



Agent Contracting

**Please complete the following contracting package and FAX to
866-866-2232 (toll-free) or 732-792-9777**

**AnnuityCommissions.com
28 Harrison Ave., Suite D209
Englishtown, NJ 07726**

**If you have any questions or changes to existing contracts, please contact
Hersh Stern at 866-866-1999 (toll-free) or 732-792-1011.**

FAX Transmittal For Contract

FAX TO 866-866-2232
Questions? Call 866-866-1999

INSURER

OM Financial Life Insurance Company

USE THIS COVER SHEET IF YOU ARE FAXING IN NEW AGENT CONTRACTING FOR AGENTS WHO HAVE SUBMITTED BUSINESS.

DATE: _____

FROM: HERSH STERN FAX # 866-866-2232

AGENT TO BE APPOINTED: _____

Please print the agent's/corporate name, if applicable, on the line corresponding with the appropriate compensation schedule and complete the entire hierarchy structure upward.

Individual/Corporate Name	Agent Number	Schedule
		R 7 L 5

PLEASE COMPLETE INFORMATION REGARDING THE BUSINESS SUBMITTED.

Name of Insured	Social Security Number	Date Submitted

Hersh Stern

Signature

Date

Producer/Agency Form



OLD MUTUAL
INVEST INSURE INNOVATE

**Complete & Fax to
866-866-2232 with
copy of license**

- Producer**
- Agency**

- OM Financial Life Insurance Company**
- OM Financial Life Insurance Company of New York**

Instructions:

- Step 1.** Complete, Sign and Date this Form. If you are a corporate principal, complete a separate form for the corporation. Forward the form(s) to your appointing agency.
- Step 2.** Appointing General Agencies, please complete the bottom portion of the Form authorizing the hierarchy set up and compensation.
- Step 3.** Once contracted and you have been given access to SalesLink, you will be asked to sign additional Agreements via an electronic signature.

MGA Name: 1 5 6 6 4 0 MCCORMICK STERN 000244294 MGA Number _____
 MGA Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 866-866-1999 Fax: 866-866-2232

Producer/Agency Information

Producer/Agency Name: _____
 Residence Address: _____
 City: _____ State: _____ Zip: _____
 Residence Phone: _____
 Cell Phone: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone: _____ Fax: _____
 e-mail address: _____
 Preferred method of contact: e-mail Phone Fax
 Date of Birth: _____
 Social Security Number: _____
 Corporation TIN Number: _____
 Gender: M F Agency
 Language(s) spoken other than English: _____
 Resident State License No.: _____

- 5. Have you ever been *alleged* to have engaged in any fraud?
 Yes No
- 6. Have you ever been *found* to have engaged in any fraud?
 Yes No
- 7. Have you ever been convicted of any crime?
 Yes No
- 8. Have you ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction?
 Yes No
- 9. Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?
 Yes No
- 10. Do you hold a current Certificate of Continuing Education for California and/or Iowa? Yes (Please attach a copy) No
- 11. Have you taken the AML training course? Yes
 No (If not, you are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)

Additional States in which you wish to be appointed and License Numbers for each:

Non- Resident State	License Number
_____	_____
Non- Resident State	License Number
_____	_____
Non- Resident State	License Number
_____	_____

- 1. Have you ever filed for bankruptcy? Yes No
- 2. Have you ever been the subject of any complaint related to the solicitation or sale of any insurance product(s), securities or any financial product or service, in any jurisdiction?
 Yes No
- 3. Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?
 Yes No
- 4. Have you ever been accused of or charged with any improper conduct related to the solicitation or sale of any insurance product(s), securities or any financial product or service?
 Yes No

If the Answer to any question from 1-9 above is yes, please attach an explanation. Additional information such as supporting documents may be required.

By signing below, I: (i) certify that all of the information provided on this form is true and correct and I acknowledge that my failure to provide truthful and accurate information is a valid basis for the immediate termination of my relationship with OM Financial Life Insurance Company and/or OM Financial Life Insurance Company of New York (the "Company" in reference to either or both, as applicable), for cause; (ii) authorize the Company to conduct an investigation of my background and to disclose the results of any such investigation to the Agency(ies) with which I am or become affiliated; and (iii) acknowledge that I have received, read, and will comply with the Company's Code of Ethical Conduct and Market Conduct Guide, and that I have received, read, and agree to be bound by the terms of the Company's Producer/Agency Agreement (each as amended from time-to-time). I understand that I can access all of these documents on SalesLink.

Signature of Producer or Principal of Agency: _____
 Date: _____

To be completed by the Appointing Agency HERSH STERN STERN 000244294
 Name of Agency: _____ AGA Code: _____
 Approved compensation level/contract type(s): _____
 Signature of Authorized Agent: Hersh Stern Date: _____
 Contact Agency by: Fax e-mail

Request for Taxpayer Identification Number and Certification

FAX TO 866-866-2232
Questions? Call 866-866-1999

Print or type
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under 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**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.**

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

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

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

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

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

Authorization Agreement for Direct Deposit To Savings or Checking Account

OM Financial Life Insurance Company

INSURER

OM Financial Life Insurance Company

I (we) hereby authorize OM FINANCIAL LIFE INSURANCE COMPANY ("OM Financial Life") to deposit my (our) commission payment with the financial institution identified below ("Bank") and the Bank to credit the same to my (our) account as described below. In the event that OM Financial Life notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account by it in error, I (we) hereby authorize the Bank to return said funds to OM Financial Life upon demand, and agree to hold OM Financial Life harmless from any and all liability in connection therewith. OM Financial Life will process chargeback of commissions within its commission system, and only net commission due will be eligible for deposit to my (our) account.

Agent Number	Payee's Name (Please Print)	Bank Account Number	Bank Name
Bank Address	City	State	Zip Code
ABA Transit / Routing Number (Lower left corner of your check)		Bank Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	

This authorization is to remain in force until OM Financial Life has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it. This authorization is governed by Maryland law, including Maryland Uniform Commercial Code.

Payee's Signature

Date

Joint Payee's Signature (if jointly paid, both parties must sign)

Date

Authorization Agreement for Direct Deposit To Savings or Checking Account

OM Financial Life Insurance Company

INSURER	
OM Financial Life Insurance Company	
Attach Voided Check Here	

Return to OMFN: Fax No. 410-895-0129

Agent Transfer Request

INSURER

OM Financial Life Insurance Company

I hereby authorize OM Financial Life Insurance Company to make the following changes to my existing agent or producer agreement. Please Note: A release is not required for agents who request reappointment under a new hierarchy following all guidelines noted below are met. Application sign dates will determine eligibility for release.

LIFE Agents

- Appointment date is greater than six months and
- No submitted business within the past six months
- Any agent that becomes a non-producer for the purpose of moving hierarchies after the six-month period will not be eligible to re-contract unless it is under the prior hierarchy.

ANNUITY Agents

- Appointment date is greater than six months and
- No submitted business within the past six months

A Vector check will be completed on all hierarchy change requests to ensure agent is in good standing within the industry. If we determine there is an outstanding Vector we will require proof the agent has worked out a payment plan with the carrier noted. If Vector is not resolved, we reserve the right to terminate the agent's OM Financial Life appointment providing 30-day notice. If there is an outstanding OM Financial Life agent debit balance outstanding, the debt must be paid in full prior to any transfer/hierarchy change.

Agents/Agencies with an outstanding debit balances are required to pay the balance in full prior to any consideration of a hierarchy release. We may permit the reduction of agent debt to be offset by submission of new business within the initial thirty days.

The agent needs to obtain an unconditional release from their current MGA; if an agent has never produced business they will be able to receive up to street level compensation. Any request for an above street level contract will require Home Office Approval.

Agents requesting to be terminated are eligible for rehire within the previous MGA providing they disclose an adequate production commitment.

Agent Name: _____

Agent Address: _____

Agent Email Address: _____

Agent Number: _____

Tax ID Number: _____

Agent Phone: _____

Agent Fax: _____

Agent Signature: _____

Agency Authorized Signature and Title: _____

R 7 L 5

OM Financial Life Compensation Schedule _____

000244294 - HERSH STERN

OM Financial Life Producer Code of New Appointing General Producer _____

Signature Authorized Producer Herish Stern Date _____
(Upline Signature/Authorization)

The Appointing General Producer's signature indicates acceptance of responsibility for this agent/agency to the extent outlined in your General Agent Agreement with OM Financial Life Insurance Company. This change will be effective when completed paperwork and all supporting documentation if necessary, (i.e. release etc.) is received and accepted by OM Financial Life Insurance Company.

Fidelity and Guaranty Life
R7 Street ANNUITY COMPENSATION SCHEDULE

The Following are Authorized Contracts and the compensation payable thereon:



Fixed Annuities

Fidelity Platinum (5 Yr. Guar)

First Year Issue Age 0-79	First Year Issue Age 80-90	<u>Renewal</u> None
2.500%	1.250%	

Fidelity Platinum (7 Yr. Guar)

First Year Issue Age 0-79	First Year Issue Age 80-90	<u>Renewal</u> None
3.000%	1.500%	

Fidelity Platinum (10 Yr. Guar)

First Year Issue Age 0-79	First Year Issue Age 80-90	<u>Renewal</u> None
3.500%	1.750%	

Fidelity Platinum Plus (5 Yr. Guar)

First Year Issue Age 0-79	First Year Issue Age 80-90	<u>Renewal</u> None
3.000%	1.500%	

Fidelity Platinum Plus (7 Yr. Guar)

First Year Issue Age 0-79	First Year Issue Age 80-90	<u>Renewal</u> None
5.000%	2.500%	

Fidelity Platinum Plus (10 Yr. Guar)

First Year Issue Age 0-79	First Year Issue Age 80-90	<u>Renewal</u> None
3.500%	1.750%	

Legends Classic

Issue Age 0-79 Years 1-3	Issue Age 80-90 Years 1-3	<u>Renewal</u> None
5.000%	2.500%	

Legends Max

Issue Age 0-79 Years 1-3	Issue Age 80-90 Years 1-3	<u>Renewal</u> None
6.000%	3.000%	

Resolute 4 (OR & WA Only) 3.0 State

First Year Issue Age 0-79	First Year Issue Age 80-85	<u>Renewal</u> None
3.000%	1.500%	

Equity Index Annuities

Index Rewards (Single Premium)

Issue Age Last Birthday 0-79 Options A-D	Issue Age Last Birthday 80-85 Options A-D	Issue Age Last Birthday 0-79 Option E	Issue Age Last Birthday 80-85 Option E	<u>Renewal</u> None
7.000%	3.500%	7.000%	3.500%	

Index Rewards 5 (Single Premium)

Issue Age Last Birthday 0-79 All Options	Issue Age Last Birthday 80-90 All Options	<u>Renewal</u> None
4.000%	2.000%	

Fidelity and Guaranty Life
R7 Street ANNUITY COMPENSATION SCHEDULE

The Following are Authorized Contracts and the compensation payable thereon:

**** Loyalty Rewards (Flex Premium)**

Issue Age Last Birthday 0-79 Options A-D	Issue Age Last Birthday 80-85 Options A-D	Issue Age Last Birthday 0-79 Option E (Years 1-5)	Issue Age Last Birthday 80-85 Option E (Years 1-5)	<u>Renewal</u> None
8.000%	4.000%	3.000%	1.500%	

**** Loyalty Rewards Escalator 6**

Issue Age Last Birthday 0-79 Options 1-3 (Years 1-3)	Issue Age Last Birthday 80-85 Options 1-3 (Years 1-3)	Issue Age Last Birthday 0-79 Option 4 (Years 1-3)	Issue Age Last Birthday 80-85 Option 4 (Years 1-3)	<u>Renewal</u> None
4.000%	2.000%	4.000%	2.000%	

**** Loyalty Rewards Escalator 8
Applies to All Available States Except CT**

Issue Age 0-79 All Options (Years 1-3)	Issue Age 80-85 All Options (Years 1-3)	<u>Renewal</u> None
5.500%	2.750%	

**** Loyalty Rewards Escalator 8 LITE
Applies to CT ONLY**

Issue Age 0-79 All Options (Years 1-3)	Issue Age 80-85 All Options (Years 1-3)	<u>Renewal</u> None
4.750%	2.375%	

**** Loyalty Rewards Escalator 10
Applies to All Available States Except CT**

Issue Age 0-79 All Options (Years 1-3)	Issue Age 80-85 All Options (Years 1-3)	<u>Renewal</u> None
6.500%	3.250%	

**** Loyalty Rewards Escalator 10 LITE
Applies to CT ONLY**

Issue Age 0-79 All Options (Years 1-3)	Issue Age 80-85 All Options (Years 1-3)	<u>Renewal</u> None
5.500%	2.750%	

**** Loyalty Rewards Escalator 12**

Issue Age 0-79 All Options (Years 1-3)	Issue Age 80-85 All Options (Years 1-3)	<u>Renewal</u> None
7.500%	3.750%	

Fidelity and Guaranty Life

R7 Street ANNUITY COMPENSATION SCHEDULE

The Following are Authorized Contracts and the compensation payable thereon:

****Spectrum Choice Bonus**

Issue Age 0-79 All Options (Years 1-3)	Issue Age 80-85 All Options (Years 1-3)	<u>Renewal</u> None
10.000%	5.000%	

****Spectrum Rewards Bonus (Flex Premium)**

Issue Age Last Birthday 0-79 Options 1-3	Issue Age Last Birthday 80-85 Options 1-3	Issue Age Last Birthday 0-79 Option 4 (Years 1-3)	Issue Age Last Birthday 80-85 Option 4 (Years 1-3)	<u>Renewal</u> None
10.000%	5.000%	10.000%	5.000%	

****Spectrum Rewards Choice 7 w/o Trail**

Issue Age Last Birthday 0-79 All Options (Years 1-3)	Issue Age Last Birthday 80-85 All Options (Years 1-3)	<u>Renewal</u> None
7.000%	3.500%	

****Spectrum Rewards Choice 7 w/Trail**

Issue Age Last Birthday 0-79 All Options (Years 1-3)	Issue Age Last Birthday 80-85 All Options (Years 1-3)	<u>Renewal</u> None
5.750%	2.875%	

****Spectrum Rewards Choice 9 w/o Trail**

Issue Age Last Birthday 0-79 All Options (Years 1-3)	Issue Age Last Birthday 80-85 All Options (Years 1-3)	<u>Renewal</u> None
9.000%	4.500%	

****Spectrum Rewards Reserve (Flex Premium)**

Issue Age Last Birthday 0-79 Options 1-3	Issue Age Last Birthday 80-85 Options 1-3	Issue Age Last Birthday 0-79 Option 4 (Years 1-3)	Issue Age Last Birthday 80-85 Option 4 (Years 1-3)	<u>Renewal</u> None
9.000%	4.500%	9.000%	4.500%	

Immediate Annuities

Gift Annuity

First Year Issue Age 0-89	First Year Issue Age 90-94	First Year Issue Age 95	First Year Issue Age 96	First Year Issue Age 97	First Year Issue Age 98	First Year Issue Age 99-100	<u>Renewal</u> None
3.000%	2.750%	2.500%	2.250%	2.000%	1.500%	0.750%	

Guaranty Income Plan

First Year Issue Age 0-89	First Year Issue Age 90-94	First Year Issue Age 95	First Year Issue Age 96	First Year Issue Age 97	First Year Issue Age 98	First Year Issue Age 99-100	<u>Renewal</u> None
3.000%	2.750%	2.500%	2.250%	2.000%	1.500%	0.750%	

Fidelity and Guaranty Life
R7 Street ANNUITY COMPENSATION SCHEDULE

The Following are Authorized Contracts and the compensation payable thereon:

***** Medicaid SPIA - Balloon Benefit Payout Period**

First Year 2	First Year 3	First Year 4	First Year 5	First Year 6	First Year 7	First Year 8	First Year 9	First Years 10+	Renewal None
1.500%	3.000%	5.500%	7.500%	7.500%	7.500%	7.500%	7.500%	9.500%	

***** Medicaid SPIA - Level Benefit Payout Period**

First Year 2	First Year 3	First Year 4	First Year 5	First Year 6	First Year 7	First Year 8	First Year 9	First Years 10+	Renewal None
1.000%	2.000%	2.500%	4.000%	5.000%	6.000%	7.000%	7.500%	9.500%	

**Flexible Premium - Loyalty Rewards: Options 1-4 Comp rates are for Initial Premium Only, subsequent premiums will pay at the Fixed Rate for years one through five. Option 5 Comp rates are for years one through five. // Spectrum Rewards Bonus and Reserve: Options 1-3 Comp rates are for Initial Premium Only, subsequent premiums will pay at the Fixed Rate for years one through three. Option 4 Comp rates are for years one through three. // Spectrum Rewards Choice: Compensation rates are for years one through three. No commissions are payable after the third policy anniversary. A performance trail will be paid on the Spectrum Rewards Choice 7 WITH TRAIL if selected at the time of the application. The performance trail will credit the agent an amount equal to 10% of the equity interest credited to the client on index crediting dates. Note the performance trail does not count interest earned on the fixed bucket.

***Medicaid SPIA-Balloon + Level Benefit Payout Periods-Commissions will be paid based on the Benefit Payout period in whole years. Example: 2yrs 8 months will be calculated using the 2 year Benefit Payout Period.

BASIC COMMISSIONS - Basic Commissions on Authorized Contracts listed below shall be payable in accordance with this Compensation Schedule. Basic Commissions are expressed as percentages of premiums received and accepted by the Company subject to the other provisions herein contained based on the date of application. Basic Commissions on additional policies and riders hereafter offered by the Company shall be payable at rates to be furnished by the Company. Any policies in force at the time this Compensation Schedule becomes effective shall be subject to the commission and commission chargeback provisions set forth in the Compensation Schedule applicable at the time such policies were issued. Commissions shall not be paid on any premiums waived or paid by the Company. This schedule is subject to change at any time by the Company.

LARGE DEFERRED ANNUITY CASES - A large case is one in which the total first year premium is in excess of \$600,000. A commission reduction of 50 basis points for any policy(s) issued on the same client in the same year for which the total first year premium in aggregate exceeds \$600,000 will be made retroactive to the first dollar of premium (reduction is on the entire amount). Subsequent premiums may result in a chargeback if it causes the total premium to exceed \$600,000.

COMMISSION FOR INTERNAL REPLACEMENTS - New policies issued by the Company as a result of internal replacement of existing policies will be compensated at a reduced rate set by the Company. The concurrent termination of one policy and issue of another will be treated as a replacement. Similarly, cash values paid to policyholders and subsequently returned for application to newly issued policies will be treated as if they were transferred directly and compensation will be adjusted accordingly. Policy values applied towards premium will not receive commission.

COMMISSION CHARGEBACK – First year commissions on annuities unless otherwise indicated will be charged back at the rate of 100% on full surrenders, and partial surrenders which exceed the free amount (if any) or MRD, during the first twelve policy months and at the rate of 50% during the second twelve policy months. Resolute 4 first year commissions will be charged back at the rate of 100% on full surrenders, and partial surrenders which exceed the free amount (if any) or MRD, during the first twelve policy months, at the rate of 50% during the second twelve policy months and a rate of 50% during the third twelve policy months. Spectrum Rewards Reserve first year commissions will be charged back at a rate of 100% on full and partial surrenders during the first twelve policy months, 75% in the second twelve policy months and 50% in the third twelve policy months.

ADDITIONAL - First year commissions will be charged back for: @ Any policy which is considered a "not taken"; @ Any policy which is not issued by the company, or if already issued, is rescinded; @ Any situation in which the producer fails to conform to applicable state regulations and /or company policies and procedures; @ Any situation in which the producer fails to reasonably cooperate with the company.

CHARGEBACKS ON EARLY ANNUITIZATIONS – In all cases, when a contract is annuitized within the chargeback period, the first year commission will be adjusted to the commission level of the immediate annuity product (F&G Guaranty Income Plan).

COMMISSIONS ON ANNUITIZATION OF DEFERRED ANNUITIES - Full SPIA commissions will be paid on annuitizations after the surrender charge period expires. For annuities with repeating surrender charge periods, full SPIA commissions will be paid on annuitizations which occur at any time after the second interest rate guarantee period.

DEATH OF OWNER – There are no chargebacks on death of a policyowner.

This Compensation Schedule is effective as of the later of May 12, 2005 or the date the referenced products are approved by the Company for sale in the state(s) in which you do business.

Agent Appointment Instructions

Agents are required to be appointed by Fidelity and Guaranty Life and Americom Life in those states that they solicit business, both resident and non-resident license. Non-resident licensing is required for any overrides, which are paid in FL, MT, NM, NY, PA and UT.

States have guidelines on whether or not an agent can solicit business prior to appointment date. We designate states that have restrictions as “Sensitive States”.

Sensitive states include DC, LA, WA, WV and WY.

Fidelity and Guaranty Life pays all state appointment fees and renewal fees. Agents must complete a Producer Information Form from either a Managing General Agent or one of our field representatives. The compensation arrangement received will depend upon the level of committed production.

To ensure proper and timely contracting, it is important that you provide complete, accurate information. Attach all required documentation and/or fees. Make sure you read and understand the Market Conduct Guide. Keep all appointment documentation together, and submit the completed package to your recruiting General Producer:

- Signed and completed Producer Information

Producer Information Form – Complete and sign. Should be completed for all individuals and/or agencies, corporations who are to receive payment of agent compensation directly from Fidelity and Guaranty Life or Americom Life. Agents who wish to have their commissions assigned to their agency should also complete the producer information form; corporation or who are principals of an agency/corporation complete this form. Be sure to indicate those states you wish to be appointed. Sign and complete W9

- **Electronic Funds Transfer (EFT) direct deposit form** – Complete and sign the Authorization Agreement for Direct Deposit form and enclose a voided check or deposit slip.
- First-time licensees must enclose completed original state forms with appropriate fees.
- E&O Insurance coverage – Fidelity and Guaranty Life and Americom Life have negotiated cost effective group E&O coverage. To apply, complete and sign the Enrollment Form, and enclose a check made payable to Insurance Specialists Services, Inc. for your first year’s premium. E&O coverage is mandatory in AL, MS and KS.

Agent appointment packages **MUST** be signed and submitted by your upline and/or MGA (Master General Producer)