	0.00%
Capital Builder 201	Ages 0 - 75	7.00%	7.00%	6.00%	0.00%	0.00%	0.00%
Capital Builder 201	Ages 76 - 80	6.00%	5.50%	4.50%	0.00%	0.00%	0.00%
Capital Builder 201	Ages 81 - 85	4.00%	3.50%	2.50%	0.00%	0.00%	0.00%
Wealth Builder 201	Ages 0 - 75	4.00%	7.00%	6.00%	0.00%	0.00%	0.00%
Wealth Builder 201	Ages 76 - 80	3.00%	5.50%	4.50%	0.00%	0.00%	0.00%
Wealth Builder 201	Ages 81-85	1.00%	3.50%	2.50%	0.00%	0.00%	0.00%
Consumer Annuity	Ages 0 - 80	4.00%	3.20%	2.40%	2.40%	0.00%	0.00%
Consumer Annuity	Age 81	3.60%	2.80%	2.00%	2.00%	0.00%	0.00%
Consumer Annuity	Age 82	3.20%	2.40%	1.60%	1.60%	0.00%	0.00%
Consumer Annuity	Age 83	2.80%	2.00%	1.20%	1.20%	0.00%	0.00%
Consumer Annuity	Age 84	2.40%	1.60%	0.80%	0.80%	0.00%	0.00%
Consumer Annuity	Age 85	2.00%	1.20%	0.40%	0.40%	0.00%	0.00%
Performance Plus/Max (No Trail)	Ages 0 - 75	6.50%	5.50%	4.50%	3.00%	1.50%	0.00%
Performance Plus/Max (No Trail)	Ages 76 - 80	5.00%	4.00%	3.00%	1.50%	0.00%	0.00%
Performance Plus/Max (No Trail)	Ages 81 - 85	3.50%	2.50%	1.50%	0.00%	0.00%	0.00%
Performance Plus/Max (Trail)	Ages 0 - 75	4.90%	3.90%	2.90%	1.40%	0.00%	0.00%
Performance Plus/Max (Trail)	Ages 76 - 80	3.40%	2.40%	1.40%	0.00%	0.00%	0.00%
Performance Plus/Max (Trail)	Ages 81 - 85	1.90%	0.90%	0.00%	0.00%	0.00%	0.00%
Trail Commission Years 2 +		0.00%	0.25%	0.25%	0.25%	0.25%	0.25%
Aviva Progressive Index Annuity (No Trail)	Ages 0 - 75	8.50%	7.50%	5.50%	3.50%	1.50%	0.00%
Aviva Progressive Index Annuity (No Trail)	Ages 76 - 80	6.50%	5.50%	3.50%	1.50%	0.00%	0.00%
Aviva Progressive Index Annuity (No Trail)	Ages 81 - 85	4.50%	3.50%	1.50%	0.00%	0.00%	0.00%
Aviva Progressive Index Annuity (Trail)	Ages 0 - 75	6.80%	5.80%	3.80%	0.00%	0.00%	0.00%
Aviva Progressive Index Annuity (Trail)	Ages 76 - 80	4.80%	3.80%	1.80%	0.00%	0.00%	0.00%
Aviva Progressive Index Annuity (Trail)	Ages 81 - 85	2.80%	1.80%	0.00%	0.00%	0.00%	0.00%
Trail Commission Years 2 +		0.00%	0.25%	0.25%	0.25%	0.25%	0.25%
Aviva Progressive Index Annuity CT, UT, WA (No Trail)	Ages 0 - 75	7.35%	6.35%	4.35%	3.05%	1.05%	0.00%
Aviva Progressive Index Annuity CT, UT, WA (No Trail)	Ages 76 - 80	5.35%	4.35%	3.05%	1.05%	0.00%	0.00%
Aviva Progressive Index Annuity CT, UT, WA (No Trail)	Ages 81 - 85	3.35%	3.05%	1.05%	0.00%	0.00%	0.00%
Aviva Progressive Index Annuity CT, UT, WA (Trail)	Ages 0 - 75	5.65%	4.65%	2.65%	0.00%	0.00%	0.00%
Aviva Progressive Index Annuity CT, UT, WA (Trail)	Ages 76 - 80	3.65%	2.65%	1.35%	0.00%	0.00%	0.00%
Aviva Progressive Index Annuity CT, UT, WA (Trail)	Ages 81 - 85	1.65%	1.35%	0.00%	0.00%	0.00%	0.00%
Trail Commission Years 2 +		0.00%	0.25%	0.25%	0.25%	0.25%	0.25%
Aviva Elite Index Annuity (No Trail)	Ages 0 - 75	7.00%	6.00%	4.00%	2.00%	0.75%	0.00%
Aviva Elite Index Annuity (No Trail)	Ages 76 - 80	5.00%	4.00%	2.00%	0.75%	0.00%	0.00%
Aviva Elite Index Annuity (No Trail)	Ages 81 - 85	3.00%	2.00%	0.75%	0.00%	0.00%	0.00%
Aviva Elite Index Annuity (Trail)	Ages 0 - 75	5.30%	4.30%	2.30%	0.00%	0.00%	0.00%
Aviva Elite Index Annuity (Trail)	Ages 76 - 80	3.30%	2.30%	1.00%	0.00%	0.00%	0.00%
Aviva Elite Index Annuity (Trail)	Ages 81 - 85	1.30%	1.00%	0.00%	0.00%	0.00%	0.00%
Trail Commission Years 2 +		0.00%	0.25%	0.25%	0.25%	0.25%	0.25%
Aviva Elite Index Annuity CT & WA (No Trail)	Ages 0 - 75	5.85%	4.85%	2.85%	1.55%	0.00%	0.00%
Aviva Elite Index Annuity CT & WA (No Trail)	Ages 76 - 80	3.85%	2.85%	1.55%	0.00%	0.00%	0.00%
Aviva Elite Index Annuity CT & WA (No Trail)	Ages 81 - 85	1.85%	1.55%	0.00%	0.00%	0.00%	0.00%
Aviva Elite Index Annuity CT & WA (Trail)	Ages 0 - 75	4.15%	3.15%	1.15%	0.00%	0.00%	0.00%
Aviva Elite Index Annuity CT & WA (Trail)	Ages 76 - 80	2.15%	1.15%	0.00%	0.00%	0.00%	0.00%
Aviva Elite Index Annuity CT & WA (Trail)	Ages 81 - 85	0.80%	0.00%	0.00%	0.00%	0.00%	0.00%
Trail Commission Years 2 +		0.00%	0.25%	0.25%	0.25%	0.25%	0.25%
Integrity Index Annuity (No Trail)	Ages 0 - 75	6.00%	5.00%	3.50%	2.50%	1.00%	0.00%
Integrity Index Annuity (No Trail)	Ages 76 - 80	4.25%	3.25%	2.00%	1.00%	0.00%	0.00%
Integrity Index Annuity (No Trail)	Ages 81 - 85	2.75%	1.75%	0.00%	0.00%	0.00%	0.00%
Integrity Index Annuity (Trail)	Ages 0 - 75	4.30%	3.30%	1.80%	0.80%	0.00%	0.00%
Integrity Index Annuity (Trail)	Ages 76 - 80	2.55%	1.55%	0.00%	0.00%	0.00%	0.00%
Integrity Index Annuity (Trail)	Ages 81 - 85	1.05%	0.00%	0.00%	0.00%	0.00%	0.00%
Trail Commission Years 2 +		0.00%	0.25%	0.25%	0.25%	0.25%	0.25%
Saver's Advantage 600 and 900 (No Trail)	Ages 0-75	4.50%	3.75%	2.85%	2.22%	0.00%	
First \$10,000 - \$25,000 of Premium*	Ages 76-85	2.90%	2.20%	1.60%	0.80%	0.00%	
Premiums in Excess of \$25,000	All Ages 0-75	7.25%	6.60%	5.70%	4.80%	0.00%	
	Ages 76-85	5.75%	5.25%	4.35%	3.55%	0.00%	
*Each contract is paid at first band commission for first \$25,000 of premium and second band commission for each dollar of premium in excess of \$25,000							
Saver's Advantage 600 and 900 (Trail)**	All Ages 0-85	1.25%	1.12%	0.95%	0.80%	0.00%	
Trail Commission Years 2 +	All Ages 0-85		90bp	90bp	90bp	90bp	90bp
**25,000 Initial Minimum Premium for Option 2							
ValueGuard *	Ages 0 - 75	5.40%	1.60%	1.60%	1.60%	1.60%	1.60%
ValueGuard *	Ages 76 - 80	4.60%	1.60%	1.60%	1.60%	1.60%	1.60%
ValueGuard *	Ages 81 - 85	3.00%	1.60%	1.60%	1.60%	1.60%	1.60%
SPIA 2 (Life Only and Certain >= 6 Years)	Ages 0-85	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%
SPIA 2 (Certain < 6 Years)	Ages 0-85	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Family SafeGuard Deferred Annuity	Ages 0-70	6.50%	0.40%	0.40%	0.40%	0.40%	0.40%
Family SafeGuard Deferred Annuity	Ages 71-85	4.50%	0.40%	0.40%	0.40%	0.40%	0.40%
Family SafeGuard Deferred Annuity	Ages 86-95	2.50%	0.40%	0.40%	0.40%	0.40%	0.40%
Family Solution Immediate Annuity		Payout Term	1 yr	2 yrs	3 yrs	4 yrs	5 yrs
Level Benefit Payments			0.60%	0.60%	1.10%	2.25%	4.12%
Lump Sum Payment			1.50%	1.50%	2.50%	4.75%	7.50%
			7 yrs	8 yrs	9 yrs	10 + yrs	
Level Benefit Payments			6.00%	6.00%	7.50%	7.50%	
Lump Sum Payment			7.50%	7.50%	7.50%	10.00%	

* Commissions on first-year premium payments (defined as all premium received within twelve months of the contract issue date) in excess of \$100,000 will be increased by 25 basis points on the premium amount greater than \$100,000.

Effective Date 05/01/06

Licensing and Commissions Department
 PO Box 55172, Boston, MA 02205-5244
 Phone (800) 225-8073 Fax (617) 405-6456

Please see the other side of this Schedule for additional information.

General Provisions

This Schedule is attached to and made a part of your Agent contract with Aviva ("Contract"). In the event that there is a conflict between the terms of this Schedule and the terms of the Contract, the terms of the Contract will control.

1. Compensation. Under this Schedule, Compensation is comprised of commissions, service fees (when applicable) and overrides on contracts that are written by you and agents under you. We will pay you Compensation on contracts issued on applications written and submitted by you and your agents to our office. Commissions, service fees (when applicable) and overrides will be paid as set forth in your Contract. Our commission rates and service fees are shown separately on this Schedule. Any payments made to you or your agent(s) will be considered payment to you. Override is any Compensation provided under this Schedule that is not paid to any of your agents.

2. Commissions & Service Fees. While this Schedule remains in force, you will be paid commissions, service fees (when applicable) and overrides as set forth herein. If applicable, service fees set forth in this Schedule will be paid as long as you are the agent of record, the contract continues to receive premiums and your Contract has not been terminated.

3. New Products. We reserve the right to pay different commissions, overrides and service fees relating to new products developed by the Company without prior notice to you.

General Provisions

1. A Compensation adjustment shall be made on contracts that: (i) terminate by death, other than accidental death as defined by the Company, and where the spouse of the annuitant does not take over as owner of the contract; or (ii) experience either a withdrawal in excess of the 10% free withdrawal amount or full surrender during the first contract year and the proceeds are not annuitized for a minimum of 36 months; or (iii) a deferred annuity is converted from deferred status to payout status within two (2) years of issue of the deferred annuity. Should either (i) or (ii) above occur, first-year Compensation, including both commission and overrides, will be charged back 100% if the termination, withdrawal or full surrender occurs in the first six (6) contract months and 50% if it occurs in the next six (6) months. With respect to withdrawals in excess of the 10% free withdrawal amount, the applicable charge back percentage will be applied only against the amount in excess of the 10% free withdrawal amount.

Should (iii) above occur, an amount will be charged back equal to the excess of the commission rate in the first year in the deferred annuity over the commission rate of the Single Premium Immediate Annuity, multiplied by the premiums which were paid on the deferred annuity. This adjustment policy applies to override commissions. Commission advances (and any applicable advance charge(s)) will be charged back 100% regardless of when the termination, withdrawal or full surrender occurs during the first year.

2. The charge-back policies set forth above include override commission.

3. If there is not sufficient Compensation payable to you to satisfy any of the amounts above to be charged-back, you will be personally responsible for repayment of the Compensation.

4. Age breaks for commission payments are based on age nearest birthday.

5. Trail commissions are payable on the Aviva Progressive Index Annuity, the Aviva Elite Index Annuity, the Aviva Integrity Index Annuity and the Saver's Advantage 600 and 900 (Schedule B Trail Option) account values in-force after the end of each calendar quarter beginning in year 2. Trail commissions are payable to the writing agent only and are considered Commissions and not Service Fees for these products.

SPECIFIC PROVISIONS FOR FAMILY SAFEGUARD DEFERRED ANNUITY

Compensation adjustments will apply as follows:

1. First-year Compensation, including both commissions and overrides, will be charged back 100% if death occurs in the first six (6) contract months and 50% if it occurs in the next six (6) months.

2. First-year Compensation, including both commissions and overrides, will be charged back 100% against any withdrawal amount during the first contract year in excess of the 10% free withdrawal amount.

3. First-year Compensation, including both commissions and overrides, will be charged-back 100% if a full surrender occurs in the first contract year.

4. When a Family SafeGuard Deferred Annuity (FSDA) is converted to a Family Solution Immediate Annuity (FSIA) within the first contract year, and the FSDA compensation paid is greater than the compensation payable under the FSIA schedule, there will be a net chargeback of the difference.

SPECIFIC PROVISIONS FOR FAMILY SOLUTION IMMEDIATE ANNUITY

When a Family SafeGuard Deferred Annuity is converted into a Family Solution Immediate Annuity, no additional Compensation will be paid.

Life Compensation Schedule

Effective Date 06/01/06



Agent: _____

Date Signed: _____

Product	Target Base Premium											Excess Premium												
	Year	Commission						Service Fees					11 & Later	Commission						Service Fees				11 & Later
		1	2	3	4	5	6	7	8	9	10	1		2	3	4	5	6	7	8	9	10		
Cornerstone 200		85.00%	4.00%	4.00%	4.00%	4.00%	4.00%	2.00%	2.00%	2.00%	2.00%	2.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
Keepsake 201 Option A (a) (c) Planned Premium		9.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Keepsake 201 Option B (a) (c) Planned Premium		6.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Keepsake 201 Option B Cash Value (b)		0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Treasure 201 Option A (a) (c) Planned Premium		7.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Treasure 201 Option B (a) (c) Planned Premium		4.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Treasure 201 Option B Cash Value (b)		0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Keepsake Survivorship 200 Option A (a) (c) Planned Premium		9.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Keepsake Survivorship 200 Option B (a) (c) Planned Premium		6.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Keepsake Survivorship 200 Option B Cash Value (b)		0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Patriot 200		95.00%	4.00%	4.00%	4.00%	4.00%	4.00%	2.00%	2.00%	2.00%	2.00%	2.00%	4.00%	4.00%	4.00%	4.00%	4.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
Legacy 201		35.00%	4.00%	4.00%	4.00%	4.00%	4.00%	2.00%	2.00%	2.00%	2.00%	2.00%	4.00%	4.00%	4.00%	4.00%	4.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
Whole Life		90.00%	6.50%	6.50%	6.50%	6.50%	6.50%	3.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Heritage 1 Year Term		60.00%	5.00%	5.00%	5.00%	5.00%	5.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Heritage 5 Year Term		75.00%	5.00%	5.00%	5.00%	5.00%	5.00%	3.00%	3.00%	3.00%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Heritage 10 Year Term		65.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Heritage 15 Year Term		80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Heritage 20 Year Term		90.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Premium Deposit Fund		1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Please see the other side of this schedule for additional information.

Jun-06

BLUE

Aviva Life Insurance Company
 Licensing and Commissions Department
 Batterymarch Park Bldg III
 3 Pine Hill Drive, Quincy, MA 02169-7472
 (800) 225-8073
 Fax: (617) 405-6456
www.avivaedge.com

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General Provisions

This Schedule is attached to and made a part of your Agent contract ("Contract") with Aviva Life Insurance Company ("Aviva"). In the event that there is a conflict between the terms of this Schedule and the terms of the Contract, the terms of the Contract will control.

Commission & Adjustments on All Products. First year commissions and overrides will be paid on non-automatic increases in the Specified Amount of protection. Commissions and overrides will be paid on such increases whether or not an additional premium payment is made provided there is sufficient surrender value to keep the policy in force for a minimum of five years. First year commissions and overrides will be based on the increase in the face amount multiplied by the attained age target premium. If a policy is surrendered or lapses within two years of an increase in the Specified Amount of protection, you will repay the amount of commission and override received on the increase in the Specified Amount or, at the Company's option, it may offset the amount from any future payment due you, consistent with the terms of your Contract. For all policies that surrender or lapse during the first policy year, first year Compensation, including both commission and override, will be charged back (i) 100% if the lapse or surrender occurs in the first six policy months or, (ii) 50% if it occurs in the next six months.

Commission Adjustments on Specified Products. (a) Writing agent to select commission option for Keepsake 201, Treasure 201 and Keepsake Survivorship 200 on a case-by-case basis at time of submission. If no choice is specified, default is Option A. Once a policy is issued, changes to the commission Option elected will not be allowed. For multiple premium payment plans, percentage noted applies to all years in which planned premium is received. Treasure 201 receives commission equal to Keepsake 201 in years two through five. (b) Service fees end in the 15th year and apply only to cash value on Keepsake 201, Treasure 201 and Keepsake Survivorship 200.

(c) We will not pay commission on increases in Specified Amount (whether planned or unplanned) that are approved without an additional premium payment made into that policy. For lapses and full surrenders, 100% of all Compensation paid in the twelve months immediately preceding the date of the lapse or full surrender is fully charged back. For withdrawals, the charge back will be equal to the Compensation paid in the twelve months immediately preceding the withdrawal (if any), multiplied by the amount of the withdrawal (excluding surrender charges and fees), divided by the premium paid during that same twelve month period.

General Provisions

1. **COMPENSATION.** Under this schedule, Compensation is comprised of commissions, service fees and overrides on policies that are written by you and on policies written by agents under you. We will pay you Compensation on policies issued on applications written and submitted by you and your agents to our office. Compensation will be paid as set forth in your Contract with Aviva. Commission rates and service fees are shown separately on this Schedule. Any payments made to you or your agent(s) will be considered payments to you. Override is any compensation provided under this Schedule that is not paid to any of your agents.
2. **OPTIONAL BENEFITS.** Compensation on premiums for optional benefit provisions will be payable at the same rate as the base policy to which they are attached.
3. **SERVICE FEES.** No service fees will be paid following termination of your contract.
4. **PREMIUMS PAID IN ADVANCE.** Compensation for premiums paid in advance will not be payable to you until the actual due date of each premium payment.
5. **EXCEPTIONS.** No Compensation will be payable on the special class portion of substandard policies, temporary extra premiums, preliminary term insurance premiums, policy load insurance provisions, or premiums waived under any policy provision (for traditional life). Compensation is payable on the special class portion of Universal Life policies.
6. **NEW PRODUCTS.** We reserve the right to pay different compensation rates relating to new products developed by us without prior notice to you.
7. **EXISTING PRODUCTS.** We reserve the right to adjust our compensation rates for any reason subject to the notice requirements in your Contract.

This page must be completed! Aviva does not issue paper commission checks. All commissions are deposited electronically into agent's bank account.

Direct Deposit of Commissions Authorization Agreement



(Note: Aviva requires a minimum of 30 days advance notice to effect the direct deposit. Please return the completed form and indicate if this is a **New Request** or a **Change**. An incomplete form will be returned to your address as shown below.)

Personal Information

Agent Code: _____ Telephone Number (_____) _____

Agent Name _____ Agent Address _____

Agency Name _____ Agency Address _____

Bank Information (Please attach a voided check or deposit slip for the account listed.)

Financial Institution _____ Branch Name _____

Address _____

Bank Routing Number _____ Account Number _____ Account Type (i.e. savings, checking) _____

Exact Name on Account: _____

Authorization Agreement (Read carefully)

I authorize Aviva, subject to its right of offset, to automatically deposit any funds owed to me to my account listed at the financial institution named above.

I authorize Aviva to debit my account only for the purpose of correcting an erroneous credit previously deposited to this account provided that, prior to the debit, Aviva has notified me in writing of the reason for the debit.

I understand that this agreement may be terminated by me or by Aviva at any time by written notification. Any such notification requires a reasonable time to act upon it.

Please sign, date and return original and first copy of form to the address listed below. Keep the second copy for your records.

Signature _____ Date _____

Aviva Life Insurance Company
Licensing and Commissions Department
108 Myrtle Street, No. Quincy, MA 02171
(800) 343-5660
Fax: (866)295-0061
www.avivausa.com