



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.)
	City, state, and ZIP code
List account number(s) here (optional)	Requester's name and address (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:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. 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:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. 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:

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

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

Certain payees and payments are exempt from backup withholding. See the instructions 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.

Optional

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

Optional

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

Code of Ethical Conduct for Producers and Employees



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INSURER – OM Financial Life Insurance Company

* By affixing one electronic signature to the Code of Ethical Conduct, Insurance Agency/Producer acknowledges that the acceptance/agreement to the terms of the Code of Ethical Conduct does apply to any identification numbers that have been assigned by the Company to the Agency/Producer.

Insurance Agency/Producer may execute this Guide electronically by accessing the Company's producer intranet site and providing acceptable authentication information that will permit the Company to rely upon Insurance Agency's/Producer's electronic 'signature'.

Acknowledged and Agreed to by:

(signature)

date: _____

(printed name)

Code of Ethical Conduct for Producers and Employees



OLD MUTUAL
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INSURER – OM Financial Life Insurance Company

OM Financial Life Insurance Company
OM Financial Life Insurance Company of New York
Old Mutual Business Services, Inc.
Old Mutual Financial Network Securities, Inc.
Fidelity & Guaranty Assignment, LLC
(collectively referred to as the “Company”)

Effective: May 1, 2008

As a Company, we are committed to treating our customers fairly and ethically. This Code of Ethical Conduct (“Code”) makes that commitment by the Company and its employees. We expect our Producers (the individuals and firms authorized to sell and distribute our Insurance Products) to share this commitment. Therefore, we ask that our producers and employees provide evidence of their agreement to this Code by returning a signed copy to the Company.

PRINCIPLES

We commit ourselves, in the sale of our Insurance Products:

- To conduct business according to high standards of honesty and fairness and to treat our customers as we would expect to be treated.
- To provide competent and customer-focused sales and service.
- To compete fairly.
- To provide advertising and sales material that is clear, honest, and fair.
- To handle customer complaints and disputes fairly and promptly.
- To maintain a system of supervision and monitoring reasonably designed to demonstrate our commitment to and compliance with these principles.

POLICIES

It is our policy, in the sale of our Insurance Products to:

Meet the Needs of our Customers

We will:

- Enter into insurance transactions which assist customers in meeting their insurable needs and objectives.
- Have procedures designed to reasonably assure that recommendations made by Producers to purchase Insurance Products are suitable based upon relevant information obtained from customers.
- Maintain a process to comply with laws and regulations that are related to this Code in the marketing and sale of Insurance Products.
- Proactively – in cooperation with consumers, regulators, other producers and others – seek to improve the life insurance industry’s practices for marketing and sales of Insurance Products.
- Adopt and support the concepts in this Code of Ethical Conduct.
- Take corrective action upon identifying any violations of this Code.

Code of Ethical Conduct for Producers and Employees



INSURER – OM Financial Life Insurance Company

Use Qualified and Trained Producers and Employees

The Company will:

- Have appropriate criteria or guidelines for selecting producers and appropriate employees of good character and business repute who have appropriate qualifications.
- Ensure that producers are licensed, appointed (where necessary), and meet other applicable regulatory requirements required to solicit the Company's Insurance Products.

Further:

- Producers who manage other Producers shall share in this commitment.
- Training will be provided or made available to Producers and appropriate employees, on how to comply with laws and regulations, with Company procedures, and with this Code as well as with respect to the Company's products and their features.
- Information will be provided or made available to Producers and appropriate employees about the Company's applicable Insurance Product(s) and the features and operation of the product(s). The information may be provided or made available through various methods, including: sales, marketing or other descriptive product materials; manuals; training or training materials; software; websites or system-based information; or other appropriate means.

We will:

- We will encourage Producers and appropriate employees to participate in continuing education designed to provide current knowledge regarding products, industry issues and emerging trends.

Compete Fairly

We will:

- Engage in fair and active competition in the marketing and sales of our Insurance Products.
- Maintain compliance with the applicable state and federal laws fostering fair competition; and
- Refrain from making disparaging remarks about competitors.

Where the sale of an Insurance Product involves a replacement, the Company and, where appropriate, its Producers will:

- Provide consumers with information they need to ascertain whether a replacement is appropriate—including reasons why replacement might not be appropriate; and
- Have procedures to review replacement activity which include a system for tracking, identifying and addressing deviations from the Company's replacement policies and procedures.

Sell Fairly and Use Clear and Accurate Sales Materials

Further:

- Advertising and sales material that is designed to lead to the sale or solicitation of the Company's Insurance Products will be presented in a manner consistent with the needs of the customer.
- Such advertising and sales material will be based upon the principles of fair dealing and good faith and will have a sound basis in fact.
- Such materials that are presented as part of a sale will be clear and understandable in light of the complexity of the product being sold.

Code of Ethical Conduct for Producers and Employees



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- Such materials are not permitted to be used in the sale of the Company's Insurance Products unless and until they are reviewed and approved by the Company for compliance with this Code and with applicable laws and regulations related to advertising, unfair trade practices, sales illustrations and other similar provisions.

The Company will:

- Maintain procedures designed to control that sales illustrations or other representations of premiums and considerations, costs, values and benefits are accurate, fair, and complete and contain appropriate disclosures. Where appropriate, guaranteed and non-guaranteed elements will be clearly identified, distinguished and explained.

Appropriately Handle and Monitor Complaints

The Company will:

- Identify, evaluate and handle customer complaints in compliance with applicable laws and regulations.
- Provide an easily accessible way for customer to communicate complaints.
- Will maintain policies and procedures designed to reasonably assure that customer complaint information gathered is analyzed and efforts are made to eliminate their root causes.
- Maintain policies and procedures to reasonably assure that it makes good faith efforts to resolve complaints and disputes.

Supervision and Monitoring

The Company's management and Producer will:

- Have established and enforced policies and procedures reasonably designed to demonstrate our commitment to and compliance with this Code.

The Company will:

- Have a system of supervision over the sales and marketing activities of its producers and appropriate employees relating to its Insurance Products is designed to reasonably assure compliance with this Code and with applicable laws and regulations. In appropriate distribution systems of independent producers, the Company may agree that a Producer's firm or other independent intermediary will perform supervisory responsibilities as specified in a written agreement with the firm or intermediary.
- Train appropriate employees on this Code, relevant Company compliance policies and procedures, and applicable laws and regulations.
- Monitor the sales and marketing practices of its producers and appropriate employees to ensure compliance with this Code and applicable laws and regulations.

Maintenance of Policy

This Policy will be reviewed on a regular basis by the Chief Compliance Officer of the Company (CCO) and the CCO will be responsible for proposing any necessary amendments to ensure it remains accurate. Any known exceptions to this Policy should be brought to the attention of the CCO for evaluation and reporting to the General Counsel and other members of senior management as deemed appropriate.