

Great American Supplemental Benefits Group

ASSOCIATE AGREEMENT

- Complete the **Prospective Associate's Application and Profile**, Sign, Date and Return.

On PAGE 2 indicate the commission level for each company you are requesting the agent be appointed/contracted under. If you provide this information for only one company and you request multiple company appointments we will use this level for all companies. For a list of commission level codes to use please contact your upline manager. **Important Note: If appointing a corporate agency or business entity both the signature lines that are provided for the agent or agency soliciting appointment must be signed.**

- Review the **Associate Agreement**, and keep for your records.
- Review the **Commission Schedule** (specific insert by insurance company).

If requesting commission advances,

- Review the **Associate Advance and Pledge Agreement**, and keep for your records.
- Review the **Associate Promissory Note**, and keep for your records.

PLEASE MAKE SURE YOU SEND IN THE FOLLOWING:

- Enclose a copy of your **current resident license** and non resident licenses for all other state(s) where you desire to be appointed.
- Enclose a copy of your **E&O Declarations Page** with minimum limits of \$100,000 per occurrence and an aggregate limit of \$1,000,000 or a completed copy of your application for coverage under our sponsored group plan offered by the National Association of Professional Agents (NAPA).
- Enclose a check for the state appointment fees or we will debit the fees from the bank account listed in the Direct Deposit/Automatic Draft Agreement section of the application.
- Enclose a copy of your completed **W-9** form.

Note: Once you submit your contracting paperwork to the Licensing Department they will issue your writing number; **however, you will not be appointed with the state (where applicable) until you submit your first piece of business to GASBG.** You must submit a piece of business within one hundred and twenty (120) days of turning in your contracting paperwork. The Licensing Department will charge you your state appointment fees within 7-10 days after the submission of your first piece of business. Note that your appointment with any of our companies will not be listed with your DOI until you submit business and we appoint you in your state. **When you solicit your first application you must promptly submit it to the New Business Department so that we may appoint you within the time frame allowed by your state, if you do not submit the application promptly this may lead to rejection of the application.**

We are pleased to offer you the option to pay for your state appointment fees through automatic debit from your bank account. Your state appointment fees will be automatically deducted from your checking or savings account when we receive your first piece of business. This eliminates the need for you to write a check for these fees and allows us to better service your account.

Refer to the State Appointment Fee Chart, found on AgentView under Forms & Materials > Servicing Forms then select "Contracting" from the category drop down menu for current applicable fees in your state. You can also obtain this chart from the Licensing Department, email them at Licensing@gasbins.com.

Return all contracting paperwork to the home office at:

Fax: (877) 844-8374 or

Mail: P.O. Box 26580 | Austin, TX 78755-0580

ATTN: Senior Marketing

PROSPECTIVE ASSOCIATE'S APPLICATION AND PROFILE

Please check each company you wish to be contracted and appointed with:

- Continental General Insurance Company Loyal American Life Insurance Company®
 United Teacher Associates Insurance Company

States you wish to be appointed in: _____

I. PERSONAL INFORMATION

Full

Name _____
First Middle Last

ALL ISSUED POLICIES WILL BE MAILED DIRECTLY TO THE POLICY OWNER UNLESS THE FOLLOWING BOX IS CHECKED:

MAIL POLICIES TO AGENT

National Producer Number (NPN) _____

Date of Birth _____ / _____ / _____ Gender _____ SSN _____

Residence Address _____
Street City State County Zip

Mailing Address _____
Street City State County Zip

Phone _____ Fax _____ Email _____

II. BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses in all states you wish to be appointed.)

Please fill out all information. We require that all Associates have E&O coverage.

Do you currently have E & O Coverage Yes No If "Yes," attach declaration page to application

Are you registered with the FINRA? Yes No

If "Yes," current Broker/Dealer affiliation: _____ List CRD Number: _____

Make commissions payable to: Individual Corporation

Are you applying for an advance? Yes No If yes, please check one: 12 MO 9 MO 6 MO

Please Note: If applying and approved for 12 month advance only Med Supp policies are eligible for a 12 month advance. All other products are eligible for a 9 month maximum advance.

Are you an owner, partner, director or officer of any business? Yes No

If "Yes," please attach a separate piece of paper listing the incorporated name of the business (or DBA name), its tax identification number (TIN), complete address and state of incorporation.

AGENCY/CORPORATE DATA (complete only if you want to be appointed as an agency or corporation). Corporation must be licensed with resident state in order to receive commission. **Note: Both signature lines in Section IV must be signed if applying as agency or corporation.**

Agency/Corporate Name: _____ Corp. Tax I.D. Number: _____
 Mailing Address _____
Street City State County Zip

Phone _____ Fax Number _____ Email Address: _____

III. BACKGROUND INFORMATION

Please answer all questions. **If you answer "Yes" to any of the questions, please attach a separate sheet with details.**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Are you or have you ever been appointed with Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |

BANKRUPTCY DISCHARGE/DISMISSAL DATE _____

Direct Deposit/Automatic Draft Agreement

I hereby authorize the affiliates of Great American Supplemental Benefits Group (GASBG) to deposit any amounts advanced or owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") noted on this form. I authorize the bank to accept and to credit these entries to my account. In the event GASBG erroneously deposits funds into my account, I authorize GASBG to debit my account to recover these erroneous deposits. **I further authorize GASBG to initiate electronic debit entries to my account for the payment of my appointment fees (the entry will appear with a description of "GR AM SUP GRP").** This authorization shall remain in full force until GASBG and Bank have received written notice from me of its termination in such time and manner as to afford GASBG and Bank reasonable opportunity to act on it.

Agt. Name:	Agent No.:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Bank Name:	Routing No.:	Acct. No.:	

Assignment of Commissions (if applicable) Complete this section only if commissions are to be paid to another agent or agency other than the applicant.

For the value received, I _____ (assignor) of the city of _____, State of _____

Do hereby assign, transfer and set over to: _____ (assignee) _____ (TIN or SSN)

with address of _____
 Its successors and assigns, my rights, title and interest in the first year and renewal commission which shall accrue to me under my GASBG contract. I further certify there is no previous assignment or assignments nor had any bill of sale of these commissions or any part thereof been previously made by me to any other person or persons, nor is there any claim against such commissions outstanding. I do for myself, my executors or administrators, guarantee the validity of the foregoing assignment.

IV. NOTICE

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that a photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I certify that I have read and fully agree to the terms and conditions set forth in the Associates Agreement (Form # GASBG-8-0001-HM) including Section 20 which sets forth the terms and provisions relating to Mandatory Mediation, and Mandatory Binding Arbitration. If I have requested advance commissions, I have read and fully agree to the terms and conditions set forth in the Advance Pledge Agreement (Form # GASBG-8-0001-HMb) and the Promissory Note (Form # GASBG-8-0001-HMc) attached to this Application. I hereby agree to be bound by all terms and conditions of said Agreement(s). Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

For Maine Applicants Only – Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only – The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 286, Marlton, N.J. 08053; for consumer compliance officer contact 800-260-1680.

For California, Minnesota & Oklahoma Applicants Only – A consumer credit report will be obtained through Business Information Group, P.O. Box 286, Marlton, N.J. 08053. If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I want a copy _____ (initials); I do not want a copy _____ (initials). If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy. I want a copy _____ (initials); I do not want a copy _____ (initials). * California applicants: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

Signature of individual soliciting appointment	Date
Signature of Corporate Officer of business entity soliciting appointment	Date

V. TO BE COMPLETED BY RECRUITER AGENT

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Associate's Agreement, including the Associate Promissory Note and Associate Advance and Pledge Agreement attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed Name of Appointing Agent	Prospective Associate's Commission Level		
Signature of Appointing Agent	CGI	Loyal	UTA
Agent Number	Date		

ASSOCIATE AGREEMENT

THIS ASSOCIATE AGREEMENT (“Agreement”) is made and entered into by and between Great American Supplemental Benefits Group with administrative offices at 11200 Lakeline Blvd., Ste 100, Austin, Texas 78717-5964 (“Company”), and the person or entity that executes this Agreement and whose address is set forth in the Prospective Associate’s Application and Profile prepared and submitted in connection herewith (hereinafter, the “Associate, You, or Your.”)

1. **COMPANY DEFINITION** – For purposes of this Contract and any applicable Compensation Schedules, Supplements or Addendums, all references to “Company” shall be defined to include each of the following companies the agent becomes appointed with: American Retirement Life Insurance Company, Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Assurance Company, Great American Life Insurance Company®, Loyal American Life Insurance Company®, Provident American Life & Health Insurance Company and United Teacher Associates Insurance Company.

Section 1: Relationship and Scope of Authority

Subject to the provisions and limitations set forth in this Agreement and in reliance on the promises, representations and warranties of Associate, Company hereby appoints Associate to act as an agent for Company and to represent Company in promoting, soliciting sales of, and selling designated products offered by and through Company. The relationship of Associate and Company shall be that of an independent-contractor relationship, and nothing herein shall be construed to create the relationship of employee and employer, partners or co-venturers. Associate is free to exercise its own judgment as to the time and manner for performing services required under this Agreement. Associate is also free to exercise its own judgment as to the persons from whom Associate will solicit applications and the time and place of solicitation, subject to compliance with applicable law.

Associate is authorized to solicit applications with respect to the designated insurance products offered for sale through Company, to forward those applications for processing, to collect only the initial premium payment due on such applications for processing, to collect only the initial premium payment due on such applications in cases where appropriate (e.g. non-payroll deduct cases), to deliver policies of insurance as directed by Company (if the insured(s) is/are in good health and the initial premium has been paid) and to do any act or perform any duty specifically authorized by Company in writing.

Associate is authorized to recruit and recommend for appointment and contracting agents, independent agents, brokers and other acceptable producing representatives for Company. For purposes hereof, all of the contracting agents, brokers and other acceptable producing representatives within the production hierarchy of Associate which are duly contracted with and appointed by company are sometimes hereinafter referred to as “Subagents”. Company reserves the sole discretion and right to approve or disapprove the appointment of any Subagent and to terminate any Subagent for any or no reason.

Associate represents and warrants to Company now and at all times during the effectiveness of this Agreement that Associate and all Subagents hold all licenses, certifications, bonds, and insurance necessary to perform services under this Agreement and on behalf of Company and that the state insurance jurisdiction over Associate or Subagents has not revoked, suspended, denied renewal or otherwise imposed restrictions or limitations on Associate’s or any Subagents’ licenses, certifications or qualifications necessary to perform under this Agreement and on behalf of Company.

Associate’s authority shall not extend beyond the limited authority as set forth in this Agreement and in conjunction with that limited authority Associate hereby agrees and acknowledges that Associate has no authority to:

(i) act in any way contrary to the laws and regulations governing the business of insurance, the ethics of life and health business, including but not limited to, the Agent Code of Ethics and Procedures, and the rules and regulations of Company’s as described in Company’s manuals, rate books, and general instructions. (ii) contract debts or obligations in the name of Company’s or obligate it in any way; bind or attempt to bind Company’s by any promise or agreement, including but not limited to, obligation to insure; incur debt, expense or liability in Company’s name; make, alter, waive or modify any of the terms or provisions of companies policies, applications or contracts, including riders and amendments; discharge any contract or waive any forfeiture; extend the time for payment of any premium or note; or waive payments in cash; or (iii) collect any premium, except the initial premium.

Section 2: Compensation

During the term of, and subject to provisions of, this Agreement (including, without limitation, the limitations contained in Section 6), and subject to the rules and regulations of Company, Company shall pay to Associate the commissions specified in the attached Commission Schedule on all business produced by it personally or by its Subagents, less any commissions or service fees due Subagents by reason of any contract between Company and such Subagents. Company may, in its sole discretion, determine commissions and renewal commissions on any policy not scheduled therein. Associate shall be solely responsible for paying all expenses incurred by Associate and its Subagents in performance of this Agreement.

The Commission Schedule and any commissions payable there under may be modified from time to time by Company, in its sole discretion, upon ten (10) days written notice to Associate which may be contained in any Company Field Bulletin, email communication or other written communication by Company to Associate.

Section 3: Territory

During the term of this Agreement, Associate and its Subagents may solicit only in territories in which they and Company are duly licensed. No territory is assigned exclusively to Associate and/or its Subagents, and Company may authorize other agents and producers of Company to solicit sales of, sell and market insurance policies and products offered by Company in such territory. Company may, at any time in its sole discretion, discontinue conducting all or any part of its business within all or any party of Associate’s territory or any other territory even if Company is still licensed and authorized therein.

Section 4: Responsibilities and Restrictions

Associate shall at all times comply with; and shall cause its Subagents to comply with, all of Company’s rules and regulations as such may be amended from time to time and with all applicable federal and state laws and regulations. Associate shall comply with, and shall cause its Subagents to comply with, any and all rules and regulations in any Compliance Manual, Underwriting Manual or Sales Manual published by Company. Associate shall not (i) rebate any premiums or commissions to any party; (ii) make, alter or discharge any contract or policy; (iii) extend time for payment of any premium; (iv) waive any forfeiture, policy provision or premium payment; (v) modify any rate, receipt or requirement; (vi) endorse checks made payable to Company; (vii) advertise or publish any matter or thing concerning Company or its products without filing a proposed copy of such material with Company and obtaining approval, signed by an officer of Company; or (viii) undertake any act on behalf of Company other than as expressly authorized herein.

Associate agrees to comply with applicable provisions of the Gramm Leach Bliley Financial Modernization Act of 1999, as amended from time to time, and any requirements associated with such Act that may be enacted by any state. To the extent that nonpublic personal information of any individual is disclosed to Associate or its Subagents, Associate agrees that it will not disclose or use the information other than to carry out the purposes of this Agreement.

Associate shall be responsible for acquiring and maintaining, and causing its Subagents to acquire and maintain, all licenses in any territory in which Associate or any of its Subagents solicits, negotiates or sells insurance, as required by applicable law. Associate shall pay for all license fees, appointment fees, bond fees, and fees and taxes required by any federal, state or local government relative to Associate and its Subagents. Associate is solely and strictly responsible for the performance, fidelity and honesty of Associate's Subagents, employees and independent contractors, all of whom shall act in accordance with this Agreement. All premiums and funds collected by Associate or its Subagents in connection with the sale of any insurance policy or product shall be held by Associate in trust, and Associate shall act as trustee and fiduciary with respect to those premiums and funds, which will in no event be used by Associate or its subagents for personal, business or other purposes.

Associate agrees to work diligently to prevent lapsing and replacement of Insurance effected hereunder. All insurance placed by Associate shall be the property of Company. Associate covenants and agrees that it will not hold itself out to the public or others as an employee, partner, co-venturer or associate (other than as provided for herein) of Company, and further covenants and agrees that it will not execute contracts purporting to bind Company.

Section 5: Term

This Agreement may be terminated for any or no reason at any time by either party upon written notice to the other. In addition, Company, in its sole discretion, may terminate this Agreement "for cause" immediately upon mailing written notice to Associate's last known address if Associate or any of Associate's Subagents, employees or independent contractors:

- (i) commit any fraud or dishonesty in connection with the duties, services or actions being performed on behalf of Company or under this Agreement;
- (ii) violate any of the terms of this Agreement;
- (iii) violate any laws or regulations governing insurance sales in the state or states in which Associate is licensed and/or other laws or regulations of such state or territory which Associate has been assigned;
- (iv) be indicted or convicted of a felony;
- (v) publish, distribute or use any circulars, advertising, sales material or other matter referring to Company or to contracts or policies without first securing the written approval or Company as required herein;
- (vi) communicate with any Company policyholder for the purpose of replacing, canceling or otherwise terminating a Company policy;
- (vii) voluntarily or involuntarily dissolve (if an entity such as a corporation limited liability company, partnership, etc.);
- (viii) become insolvent or bankrupt, or make an assignment for the benefit of creditors or be in default of any obligation;
- (ix) violate any provision of Section 14 hereof;
- (x) violate any term of, or a default occurs under, any Note (defined below) or any Pledge Agreement (defined below).

If this agreement is terminated for cause, then all of Associate's rights to any compensation shall be immediately terminated and forfeited, including but not limited to all commissions and Vested Commissions (defined hereinafter).

Section 6: Commission Limitation, Vesting and Production

In consideration of Associate's services and Agreement as provided herein, Company shall pay to Associate compensation in the form of commission on premiums received by Company for issued policies as described in the appropriate commission schedule(s) ("Commission Schedules") subject to Section 2 of this Agreement which are incorporated herein by reference. The amount of commissions paid by Company on premiums shall be in accordance with the appropriate Commission Schedules executed between Company and Associate.

Commissions shall be paid on premium collected and earned by the Company. Commissions shall be paid, without interest thereon, within sixty (60) days of Company's receipt of premium payment and policy issuance. So long as Associate or any of its Subagents owes Company any Advances (defined hereinafter), Company may, in its sole discretion, apply all commissions owed by Company to Associate against such Advances.

Upon receipt of their commission statement, Associate shall immediately review the commission statement and notify Company of any disputes within sixty (60) days from date of the commission statement. Failure to notify Company within sixty (60) days shall result in Associate's acceptance of the Commissions as stated.

If, for any reason, a portion or all of the premiums is returned to a policyholder or if a policy or product is canceled, the commission paid or payable to Associate or its Subagents hereunder shall be adjusted accordingly, and Associate shall repay, on demand, any commissions received by Associate or its Subagents on that premium.

If this Agreement is terminated by Company for any reason other than for "cause," as defined in Section 5, Associate shall, except as otherwise provided in this Agreement, receive renewal commissions that accrue under the provisions of this Agreement, if any ("Vested Commissions"). The obligation to pay such Vested Commissions shall terminate when the total Vested Commissions so payable are less than \$600 \$600 in any twelve (12) month period. In the event of death of the Associate (if an individual), any Vested Commissions shall be paid directly to the estate of the deceased Associate.

Unless otherwise expressly provided in the Commission Schedule Commissions are not payable on underwriting or substandard premium rate ups, renewal premium increases, or enrollment, administration, policy or similar fees.

If an Associate has not written business for a six month period of time, then such Associate may be reassigned to another hierarchy or entity designated by the Company.

Section 7: Advances

Company may, at its discretion, make one or more advances to Associate or its Subagents (each an "Advance") in anticipation of future commissions payable by Company to Associate or its Subagents. All Advances shall be deemed loans made by Company to Associate and shall be reflected in Associate's account or accounts (collectively "Account") on the books of Company. Repayment of the Advances will be governed by the Promissory Note payable by Associate to Company ("Note") executed this date by Associate and the Advance and Pledge Agreement ("Pledge Agreement") between Company and Associate executed this date. Associate's obligations under the Note shall be secured by the Pledge Agreement between Company and Associate executed this date, which Note and Pledge Agreement are attached hereto and incorporated herein by reference. Associate agrees to repay the Advances and perform all other Obligations (as defined in the Pledge Agreement) in accordance with the terms of the Note and the Pledge Agreement. Company may set off against any Advances or other amounts owed by Associate or its Subagents to Company: the amount of any commissions owed by Company to Associate.

Section 8: Method of Remittance on New Applications

Associate shall immediately remit to Company all premiums collected or received by Associate or its Subagents. It is understood and agreed that, unless otherwise pre-authorized by the Company (e.g., specific arrangement for Worksite, Credit Union or direct response sales); Company will accept no application unless accompanied by the initial premium. No commission shall be deemed earned until the premium is paid and the policy is issued, delivered to applicant and accepted by the applicant.

Section 9: HIPAA Regulations

1. Definitions

- 1.1. Unless otherwise specified in this section, all capitalized terms used in this section not otherwise defined in this section or otherwise in the Agreement have the meanings established for purposes of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (collectively, "HIPAA") and ARRA, as each is amended from time to time. Capitalized terms used in this section that are not otherwise defined in this section and that are defined in the Agreement shall have the respective meanings assigned to them in the Agreement. To the extent a term is defined in both the Agreement and in this section, HIPAA or ARRA, the definition in this section, HIPAA or ARRA shall govern.
- 1.2. "ARRA" shall mean Subtitle D of the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009, 42 U.S.C. §§17921-17954, and any and all references in this section to sections of ARRA shall be deemed to include all associated existing and future implementing regulations, when and as each is effective.
- 1.3. "Breach" shall mean the acquisition, access, use or disclosure of PHI in a manner not permitted by the Privacy Rule that compromises the security or privacy of the PHI as defined, and subject to the exceptions set forth, in 45 C.F.R. 164.402.
- 1.4. "Business Associate" shall mean a contracted and/or appointed insurance Agent.
- 1.5. "Compliance Date" shall mean, in each case, the date by which compliance is required under the referenced provision of ARRA and/or its implementing regulations, as applicable; provided that, in any case for which that date occurs prior to the effective date of this Agreement, the Compliance Date shall mean that effective date of this Agreement.
- 1.6. "Electronic Protected Health Information" ("ePHI") shall mean PHI as defined in Section 1.9 that is transmitted or maintained in electronic media.
- 1.7. "PHI" shall mean Protected Health Information, as defined in 45 C.F.R. § 160.103, and is limited to the Protected Health Information received from, or received or created on behalf of, the Company by Business Associate pursuant to performance of the Services.
- 1.8. "Privacy Rule" shall mean the federal privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, codified at 45 C.F.R. Parts 160 and 164 (Subparts A & E).
- 1.9. "Security Rule" shall mean the federal security regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, codified at 45 C.F.R. Parts 160 and 164 (Subparts A & C).
- 1.10. "Services" shall mean, to the extent and only to the extent they involve the creation, use or disclosure of PHI, the services provided by Business Associate to the Company under the Agreement, as amended by written agreement of the Parties from time to time.

2. Responsibilities Of Business Associate

With regard to its use and/or disclosure of PHI, Business Associate agrees to:

- 2.1. use and/or disclose PHI only as necessary to provide the Services, as permitted or required by this section, and in compliance with each applicable requirement of 45 C.F.R. § 164.504(e) or as otherwise Required by Law.
- 2.2. implement and use appropriate administrative, physical and technical safeguards to (i) prevent use or disclosure of PHI other than as permitted or required by this section; (ii) reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that Business Associate creates, receives, maintains, or transmits on behalf of the Company; and as of the Compliance Date of 42 U.S.C. § 17931, comply with the Security Rule requirements set forth in 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316.
- 2.3. without unreasonable delay, and in any event on or before the next business day after the date of its discovery by Business Associate, report to Company: (i) any use or disclosure of PHI not provided for by this section of which it becomes aware in accordance with 45 C.F.R. § 164.504(e)(2)(ii)©; and/or (ii) any Security Incident of which Business Associate becomes aware in accordance with 45 C.F.R. § 164.314(a)(2)(C).
- 2.4. without unreasonable delay, and in any event on or before the next business day after the date of its discovery by Business Associate, notify Company of any incident that involves an unauthorized acquisition, access, use, or disclosure of PHI, even if Business Associate believes the incident will not rise to the level of a Breach. The notification shall include, to the extent possible, and shall be supplemented on an ongoing basis with: (i) the identification of all individuals whose Unsecured PHI was or is believed to have been involved, (ii) all other information reasonably requested by Company to enable Company to perform and document a risk assessment in accordance with 45 C.F.R. Part 164 subpart D with respect to the incident to determine whether a Breach of Unsecured PHI occurred, and (iii) all other information reasonably necessary to provide notice to individuals, the Department of Health and Human Services and/or the media, all in accordance with the data breach notification requirements set forth in 42 U.S.C. § 17932 and 45 C.F.R. Parts 160 & 164 subparts A, D, & E as of their respective Compliance Dates. Notwithstanding the foregoing, in Company's sole discretion and in accordance with its directions, Business Associate shall conduct, or pay the costs of conducting, an investigation of any incident required to be reported under this Section 2.4 and shall pay the costs of providing, the required notices as set forth in this Section 2.4 or as may be required by state law and/or state and federal regulatory agencies.
- 2.5. require all of its subcontractors and agents that create, receive, maintain, or transmit PHI to agree, in writing, to the same restrictions and conditions on the use and/or disclosure of PHI that apply to Business Associate; including but not limited to the extent that Business Associate provides ePHI to a subcontractor or agent, it shall require the subcontractor or agent to implement reasonable and appropriate safeguards to protect the ePHI consistent with the requirements of this section and including, at a minimum, compliance with the requirements of Section 2.4.
- 2.6. make available its internal practices, books, and records relating to the use and disclosure of PHI to the Secretary of the Department of Health and Human Services for purposes of determining Company's compliance with the Privacy Rule.

- 2.7. document, and within thirty (30) days after receiving a written request from Company, make available to Company information necessary for Company to make an accounting of disclosures of PHI about an Individual or, when and as directed by Company, make that information available directly to an Individual, all in accordance with 45 C.F.R. § 164.528 and, as of its Compliance Date, in accordance with the requirements for accounting for disclosures made through an Electronic Health Record in 42 U.S.C. 17935©.
- 2.8. provide access to Company, within thirty (30) days after receiving a written request from Company, to PHI in a Designated Record Set about an Individual, or when and as directed by Company, provide that access directly to an Individual, all in accordance with the requirements of 45 C.F.R. § 164.524.
- 2.9. notwithstanding Section 2.8, in the event that Business Associate in connection with the Services uses or maintains an Electronic Health Record of PHI of or about an Individual, then Business Associate shall provide an electronic copy (at the request of Company, and in the reasonable time and manner requested by Company) of the PHI, to Company or, when and as directed by Company, directly to an Individual or a third party designated by the Individual, all in accordance with 42 U.S.C. § 17935(e) as of its Compliance Date.
- 2.10. to the extent that the PHI in Business Associate's possession constitutes a Designated Record Set, make available, within thirty (30) days after a written request by Company, PHI for amendment and incorporate any amendments to the PHI as directed by Company, all in accordance with 45 C.F.R. § 164.526.
- 2.11. accommodate reasonable requests for confidential communications in accordance with 45 C.F.R. § 164.522(b), as directed by Company.
- 2.12. notify Company in writing within three (3) days after its receipt directly from an Individual of any request for an accounting of disclosures, access to, or amendment of PHI or for confidential communications as contemplated in Sections 2.7-2.11.
- 2.13. request, use and/or disclose only the minimum amount of PHI necessary to accomplish the purpose of the request, use or disclosure; provided, that Business Associate shall comply with 42 U.S.C. § 17935(b) as of its Compliance Date.
- 2.14. not directly or indirectly receive remuneration in exchange for any PHI as prohibited by 42 U.S.C. § 17935(d) as of its Compliance Date.
- 2.15. not make or cause to be made any communication about a product or service that is prohibited by 42 U.S.C. § 17936(a) as of its Compliance Date.
- 2.16. not make or cause to be made any written fundraising communication that is prohibited by 42 U.S.C. § 17936(b) as of its Compliance Date.
- 2.17. mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate that is not permitted by the requirements of this section.
- 2.18. comply with all applicable federal, state and local laws and regulations.
- 2.19. not use, transfer, transmit, or otherwise send or make available, any PHI outside of the geographic confines of the United States of America without Company's advance written consent.

2.20. Privacy and Safeguards for Financial Data. Business Associate understands and acknowledges that to the extent it is a nonaffiliated third party service provider under the provisions of the Gramm Leach Bliley Financial Modernization Act of 1999 [hereinafter "GLBA"], as amended from time to time, and any requirements associated with such Act that may be enacted in any state, and that, in the performance of the contracted Services, Business Associate creates or receives Non-public Personal Information [hereinafter "NPI"], Business Associate (i) shall not use or disclose NPI for any purpose other than to perform the Services, (ii) shall implement proper administrative, technical, and physical safeguards designed to ensure the security and confidentiality of the NPI, protect against any anticipated threats or hazards to the security or integrity of the NPI and protect against unauthorized access to or use of the NPI that could result in substantial harm or inconvenience to any Individual; and (iii) shall, for as long as Business Associate has NPI, provide and maintain proper safeguards for the NPI in compliance with this section and the GLBA.

3. **Termination And Cooperation**

- 3.1. Termination. If either Party knows of a pattern of activity or practice of the other Party that constitutes a material breach or violation of this section then the non-breaching Party shall provide written notice of the breach or violation to the other Party that specifies the nature of the breach or violation. The breaching Party must cure the breach or end the violation on or before thirty (30) days after receipt of the written notice. In the absence of a cure reasonably satisfactory to the non-breaching Party within the specified timeframe, or in the event the breach is reasonably incapable of cure, then the non-breaching Party may do the following:
 - i. if feasible, terminate the Agreement, including this section; or
 - ii. if termination of the Agreement is infeasible, report the issue to the Department of Health and Human Services.
- 3.2. Effect of Termination or Expiration. Within thirty (30) days after the expiration or termination for any reason of the Agreement and/or this section, Business Associate shall return or destroy all PHI, if feasible to do so, including all PHI in possession of Business Associate's agents or subcontractors. To the extent return or destruction of the PHI is not feasible, Business Associate shall notify Company in writing of the reasons return or destruction is not feasible and, if Company agrees, may retain the PHI subject to this Section 3.2. Under any circumstances, Business Associate shall extend any and all protections, limitations and restrictions contained in this section to Business Associate's use and/or disclosure of any PHI retained after the expiration or termination of the Agreement and/or this section, and shall limit any further uses and/or disclosures solely to the purposes that make return or destruction of the PHI infeasible.
- 3.3. Cooperation. Each Party shall cooperate in good faith in all respects with the other Party in connection with any request by a federal or state governmental authority for additional information and documents or any governmental investigation, complaint, action or other inquiry.

4. Miscellaneous

4.1. Contradictory Terms: Construction of Terms. Any other provision of the Agreement that is directly contradictory to one or more terms of this section (“Contradictory Term”) shall be superseded by the terms of this section to the extent and only to the extent of the contradiction, only for the purpose of Company’s compliance with HIPAA and ARRA, and only to the extent reasonably impossible to comply with both the Contradictory Term and the terms of this section. The terms of this section to the extent they are unclear shall be construed to allow for compliance by Company with HIPAA, ARRA and GLBA.

4.2. Survival. Sections 3.2, 3.3, 4.1, and 4.2 and shall survive the expiration or termination for any reason of the Agreement and/or of this section.

Section 10: Reinstated Policies and Converted Policies

No commissions shall be paid on lapsed policies. If a lapsed policy is reinstated by Associate or its Subagents, the commission to be paid to Associate and its Subagents shall be the same amount as for the renewal of such policy. If the reinstatement of a lapsed policy written by Associate is accomplished by a different representative of Company, Associate shall not be entitled to a commission on the reinstated policy. Reinstatement commissions are to be determined in accordance with the Commission Schedule in effect at the time of reinstatement. Commissions on rewriting, replacement, or conversion of one form of policy to another (or on surrendered policies) are not covered by this Agreement but may be determined by Company, in its sole discretion.

Section 11: Records and Reports

Associate shall render such reports and keep such records and business accounts as Company requests. For so long as Associate represents Company, Company will furnish Associate with a periodic statement of Associate’s Account and will pay any amount due Associate hereunder. Upon receipt of such statement the Associate shall immediately examine it and if not satisfied as to its accuracy, Associate shall return such statement and the payment to Company with full particulars of any discrepancy therein within sixty (60) days of the date of the statement otherwise the statement shall be deemed accepted by Associate as true and correct. The Account on the books of Company shall be competent evidence of such Account for all purposes.

Section 12: Printed Material

Company may furnish Associate with supplies, applications, circulars and printed matter Company deems necessary for doing business under this Agreement. Associate agrees not to publish, distribute or use any circulars, advertising, sales material or other matter referring to Company or to Company’s policies without first securing Company’s written approval. All printed matter and supplies Company furnishes are property of Company and shall be promptly returned to Company upon request or when this Agreement terminates.

Section 13: Refunds and Rejections

Within the limitations of the law, Company reserves the right, at all times, to reject any application for insurance without specifying cause, and to cancel refuse to renew or modify any policy. Associate shall promptly refund all monies collected on any application by Associate or its Subagents, on which a policy is declined on any application by Associate or Subagents on which Company issued a policy not accepted by the applicant, and on any application by Associate or its Subagents for which the premium is refunded.

Section 14: Policy Replacement Prohibited

Associate agrees that during the term of this Agreement, and for a period of two (2) years following its termination for any reason, associate and his Subagents shall not directly or indirectly contact, solicit, communicate or meet with any of Company’s policyholders for the purpose of rewriting, canceling, lapsing or replacing Company policies, and Associate and its Subagents shall not rewrite, cancel, lapse or replace any Company policy.

Furthermore, Associate shall not directly or indirectly attempt to or persuade an agent or producer of Company to terminate or reduce his or her relationship with Company.

Failure to comply with the provisions of this Section will result in termination of this Agreement for cause and termination and forfeiture of any and all commissions or Vested Commissions (if any).

Section 15: Trade Secret Information

Associate does hereby acknowledge, agree and accept that the Trade Secret Information of Company falls within that term as defined by pertinent state Trade Secrets Acts or by the Uniform Trade Secrets Act. Trade Secret Information as used in this Agreement includes, but is not limited to: agent customer or client lists, including names, addresses, telephone numbers, amounts and types of insurance; expiration and renewal dates of policy lists of business leads; claims histories; due dates of premium and amounts thereof; and statements of monthly accounts submitted to Associate and Subagents by Company. All Trade Secret Information furnished to Associate shall be and remain the property of Company. Company derives independent economic value from the Trade Secret Information and from its not being generally known to the public or to other persons who can obtain economic value from its disclosure. Associate will not during or after the term of the Agreement divulge, make known, or otherwise make use of any Trade Secret Information for any purpose except as authorized by Company, including but not limited to the solicitation of business from any person or entity. This Section 15 shall survive the termination of this Agreement for any reason. Failure to comply with the provisions of this Section will result in termination of this Agreement for cause and termination and forfeiture of any and all commissions or Vested Commissions (if any).

Section 16: Liability, Indebtedness and Indemnity

Associate shall be jointly and severally liable, with each Subagent, to Company for the payment of all (i) monies due from Associate or its Subagents, (ii) debit balances on the account of Associate or its Subagents, (iii) debit balances resulting from loans to Associate or its Subagents by Company and (iv) all obligations evidenced by the Note. Company’s books shall be prima facie evidence of such debit balances or loans due.

Any indebtedness incurred by Associate or its Subagents to Company shall be payable immediately upon receipt of a written notice from Company. Company may, at any time in its sole discretion, offset against any remuneration due or to become due to Associate, any past, present or future debt or debts due from Associate or its Subagents to Company. Such indebtedness of Associate or its Subagents shall be secured by a first lien in favor of Company on any and all compensation due Associate and shall be binding upon Associate and its assigns and successors. Upon the termination of this Agreement, any and all money belonging to Company in the possession of Associate or its Subagents shall immediately become due and payable and shall be paid over to Company, but Company may, in its sole discretion and without waiving its rights, deduct such indebtedness from any payment provided herein until repaid.

Associate agrees to indemnify Company and its affiliates, shareholders, directors, officers and employees and to hold Company, its affiliates, shareholders, directors, officers and employees harmless from any and all expenses, liabilities, costs, cause or causes of action and damages, including attorneys fees and costs of litigation, resulting from or growing out of any breach of this Agreement, the Note, the Pledge Agreement or any related documents or any unauthorized, or allegedly fraudulent, negligent or wrongful act, omission, statement or representation by Associate, Associate's employees, independent contractors or Subagents. This Section 16 shall survive the termination of this Agreement for any reason.

Section 17: Errors and Omissions

Associate and its Subagents shall at all times carry an Errors and Omissions liability insurance policy of not less than \$100,000 per occurrence or such other amount as Company may require, naming Company as an additional insured, issued by an insurance company acceptable to Company.

Section 18: Survivability

Sections 4 – 27 of this Agreement shall survive its termination for any reason.

Section 19: Assignment

This Agreement is a continuing obligation and shall be binding upon Company and Associate, and their respective heirs, successors, transferees and assigns, and shall inure to the benefit of and be enforceable by Company and Associate and their respective heirs, successors, transferees and assigns. Associate may not, without the express prior written consent of Company, assign any of its rights or responsibilities hereunder. No assignment of commissions payable by Company to Associate other than as provided herein shall be valid unless authorized by Company in advance in writing, and Company shall at all times have a superior, continuing security interest in all commissions prior to the rights of any permitted assignee. Any assignment so authorized shall be subject to any and all indebtedness of Associate or its Subagents to Company then existing or thereafter accruing. Company may assign its rights hereunder to a third party, including but not limited to any lender, without notice to or consent of Associate.

Section 20: Mandatory Mediation and Arbitration

A. Mandatory Mediation - Except as otherwise provided in this Agreement, all claims, disputes, and controversies arising out of or in any manner relating to this Agreement, or any other agreement executed in connection with this Agreement, or to the performance, interpretation, application or enforcement hereof, including but not limited to occurrence hereof (in each case, "Dispute"), shall be referred to mediation before, and as a condition precedent to, the initiation of any adjudicative action or proceeding, including arbitration, and any suit, action or arbitration shall be barred unless mediation has been attempted in good faith. If there is a Dispute, the party claiming the existence of a dispute must make written demand for mediation prior to instituting a lawsuit, action or arbitration proceeding.

The mediation shall be conducted in Travis County, Texas. Each party shall bear its own expenses incurred as a result of submitting the matter to mediation with the expense of the mediator borne equally by the parties. The mediator shall be chosen by the joint agreement of Company and Associate. In the event an agreement cannot be reached with respect to a mediator, either party may request that Judicial Arbitration and Mediation services, Inc. ("JAMS") or its successor appoint a mediator. Selection of the mediator by JAMS shall be binding.

B. Mandatory Binding Arbitration - Should mediation be unsuccessful, it is agreed that the Dispute shall be submitted to binding, non-appealable arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association in force at the time the demand is filed, unless the parties mutually agree otherwise.

Either party may within sixty (60) days from the date of such unsuccessful mediation or one (1) year from the date of the alleged occurrence resulting in the Dispute, whichever is later, make a demand for arbitration by filing a demand in writing with the other party and serving the same by depositing it in the U.S. Mail, certified mail, return receipt requested. Company and Associate shall each choose, within sixty (60) days after demand for arbitration is made, a former officer or executive of an insurance company as its arbitrator and the two appointed arbitrators shall choose a third arbitrator possessing the same qualifications. If either party fails to appoint an arbitrator within sixty (60) days after the written demand for arbitration is made, the party who has appointed an arbitrator may petition the District Court of Travis County, Texas for an order compelling the non-complying party to appoint its arbitrator. All reasonable costs incurred, as a result of obtaining the court order compelling appointment of an arbitrator shall be paid by the non-complying party.

All arbitration hearings conducted hereunder, and all judicial proceedings to enforce any of the provisions hereof, shall take place in Travis County, Texas. The hearing before the arbitrators of the matter to be arbitrated shall be at the time and place within said County as is selected by the arbitrators.

The decision of any two arbitrators with respect to a Dispute shall be binding and conclusive and non-appealable and shall be submitted to the court for confirmation with the same effect as a judgment.

Each of the parties hereby irrevocably waives punitive, exemplary, consequential and other non-compensatory damages in connection with any arbitration award with respect to any Dispute.

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

C. Exclusivity - Each party agrees that compliance with the requirements of this Section 20 is a condition to its right to assert any claims with respect to a Dispute in any other forum, except only as set forth in subparagraph D below.

D. Exceptions - Notwithstanding any other provision of this Agreement, Company may enforce Associate's compliance with any restrictive covenant, policy replacement prohibitions, confidentiality provision or trade secret provision contained in this Agreement to the fullest extent permitted by law by seeking any remedy available at law or in equity, including but not limited to obtaining a temporary restraining order or injunction, without having to mediate and/or arbitrate, and without needing to post a bond to do so.

In addition, nothing contained in this Agreement shall in any manner limit Company's rights to recover through legal process all amounts due under Section 7 or any other agreement executed in connection with this Agreement.

Associate agrees that Associate is not excused from complying with any restrictive covenant, policy placement prohibition, confidentiality provision or trade secret provision because of any claim Associate may have against Company.

Section 21: Applicable Law

This Agreement shall be governed by the laws of the State of Texas. Exclusive venue with respect to all matters hereunder shall be Travis County, Texas. COMPANY AND ASSOCIATE HEREBY WAIVE THEIR RESPECTIVE RIGHTS TO A JURY TRIAL OF ANY CLAIM OR CAUSE OF ACTION BASED UPON OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, THIS AGREEMENT, ANY NOTE OR ANY PLEDGE AGREEMENT.

Section 22: Partial Invalidity

If any provision of this Agreement is declared invalid for any reason, the invalidity of that provision shall not affect the validity of any other provision of this Agreement, and all other provisions shall remain in full force and effect. It is declared to be the intention of the parties that they would have executed all other provisions of this Agreement without including any such part or parts or portions that may, for any reason, be hereafter declared invalid.

Section 23: Entire Agreement

This Agreement, together with the other agreements incorporated herein by reference, constitutes the entire agreement between the parties and supersedes and replaces any and all prior agreements between Company and Associate. This Agreement may not be modified, altered or amended except by a writing signed by all parties to this Agreement. This Agreement shall be binding upon the successors and heirs of the parties hereto.

Section 24: Company Approval & Effective Date

The Home Office of Company shall have sole authority with respect to any contract or agreement with any agent recruited by Associate or others in Associate's hierarchy. In addition, all licensing of any agents at any level shall be performed by the Licensing Department of Company, and all agents must conform to the market conduct standards of Company.

This Agreement shall become effective upon Associate becoming licensed in Associate's territory for the sale of insurance described herein, or the date of Company's execution of this Agreement at its offices in Texas, whichever shall occur last.

Section 25: Notices

All notices, certificates, requests, demands and other communications provided for hereunder or under any Note or any Pledge Agreement shall be in writing and shall be (a) sent by first class United States mail, (b) sent by overnight courier of national reputation, or (c) sent via email, in each case addressed to the party whom notice is being given at its address, or sent to the email address on the agent's record, as set forth above or, as to each party, at such other addresses as may hereafter be designated by such Section. All such notices, requests, demands and other communications shall be deemed to have been given on (a) when deposited in the mail if delivered by mail, (b) the date sent if sent by overnight courier, (c) or date sent via email.

Section 26: Amendments

To the extent permitted by law, the terms of this agreement shall not be waived, altered, modified, supplemented or amended in any manner whatsoever except by written instrument signed by the parties hereto, and then such waiver, consent, modification or changes shall be effective only in the specific instance and for the specific purpose given.

Section 27: Agent Information

Associate represents and warrants to Company that it has fully and accurately completed the Prospective Associate's Application and Profile. Without limiting the foregoing, Associate represents and warrants to Company that (i) Associate's correct legal name is as set forth on the execution page hereof, and Associate covenants that it will not change its name without providing at least 30 days prior written notice to Company; (ii) if Associate is an entity (e.g., corporation or limited liability company), Associate's state of incorporation or organization is as set forth on the Prospective Associate's Application and Profile, (iii) if Associate is a partnership, Associate's place of business or, if Associate has more than one place of business, Associate's chief executive office, is as set forth on the Prospective Associate's Application and Profile, and (iv) if Associate is an individual, Associate's principal residency is as set forth on the Prospective Associate's Application and Profile. Associate covenants that it will not change such state of incorporation or organization, principal residency, principal place of business or chief executive office, as the case may be, without providing at least 30 days prior written notice to Company.

ASSOCIATE ADVANCE AND PLEDGE AGREEMENT

This **ASSOCIATE ADVANCE AND PLEDGE AGREEMENT** (“Agreement”) is entered into by and between **Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Insurance Company[®], Loyal American Life Insurance Company[®], Provident American Life & Health Insurance Company** and/or **United Teacher Associates Insurance Company** (collectively, along with their successors and assigns, the “Company”), with administrative offices at 11200 Lakeline Blvd., Ste 100, Austin, Texas 78717-5964, and the person or entity that executes this Agreement whose address is set forth in the Prospective Associate’s Application and Profile prepared and submitted in connection herewith.

Scope of Agreement. On this date Associate and Company have entered into an Associate Agreement (including all addenda, modifications, extensions, renewals and substitutions thereof, the “Associate Agreement”) governing their independent contractor relationship. Pursuant to this Agreement, Company may, in its sole discretion, make advances of money to Associate or its Subagents (as defined in the Associate Agreement) (“Advances”), which Advances will be reflected in Associate’s account or accounts with Company as reflected on Company’s books and records (whether one or more, “Associate’s Account”). This Agreement constitutes a security agreement between Associate, as debtor, and Company, as secured party, and creates a security interest granted by Associate to Company in the commissions of Associate and other sums payable by Company to Associate, whether earned, unearned, vested or unvested, in order to secure repayment by Associate of the Advances and other amounts due from Associate or its Subagents to Company; further this Agreement documents the procedures to be followed with respect to Advances. The Associate Agreement is incorporated herein by reference, and its provisions, including but not limited to those pertaining to mediation and arbitration, shall be applicable to this Agreement.

Advances. Company may, in its sole discretion, make Advances to Associate or its Subagents in accordance with the terms of the Associate Agreement, and the attached Commission Schedules, and each Advance will be a loan of money by Company to Associate. Company will not be obligated to make such Advances and may unilaterally modify Associate’s ability to receive Advances at any time without the consent of Associate or its Subagents although Company shall endeavor to notify Associate reasonably promptly of any change to Associate’s ability to receive Advances. No Advances will be made other than in the sole discretion of Company and nothing herein shall be construed as a requirement upon Company to make or continue to make Advances. Company, in its sole discretion, may discontinue making Advances to Associate or its Subagents for any reason.

Advances shall also be subject to the following:

- a. **Associate’s Account.** Each Advance or other amount provided to Associate or its Subagents by Company will be debited by Company to the Associate’s Account, which is herein pledged by Associate to Company to secure repayment of the Advances.
- b. **Repayment.** All Advances will be deemed to be evidenced by that certain Promissory Note of even date herewith (“Note”) executed by Associate payable to the order of Company, which is incorporated herein by reference.
- c. **Account Credits.** Commissions earned by Associate under the Associate Agreement will be credited to Associate’s Account. No earned commissions on insurance policies for which commissions were originally advanced by Company to Associate will be paid to Associate unless all amounts owed to Company by Associate and its Subagents are fully repaid, including (without limitation) all Advances, all refunds and all other obligations of the Associate and its Subagents to Company.
- d. **Refunds.** Associate shall promptly refund to Company all Advances received by Associate or its Subagents from Company with respect to (i) submitted insurance applications for which policies are not issued for any reason, (ii) issued insurance policies which are not acceptable by the applicant therefore, (iii) insurance premiums which are refunded for any reason, and (iv) insurance policies which are rescinded for any reason, including without limitation, fraud or misrepresentation in connection with the insurance application. All such refunds, when received by Company, will be credited to Associate’s Account.
- e. **Pledge and Collateral.** For value received, Associate hereby assigns and transfers to Company and grants Company a security interest in, and a lien on, any and all commissions and other amounts payable by Company or any affiliate of Company, to Associate at any time and from time to time as reflected in the Associate’s Account and otherwise, whether earned, unearned, vested or unvested (the “Collateral”). The Collateral shall be held by Company. This Agreement is made to secure the repayment by Associate of any and all Advances and other obligations under the Note and any and all other obligations of Associate or its Subagents to Company or its assigns, including but not limited to those set forth in the Associate Agreement and this Agreement (collectively the “Obligations”).

This Agreement will remain in effect until released by Company in writing. Company has no obligation to release this Agreement except upon payment in full of the Obligations. While this Agreement is in effect, neither Associate nor any other party except Company and its assigns and designees can withdraw all or any part of the Collateral. Associate agrees that no joint owner, beneficiary, surviving spouse or representative of Associate’s estate shall have any rights in the Collateral in the event of Associate’s death or incapacity unless and until the Obligations are paid in full, and then only to the extent the Collateral has vested in and is payable to Associate pursuant to the Associate Agreement. Associate hereby assigns and grants to Company the right to setoff and apply all or any part of the Collateral toward the repayment of the Obligations, whether or not Associate or any of its Subagents is in default of all or any part of the Obligations. Company may exercise such right of setoff without any notice to Associate or consent from Associate (unless such notice or consent is required by law and cannot be waived).

Warranties and Representation. Associate warrants and represents to Company that: (a) except for the security interest created by this Agreement, Associate has good and valid title to the Collateral free from any lien, security interest, encumbrance or claim, and Associate will, during the term of this Agreement, at Associate’s cost, keep the Collateral free from other liens, security interests, encumbrances or claims, and defend any action which may affect the security interest created herein or Associate’s title to the Collateral; (b) no financing statement covering the Collateral or any part or proceeds thereof is on file in any public office and, at Company’s request, Associate will join in authenticating all financing statements and executing all other instruments deemed necessary by Company to perfect or continue the security interest created herein; (c) no part of the Collateral is exempt or protected by law from the effects of this Agreement; (d) Associate’s correct legal name is as set forth on the execution page hereof, and Associate will not change its name without providing at least 30 days prior written notice to Company; (e) if Associate is an entity (e.g., corporation or limited liability company), Associate’s state of incorporation or organization is as set forth on the execution page hereof, if Associate is a partnership, Associate’s place of business or, if Associate has more than one place of business, Associate’s chief executive officer, is as set forth on the execution page hereof, or if Associate is an individual, Associate’s principal residency is as set forth on the execution page hereof; and (f) Associate will not change such state of incorporation or organization, principal residency, principal place of business or chief executive office, as the case may be, without providing at least 30 days prior written notice to Company.

Events of Default. The happening of any of the following events or conditions shall be a default hereunder: (a) a default in the timely payment or performance of the Obligations; (b) breach of any warranty or representation made by Associate herein or breach of any duty owed by Associate to Company; (c) default in Associate's obligations under the Associate Agreement or any other agreement between Associate and Company; (d) a default under the Note; (e) a termination of the Associate Agreement; (f) death of Associate (if an individual) or dissolution of Associate (if an entity such as a corporation, limited liability company, partnership, etc.); or (g) Associate becomes insolvent or bankrupt (whether voluntary or involuntary) or makes an assignment for the benefit of creditors or is in default of any obligation.

Remedies of Secured Party upon Default. When default or an event of default occurs, and at any time thereafter, Company may at its sole option by notice to Associate declare the entire unpaid principal amount of any or all of the Obligations then outstanding, all unpaid accrued interest thereon and all other amounts due and payable hereunder and under the Note and the Associate Agreement to be forthwith due and payable, whereupon such amounts shall become forthwith due and payable, without presentment, notice of dishonor, protest or further notice of any kind, all of which are hereby expressly waived by Associate. In addition, Company may proceed to enforce payment of the Obligations and may immediately offset any and all remaining Collateral against the Obligations and may exercise any other remedies available under the Uniform Commercial Code of the applicable state or other applicable law.

Waiver. No waiver by Company of any right hereunder or of any default by Associate shall be binding upon Company unless in writing executed by Company. Failure or delay by Company to exercise any right hereunder or waiver of any default of Associate shall not operate as a waiver of any other right, of further exercise of such right, or of any further default.

Applicable Law. This Agreement shall be governed by the laws of the State of Texas. Exclusive venue with respect to all matters hereunder shall be Travis County, Texas.

Credit report and Other Reports. Associate acknowledges and agrees that Company may at any time and from time to time, either directly or through a credit reporting agency, undertake verification or re-verification of any information contained in Associate's independent insurance Associate application to Company, and Associate authorizes Company to request and obtain investigative credit reports including but not limited to information as to Associate's character, general reputation, personal characteristics and mode of living.

Partial Invalidity. If any provision of this Agreement is declared invalid for any reason, the invalidity of that provision shall not affect the validity of any other provision of this Agreement, and all other provisions shall remain in full force and effect. It is declared to be the intention of the parties that they would have executed all other provisions of this Agreement without including any such part or parts, or portions that may, for any reason, be hereafter declared invalid.

Agent Information. Associate represents and warrants to Company that it has fully and accurately completed the Prospective Associate's Application and Profile. Without limiting the foregoing, Associate represents and warrants to Company that (i) Associate's correct legal name is as set forth on the execution page hereof, and Associate covenants that it will not change its name without providing at least 30 days prior written notice to Company; (ii) if Associate is an entity (e.g., corporation or limited liability company), Associate's state of incorporation or organization is as set forth on the Prospective Associate's Application and Profile, (iii) if Associate is a partnership, Associate's place of business or, if Associate has more than one place of business, Associate's chief executive office, is as set forth on the Prospective Associate's Application and Profile, and (iv) if Associate is an individual, Associate's principal residency is as set forth on the Prospective Associate's Application and Profile. Associate covenants that it will not change such state of incorporation or organization, principal residency, principal place of business or chief executive office, as the case may be, without providing at least 30 days prior written notice to Company.

Assignment. Associate may not, without the express written consent of Company, assign any of its rights or responsibilities hereunder. Company may assign its rights hereunder to a third party, including but not limited to any lender, without notice to or consent of the Associate.

ENTIRE AGREEMENT. THIS AGREEMENT, TOGETHER WITH THE AGREEMENTS INCORPORATED HEREIN BY REFERENCE, REPRESENTS THE ENTIRE AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES, AND ANY AMENDMENT OR MODIFICATION HEREOF SHALL BE IN WRITING AND SIGNED BY THE PARTY BOUND THEREBY. ANY PRIOR ORAL AGREEMENTS BETWEEN THE PARTIES ARE SUPERSEDED BY AND MERGED INTO THIS DOCUMENT, AND THERE ARE NO ORAL AGREEMENTS BETWEEN THE PARTIES.

JURY TRIAL WAIVER. COMPANY AND ASSOCIATE HEREBY WAIVE THEIR RESPECTIVE RIGHTS TO A JURY TRIAL OF ANY CLAIM OR CAUSE OF ACTION BASED UPON OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, THIS AGREEMENT.

ASSOCIATE PROMISSORY NOTE

FOR VALUE RECEIVED, the undersigned (“Maker”) promises to pay to the order of **Central Reserve Life Insurance Company, Continental General Insurance Company, Great American Life Insurance Company[®], Loyal American Life Insurance Company[®], Provident American Life & Health Insurance Company** and/or **United Teacher Associates Insurance Company** (collectively, along with their successors and assigns, the “Company”) with joint offices at 11200 Lakeline Blvd., Ste 100, Austin, Texas 78717-5964 (collectively, along with any successor holder hereof, the “Company”), the aggregate amount of all sums from time to time advanced by or on behalf of Company to Maker or for the benefit of Maker or to Maker’s Subagents (as defined in the Associate Agreement (defined hereinafter)) or for the benefit of Maker’s Subagents, all as reflected in all of Maker’s accounts (collectively, “Account”) on the books of Company, or otherwise owed by Maker or its Subagents to Company, with interest on the principal balance from time to time remaining unpaid until this Note shall have been paid in full at the rate hereinafter provided. Maker and Company have entered into an Associate Agreement of even date herewith (including any addenda, modifications, extensions, renewals and substitutions thereof, the “Associate Agreement”), and this Note is executed and delivered pursuant to the terms of the Associate Agreement. Maker agrees and acknowledges that all amounts advanced or deemed advanced to Maker or its Subagents by Company pursuant to the Associate Agreement or otherwise, whether for fees, charge-backs, dues, interest, commission advances or any other charges to the Account, shall be deemed to be advances of principal by Company to Maker payable pursuant to this Note.

Interest Rate. The unpaid principal balance from time to time outstanding hereunder shall bear interest, until the maturity of this Note (whether by demand, acceleration or otherwise), at a rate equal at all times to one percent (1%) per month. With respect to each Advance hereunder, interest shall accrue from the date of such Advance until the date that such Advance has been paid in full. Interest will be calculated and added to the Associate’s indebtedness monthly.

Payment. The unpaid amounts of both principal and interest outstanding under this Note shall be due and payable on demand by Company, but if no demand has theretofore been made then demand shall be deemed to have been given by Company immediately upon any termination of the Associate Agreement. Without limiting the generality of the foregoing sentence, the outstanding principal and accrued interest hereunder shall be repaid from time to time with the commissions earned by Maker and received by Company pursuant to the terms of the Associate Agreement and the Pledge Agreement (as defined below). Any payment due under this Note shall be made to the order of Company and sent to the address of Company as first set forth above, or to such other entity or at such other place as Company may from time to time designate in writing to Maker.

Prepayment. The principal or interest of this Note may be prepaid from time to time, in whole or in part, without premium or penalty. All prepayments shall be applied first to accrued by unpaid interest and then to principal.

Default Interest. After the maturity hereof (whether by demand, acceleration or otherwise) or after a default hereunder, all principal, and if permitted by applicable law all past due interest, shall bear interest at the lesser of eighteen percent (18%) per annum or the highest rate permitted by applicable law.

Default. Without in any way limiting the demand provisions hereof, the occurrence of any of the following events shall be considered a default hereunder:

- a. the failure of Maker to make timely payment of any principal or interest due hereunder;
- b. a failure of Maker to perform any covenant or provision of the Associate Agreement or any other agreement between Maker and Company or any of its affiliates or breach of any duty owed by Maker to Company or any of its affiliates
- c. the bankruptcy or insolvency of, the assignment for the benefit of creditors by, or the appointment of a receiver for any of the property of, Maker;
- d. termination for any reason of the Associate Agreement; or
- e. the death of Maker (if an individual) or dissolution of Maker (if an entity such as corporation, limited liability company, partnership, etc.).

At the option of the holder of this Note, upon the occurrence of any default or at any time thereafter, the entire outstanding principal balance and all accrued unpaid interest and all other amounts due hereunder, and under the Pledge Agreement and the Associate Agreement shall at once become due and payable, without presentment, demand, protest, notice or grace, and the holder may, in addition to all its other rights and remedies, report Maker’s name and account information to credit reporting agencies.

The failure to exercise the foregoing options upon the happening of one or more of the foregoing defaults shall not constitute a waiver of the right to exercise any of said options at any subsequent time in respect of the same default or any other default. The acceptance by the holder of this Note of any payment hereunder which is less than the payment in full of all amounts due and payable at the time of such payment shall not constitute a waiver of the right to exercise any of said options at the time or any subsequent time or nullify any prior exercise of any such option.

Attorney’s Fees. If this Note is not paid at maturity (whether by demand, acceleration or otherwise), or if it is collected by or through an attorney or any bankruptcy, probate, or other court, whether before or after any such maturity, Maker shall pay all costs of collection incurred by the holder hereof, including but not limited to reasonable attorneys’ fees.

Waiver of Notice and Consent. Maker waives presentment, notice of dishonor, notice of intention to accelerate the maturity hereof, diligence in collecting, grace, notice and protest, and Maker consents to all extensions which from time to time may be granted by the holder hereof and to all partial payments hereof, whether before or after maturity (whether by demand, acceleration or otherwise).

Legal Interest Limitations. All agreements between Maker and the holder hereof, whether now existing or hereafter arising and whether written or oral, are hereby expressly limited so that in no contingency or event whatsoever, whether by reason of acceleration of the maturity hereof, or otherwise, shall the amount paid, or agreed to be paid to the holder hereof for the use, forbearance, or detention of the money loaned by Company to Maker and evidence hereby or otherwise for the payment or performance of any covenant or obligation contained herein or in any other document evidencing, securing, or pertaining to the indebtedness evidence hereby, exceed the maximum amount permissible under applicable law. If from any circumstance whatsoever, fulfillment of any provision hereof or of such other documents, at the time performance of such provision shall be due, shall involve transcending the limit of validity prescribed by law, then *ipso facto*, the obligation to be fulfilled shall be reduced to the limit of such validity, and if from any such circumstance the holder hereof shall ever receive as interest or otherwise an amount which would exceed the highest lawful rate, such amount which would be excessive interest shall be applied to the reduction of the principal indebtedness of the undersigned to the holder hereof, and then only excess shall be refunded to Maker. All sums paid or agreed to be paid by Maker for the use, forbearance or detention of the indebtedness of Maker to the holder hereof, as evidence hereby or otherwise, shall to the extent permitted by applicable law, be amortized, prorated, allocated, and spread throughout the full term of such indebtedness until payment in full in such manner that there will be no violation of applicable laws pertaining to the maximum rate or amount of interest which may be contracted for, charged or received with respect to such indebtedness. The terms and provisions of this paragraph shall control and supersede every other provision of all agreements between the undersigned and the holder hereof.

Agent Information. Maker represents and warrants to Company that it has fully and accurately completed the Prospective Associate's Application and Profile. Without limiting the foregoing, Maker represents and warrants to Company that (i) Maker's correct legal name is as set forth on the execution page hereof, and Maker covenants that it will not change its name without providing at least 30 days proper written notice to Company; (ii) if Maker is an entity (e.g., corporation or limited liability company), Maker's state of incorporation or organization is as set forth on the Prospective Associate's Application and Profile, (iii) if Maker is a partnership, Maker's place of business or, if Maker has more than one place of business, Maker's chief executive office, is as set forth on the Prospective Associate's Application and Profile, and (iv) if Maker is an individual, Maker's principal residency is as set forth on the Prospective Associate's Application and Profile. Maker covenants that it will not change such state of incorporation or organization, principal residence, principal place of business or chief executive office, as the case may be, without providing at least 30 days prior written notice to Company.

Assignment. Company or any subsequent holder of this Note may assign its rights as holder without notice to Maker and without Maker's consent.

APPLICABLE LAW. THIS NOTE SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS. EXCLUSIVE VENUE WITH RESPECT TO ALL MATTERS HEREUNDER SHALL BE TRAVIS COUNTY, TEXAS.

Security. This Note is secured by, among other collateral, an Associate Advance and Pledge agreement (the "Pledge Agreement") herewith by and between Maker and Company. Any and all remedies of Company for collection of this Note hereunder or under the Pledge Agreement shall be cumulative, and the pursuit of one remedy shall not be deemed to exclude any other remedies available to Company.

JURY TRIAL WAIVER. COMPANY AND MAKER HEREBY WAIVE THEIR RESPECTIVE RIGHTS TO A JURY TRIAL OF ANY CLAIM OR CAUSE OF ACTION BASED UPON OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, THIS NOTE.

ENTIRE AGREEMENT. THIS PROMISSORY NOTE TOGETHER WITH THE ASSOCIATE AGREEMENT AND THE PLEDGE AGREEMENT, REPRESENTS THE ENTIRE AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR CONTEMPORANEOUS OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES, AND ANY AMENDMENT OR MODIFICATION HEREOF SHALL BE IN WRITING AND SIGNED BY THE PARTY BOUND THEREBY. ANY PRIOR ORAL AGREEMENTS BETWEEN THE PARTIES ARE SUPERSEDED BY AND MERGED INTO THIS DOCUMENT, AND THERE ARE NO ORAL AGREEMENTS BETWEEN THE PARTIES.

STATE APPOINTMENT FEE PAYMENT

State appointment fees are required at the time of initial appointment with the insurance company; **however, we may not appoint you with the state (where applicable) until you submit your first piece of business to GASBG.** Separate fees are required for each insurance company and state you will represent. *Appointments will not be processed until the fees are received.*

Refer to the State Appointment Fee Chart for your applicable state fees.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) © ____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ©	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

PART I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number
OR
Employer identification #

PART II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ©	Date ©
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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

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

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). 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,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

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

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

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

Penalties

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

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

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

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

Specific Instructions

Name

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

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

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

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

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

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

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

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

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

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

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

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

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

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

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

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

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

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

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

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

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

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

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

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

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

What Name and Number To Give the Requester

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

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

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

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

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

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

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Agent's Code of Ethical Conduct

Great American Supplemental Benefits Group

As an agent for the Great American Supplemental Benefits Group family of companies, you represent our companies to the public, and you embody our professional reputation in your dealings with clients. Our Company supports the Principles of the Insurance Marketplace Standards Association. We ask that all our representatives review and understand the following statement as your commitment to the highest standards of doing business:

- I will treat my clients as I would want to be treated.
- I will study the terms and provisions of any Great American Supplemental Benefits Group contract, which I will sell, so that I can relate it accurately to the potential buyer.
- I will ask questions to learn the client's situation, so I may assist the client in selecting a product that is appropriate to the client's needs, retirement plans, tolerance for risk, and financial situation.
- I will conduct all business with honesty, fairness and integrity.
- All advertising and sales materials I use and comments I make in the sales process will be based on principles of fair business dealing and good faith, and they will have a sound basis in fact.
- I will refrain from focusing sales on inappropriate, disparaging allegations about competitors and their products-comments on the competition will be based on factual knowledge and true comparisons of features and benefits.
- I will comply with all applicable insurance laws and regulations, and with all state and federal laws regarding fair competition.