



AGENT/GA CONTRACTING INSTRUCTIONS

Complete and sign the following forms:

- Agent or General Agent's Background Questionnaire
- Hierarchy Transmittal Form
- Agent or General Agent's Agreement (*depending on commission level desired*)
- Principles of Ethical Market Conduct
- Corporate Data Sheet (*if contracting as corporation*)
- Commission Direct Deposit Authorization Form (*required*)

Include:

- Copy of License (Individual and Corporate)
- Errors & Omissions Certificate (Individual and Corporate)

Agent/GA may keep copy of enclosed Commission Schedule.



MTL INSURANCE COMPANY
A member of the MUTUAL TRUST FINANCIAL GROUP

MGA HIERARCHY TRANSMITTAL FORM

Level	Name	Agent Number (if known)
Agent 52.5		
Agent 75		
GA 80		
GA 90		
GA 95		
GA 100		
MGA		

COMMENTS:

Annualization Requested for this Agent/GA?: Yes No **THERE IS NO ANNUALIZATION ON BUSINESS WRITTEN ON THE AGENT/GA'S LIFE OR ON THE LIVES OF THE AGENT/GA'S IMMEDIATE FAMILY (SPOUSE AND CHILDREN).**

MGA Signature: _____

Date: _____



MTL INSURANCE COMPANY

1200 Jorie Boulevard • Oak Brook, Illinois 60522-9060

Toll Free: 1-800-323-7320

MGA/GA Confidential Background Questionnaire

The purpose of this form is to determine whether our products and services are compatible with your sales activities and objectives. Nothing on this form is intended for discriminatory purposes. All information will be held in confidence.

Please print or type (answer N/A where appropriate)

Contract Name:

Corporation Sole Proprietorship Partnership

Agency Principal's Name (if different) <input type="checkbox"/> Other _____			<input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> CFP		Other Names Used	DBA Name
Tax ID Number	Principal's Social Security Number	Principal's Gender	Principal's Date of Birth		Principal's Driver's License Number/State	
Business Address (number & street, city, state and zip code)			County:	Business Telephone		
Post Office Box (number, city, state and zip code)				Fax Number		
Overnight Delivery Address (Number & street, city, state and zip code)				Where is mail to be delivered? <input type="checkbox"/> Business <input type="checkbox"/> Residence <input type="checkbox"/> P.O. Box		
Principal's Residence Address (number & street, city, state and zip code)			County:	No. Years	Residence Telephone ()	
Former Residence Addresses for past 10 years Attach separate sheet if necessary. (number & street, city, state and zip code)						
E-Mail Address			Preferred Communication Method (for bulletins and other announcements) <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Regular Mail			

Office Manager or Department Contact(s) with telephone extension(s):

LICENSES HELD

List ALL LICENSES CURRENTLY HELD that relate to the sale of life insurance and/or financial products for which you would like to be appointed by MTL Insurance. **Please enclose copy(ies) of current license(s).**

Kind of License	License Number	State	Line(s) of License(s)
Insurance Resident			
Insurance Non-Resident			

A copy of your professional liability certificate or declarations page name must accompany your application papers.

Indicate the most recent year you received any of these industry awards: NQA _____ NSAA _____ MDRT _____ Other _____

Would you like Publicity? Yes No Publicity

Would you like Annualization? Yes No Annualization **THERE IS NO ANNUALIZATION ON BUSINESS WRITTEN ON YOUR LIFE OR ON THE LIVES OF YOUR IMMEDIATE FAMILY (SPOUSE AND CHILDREN).**

Would you like your fax number included in our "Blast Fax" for our Sales and Marketing Program? Yes No

Please Read and Answer Each Question

1. Were you ever previously contracted with MTL Insurance Company or its affiliates? Yes No
If yes, when? _____
2. Year you entered the life insurance business. _____
3. Do you owe any money to another insurance company or have you ever discontinued selling for another insurance company when you were indebted to the company? Yes No
4. Have you ever been a party to a bankruptcy or receivership proceeding involving your personal or business debts? Yes No
5. Have you ever had any personal or business debts, which resulted in collections or charge-offs? Yes No
6. Have you had or are you currently the subject of any personal or business tax liens, suits or judgments? Yes No
7. Has any insurance company ever terminated any agency, agent or broker contract with you for reason other than insufficient sales? Yes No
8. Have you ever been the subject of any inquiry or proceeding by any insurance department? Yes No
9. Has any person ever complained to an insurance department or other agency about your conduct as an agent? Yes No
10. Has your insurance agent's license ever been suspended, revoked or have you ever been fined or denied a license? Yes No
11. Have you ever had a surety or fidelity bond declined or cancelled? Yes No
12. Have you been convicted or plead no contest to a felony or other crime? Yes No
13. Have you ever been arrested and if so, for what reason? Yes No

If the answer to any of these questions (other than the first) is "YES," list the number and please provide a separate letter of explanation and supporting documentation.

Provide Information About ALL Life Companies Represented for the Last Five Years					
Date	Name & Address of Company	Paid Sales Premium in Last 12 Mo. Of Production	13 Month Persistency *	Last 12 Months Commissions Earned	Approx. Current Debit Balance
From Month/Year		Premium \$			
To Month/Year					
From Month/Year		Premium \$			
To Month/Year					
From Month/Year		Premium \$			
To Month/Year					
From Month/Year		Premium \$			
To Month/Year					

* **WRITTEN PROOF OF PERSISTENCY MUST BE PROVIDED.**

May your current employers and/or insurance companies be contacted? Yes No

To insure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this authorization.

Authorization

I certify that the information furnished on the Confidential Background Questionnaire is true and complete and that I have not concealed any information requested. I understand that MTL Insurance Company will rely on this information in determining whether to offer a contract to me.

I, the undersigned applicant, hereby authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, Vector One and all military services) to release all written and verbal information about me to MTL Insurance Company, or its designated investigative consumer reporting service. I release and agree to hold harmless from all liability and responsibility for doing so.

As part of MTL Insurance Company's routine agency appointment procedure, an investigative consumer report will be obtained. I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation and personal characteristics. This information will be obtained through personal interviews with friends, neighbors and associates.

I further understand that upon written request I will be given a list of the areas that will be researched and included in the investigative report into my background.

This authorization, in original or copy form is valid now or any time in the future. I agree with all the provisions shown in this disclosure form.

Signature of Applicant

Date

This GA was recruited by _____
(Name of next level in hierarchy)

MGA Name

MGA Signature

Date



MTL INSURANCE COMPANY

A member of the MUTUAL TRUST FINANCIAL GROUP

GENERAL AGENT'S AGREEMENT

Between

MTL Insurance Company ("Company") and _____

(General Agent)

GA 100

(Contract Level)

of _____

(Office Address)

- 1) **Appointment.** The Company hereby appoints the General Agent to solicit applications for insurance and annuities to be submitted to the Company for approval or rejection and to collect and remit to the Company the first premiums on such insurance, to deliver policies and premium receipts when the terms and conditions governing such delivery shall have been complied with, and to perform such other duties as may be required by the Company. The General Agent shall have the right to appoint agents, with the approval of the Company, on the forms furnished by the Company, one copy being filed with the Company. The General Agent shall be responsible to the Company for all matters entrusted to him/her and for his/her acts and conduct relating to the business of the Company, and agrees to hold the Company harmless from and against any and all claims of all agents and persons employed by him/her.
 - 2) **Relationship.** This Agreement shall not be construed to create the relationship of employer and employee between the General Agent and the Company. The General Agent is hereby constituted and shall in all respects continue to be an independent contractor. The General Agent shall be free to exercise his/her own judgment as to the persons he/she will solicit for insurance.
 - 3) **Rules.** The General Agent shall conform to all the rules and regulations of the Company, now or hereafter to become in force, which shall constitute a part of this Agreement.
 - 4) **Funds.** The General Agent shall immediately remit to the Company all funds received or collected on behalf of the Company. All monies collected or received by the General Agent for or on behalf of the Company shall be held in trust separate and distinct by the General Agent in a separate account for the benefit of the Company and shall in no case be used by him/her in any manner, or for any purpose whatsoever, but shall be paid over to the Company or its duly authorized representative in accordance with its instructions.
 - 5) **Authority.** The General Agent shall have no power or authority to do any of the following:
 - (a) Represent that he/she is an employee, associate, joint venturer or officer of the Company.
 - (b) Change or waive any of the terms, conditions or rates set forth in promotional materials, or any advertisements, receipts, contracts, applications, or policies of the Company in any manner whatsoever.
 - (c) Issue, print or circulate any advertisement or sales material concerning the Company without obtaining prior approval in writing from the Company.
 - (d) Deliver, or cause to be delivered any policy of the Company unless the applicant is in good health and insurable at the time of delivery of said policy, nor unless the first premium has been paid and delivery made within sixty days from the date the policy is mailed from the Home Office.
 - (e) Bind the Company on any application for or policy of insurance other than as stipulated in the Conditional Receipt if it is part of the application for such insurance.
 - (f) Extend the time of paying any premium, or rebate or offer to rebate any part of a premium.
 - (g) Make any misrepresentation or incomplete comparison in order to induce a policyholder of the Company or any other company to convert, lapse, surrender or forfeit his/her insurance.
 - (h) Receive any money due or to become due the Company except in exchange for the Company's official receipt.
 - (i) Incur any indebtedness, extend any credit or make any payments on behalf of the Company without written authorization from the Company.
 - (j) Exercise any authority on behalf of the Company other than that expressly conferred by this Agreement unless authorized by the Company in writing.
- 6) **Limitations.** The Company reserves the right in its sole discretion and without liability to the General Agent to disapprove any application for insurance submitted to it by the General Agent or any agent or person under his/her supervision and to limit or restrict the amount of or plan of insurance it shall issue and to require a higher premium than that applied for.
 - 7) **Records.** The General Agent shall maintain complete and accurate records, in the manner and form prescribed by the Company, of all policies and contracts, all transactions with respect thereto, and all funds collected on account of policies issued by the Company. The General Agent shall account for all funds collected as the Company may require and shall permit the Company to inspect all records maintained pursuant to this paragraph.
 - 8) **Indebtedness.** The General Agent agrees that any loans and account charges made to or for the benefit of the General Agent or agents or persons associated with him/her are the General Agent's debt to the Company. The General Agent also agrees that advances, if any, of first year commissions or overriding commissions paid before a policy's first year premiums are due and paid to the Company made to the General Agent or his/her agents are also the General Agent's debt to the Company. The General Agent grants a lien to the Company on all compensation due under this Agreement, and any and every agreement or contract for the sale of the Company's products that has been, or may be, in effect from time to time as security for any indebtedness. The Company does not have to demand payment before it makes offsets. The rights of lien and offset continue after the termination of this Agreement.
 - 9) **Legal Proceedings.** The General Agent shall have no authority to institute, prosecute or maintain any legal proceedings in connection with any matter pertaining to the Company's business, except with the written consent of the

Company. In the event any legal process or notice is served on the General Agent in a suit or proceeding against the Company, the General Agent shall forward within three business days such process or notice to the Company by registered or express mail.

- 10) **Change or Termination.** This Agreement may be changed from time to time by written notice from the Company but no such change shall affect commissions on any contract or policy issued prior to the effective date of the change. Either party may terminate this Agreement at any time by giving the other party thirty (30) days written notice. This Agreement shall terminate forthwith on the death of the General Agent. Any compensation due the General Agent at his/her death, or falling due thereafter, under this Agreement shall be paid to his/her executors or administrators.
- 11) **Termination for Cause.** If the General Agent shall willfully or knowingly (1) submit any false information, or (2) conceal any material facts concerning the medical or personal history of any applicant or proposed insured, or (3) commit fraud, or (4) withhold or convert to his/her own use money or documents belonging to the Company, or (5) rewrite or cause to be rewritten with any other insurer any policy in force with the Company, whether or not such policy had been written by the General Agent, without prior written notice to the Company, or (6) induce, or attempt to induce, any Agent or employee of the Company to leave its service or to cease soliciting or writing business for the Company or to decrease the volume of business so written, or (7) improperly induce, or attempt to induce, any policyholder of the Company to discontinue premium payments on his/her policy, or (8) fail to conform to the rules and regulations of the Company, or (9) fail to comply with the laws and regulations of any state insurance department or applicable laws or regulations of any other state insurance department, or to maintain in good standing his/her license to sell insurance, or (10) violate any of the provisions or conditions of this Agreement, the Company shall terminate this Agreement by written notice to the General Agent of such termination. In the event of such termination any and all interest the General Agent may have in any commissions and any other compensation under this and previous agreements made with the Company or any of its agents shall be forfeited.
- 12) **Commissions.** As compensation for his/her services, the General Agent shall be paid by the Company commissions computed in accordance with the accompanying General Agent Commission Schedule(s). After this Agreement becomes effective, the General Agent will be paid a commission equal to the amount determined by applying the percentage shown in the attached schedule to premiums paid in cash on policies or contracts on which the General Agent wrote the applications and delivered the policies or contracts

under the terms of this Agreement. The General Agent will be paid an *overriding* commission equal to the amount determined as above less the full scale of commissions of the writing Agent or General Agent on policies or contracts upon which Agents or General Agents assigned to or appointed by the General Agent wrote the applications and delivered the policies or contracts.

- 13) **Commission Payments and Refunds.** No commissions shall be payable on any rejected application. Should a policy issued on an application secured by the General Agent lapse and not be reinstated the General Agent shall have no further interest of any kind in the policy nor be entitled to any further commissions and service fees on such policy unless it be reinstated through the efforts of his/her agency while this Agreement is in effect. Should the Company refund the premium for any reason including but not limited to cancellation and rescission on any policy written on an application secured by the General Agent he/she shall refund to the Company, if so instructed, any and all monies received by him/her by reason of the payment of such premiums.
- 14) **Vesting.** All commissions are vested in the General Agent, so long as the aggregate commissions payable to the General Agent under this Agreement are at least \$500 during each prior calendar year. No fees or bonuses will be paid after the termination of this Agreement.
- 15) **Assignment.** This Agreement is not transferable. No rights or interests under this Agreement shall be subject to assignment without the written consent of the General Agent and the Company.
- 16) **Waiver.** The failure of the Company to enforce any provision of this Agreement or to insist upon strict compliance by the General Agent with any of the provisions shall not constitute a waiver of any of the rights or privileges of the Company under this Agreement and shall not be deemed to constitute a course of conduct or waiver as to any subsequent acts.
- 17) **Entire Agreement.** This Agreement shall supersede any prior agreement between the Company and the General Agent in relation to policies issued through the General Agent after the Agreement becomes effective. The foregoing together with accompanying schedules constitutes the entire Agreement between the parties.
- 18) **Liability.** Each shareholder or partner if the General Agent is a corporation or partnership personally and fully guarantees the performance by the General Agent of every commitment covenant and undertaking in this Agreement provided such person or persons has signed this Agreement individually or on behalf of the General Agent.

This Agreement is executed on ____/____/____.

GENERAL AGENT

General Agent Signature (Print General Agent name if a Corporation)

If the General Agent is a Corporation

by _____
Signature of Authorized Officer

its _____
Title of Authorized Officer

MTL INSURANCE COMPANY

by _____

its _____

This Agreement has been registered by MTL Insurance Company and a copy filed in the Company's Home Office at Oak Brook, Illinois on the ____ day of ____
MTL Insurance Company
By _____

Principles of Ethical Market Conduct

- I will conduct business according to high standards of honesty and fairness. I will represent MTL Insurance Company and myself with the highest integrity, always striving to enhance the prestige of my profession.
- I will provide competent and client-focused sales and service to my customers which, in the same circumstances, I would apply to or demand for myself. I will accurately present all information necessary to enable my clients to make informed decisions. I will comply with all laws and regulations governing my business and professional activities.
- I will take reasonable efforts to determine the insurance needs or financial objectives of my clients based upon relevant information obtained from them, and enter into transactions which assist the customers in meeting their insurable needs or financial objectives.
- I will respond promptly to client feedback and will always place their interests above my own. I will provide fair and expeditious handling of all client complaints and disputes and make every effort to resolve them through MTL Insurance Company's complaint handling process.
- I will respect the confidentiality of information regarding my clients' personal and business information. I will exercise the highest integrity in cooperating with others who serve the needs of my clients.
- I will present sales and training materials, product illustrations and advertisements in a manner which is clear as to purpose, honest and fair as to content, and consistent with the needs of the customer. All my sales presentations will be based upon the principles of fair dealing and good faith, and will have a sound basis in fact. All such materials will meet with the approval of MTL Insurance Company.
- I will engage in active and fair competition in the marketplace and will refrain from disparaging competitor insurers, their representatives or methods of marketing. I will not replace existing life insurance and annuity policies without first communicating information to the customer that (s)he needs in order to ascertain whether such replacement of existing policies may or may not be appropriate.
- I will allow my professional conduct to be supervised and reviewed by MTL Insurance Company for compliance with these Principles of Ethical Market Conduct.
- I will promptly advise MTL Insurance Company of any financial relationship or other situation that a disinterested person would reasonably believe could restrict my ability to act in accordance with the foregoing Principles of Ethical Market Conduct.

Signature

Date

Print Name



MTL INSURANCE COMPANY

A member of the MUTUAL TRUST FINANCIAL GROUP

CORPORATE DATA SHEET

(Complete when commission checks are to be payable to a Corporation)

The following information is provided to MTL Insurance Company (the Company) with the intent that the Company shall rely on the information to comply with state laws on insurance licensing and payment of commissions for the sale of insurance and annuity policies.

1. Has the Corporation previously filed a Corporate Data Sheet with the Company? _____ If no, complete the entire form. If yes, answer Question 2, enter the Corporation's name in Question 3, and sign the form.
2. Is the contract for sale of MTL Insurance Company products with the Corporation? _____ If no, what is the name and relationship of the contracted party to the Corporation? _____

3. **Exact Legal Name*** of the Corporation: _____

*Enclose a copy of an insurance license or Articles or Certificate of Incorporation that confirms the exact name. (The Corporation)

Address: _____ Phone No: _____

State of Incorporation: _____ Date of Incorporation: _____ Tax I.D.No: _____

4. **Shareholders/Stockholders**
(Holding 5% or more of the shares of the Corporation)

Name	%	Name	%

5. **Directors**

Name	Address

6. **Officers**

Name	Title
	President
	Secretary
	Treasurer

Attach additional sheets if more space is required.

Continued on the other side.

7. Is the Corporation currently in good standing with Corporation Commissioner, Secretary of State or other authority that regulates corporations in the state of incorporation? _____
If no explain:
8. List the states in which MTL Insurance Company policies will be sold for which Corporation intends to receive compensation:
9. Is the **Corporation licensed** to sell life and health insurance in **all** states listed in Question 8? _____
If yes, enclose a copy of the license(s), registration(s), or other certificate(s) of authority.
If no, list the states from Question 8 where the corporation is not licensed and explain why it is not licensed:
10. Is each officer and shareholder properly licensed to sell the insurance and annuity products of MTL Insurance Company in **all** states listed in Question 8? _____
If no, list the person(s) not licensed and explain how their compensation is related to the sale of MTL Insurance Company products:

11. Who is authorized to act for the Corporation in all dealings with MTL Insurance Company?

<u>Name</u>	<u>Title</u>	<u>Specimen Signature</u>
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12. Are there any limitations on the authority to deal with MTL Insurance Company of the persons listed to act for the Corporation (Including any requirement for more than one signature for any kind of transaction.)? _____
If yes describe the limitation(s) in detail:

The undersigned officers of the Corporation certify that the information provided above is correct and that any changes will be provided to the Company in writing. They further certify that the authority to transact business on behalf of the Corporation described above is granted in accordance with the laws of the state of incorporation and that MTL Insurance Company may rely on such authority until advised in writing, signed by proper authority, that such authority has been changed or revoked.

Officers Signatures:

President

Secretary

Date _____



MTL INSURANCE COMPANY

A member of the MUTUAL TRUST FINANCIAL GROUP

1200 Jorie Boulevard, Oak Brook, IL 60522-9060

GENERAL AGENT COMPENSATION SCHEDULE

Applicable to policies issued under GA 100 Agreements, subject to all the terms and conditions of the Agreement. Commissions on other plans will be quoted by the Company on request. The company reserves the right to change this schedule at any time. The Company reserves the right, in its sole discretion, to reverse and charge back all first-year commissions for any policy where, within 12 months either before or after the policy's issue date, premium payments are stopped on another policy on the same life. Guaranteed Insurability, Disability, Double Indemnity, and Payor Insurance will be paid at the same commission rate as on the policy to which the benefit is attached. First year commissions are not paid on conversion credits or exchange credits; appropriate commission adjustments will be made for policies benefiting from such credits.

(ALL COMPENSATION RATES ARE *PERCENTAGES OF PREMIUM*)
 Compensation paid to lower levels is deducted from the amount due to higher levels.

LIFE							
	Covenant, Excalibur & Value Life II	Gold Crown 65 & Gold Crown 20 (Issue Ages 0-69)	Gold Crown 20 (Issue Ages 70-80)	Capital Life II	Dignity Won		Premium One PLUS
	1 st Year	1 st Year	1 st Year	1 st Year	1 st Year		1 st Year
GA100	100	90	70	97.5	90		6.5
GA95	95	85	65	92.5	85		5.9
GA90	90	80	60	87.5	80		5.3
GA80	80	70	55	77.5	70		4.2
Agent 75	75	65	50	72.5	65		3.6
Agent 52.5	52.5	45	35	50	60		3.0
	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Year 2	Yrs 3–10 Renewals	Years 2 – 10 Renewals
GA100	8	8	8	8	19	7.3	n/a
GA95	7.5	7.5	7.5	7.5	17.5	7	n/a
GA90	7	7	7	7	16	6.5	n/a
GA80	6	6	6	6	13	5.5	n/a
Agent 75	5.5	5.5	5.5	5.5	11.5	5	n/a
Agent 52.5	5	5	5	5	10	4.5	n/a
	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees		Years 11 + Non-vested Service Fees
Agent 52.5	2	2	2	2	1.3		n/a

UNIVERSAL LIFE				
	Vanguard Select Up To Target Premium	Vanguard Select Excess Over Target Premium	Vanguard Silver Up To Target Premium	Vanguard Silver Excess Over Target Premium
	1 st Year	1 st Year	1 st Year	1 st Year
GA100	100	6	100	4
GA 95	90	5.5	90	3.6
GA 90	80	5	80	3.2
GA 80	70	4	70	2.8
Agent 75	60	3.5	60	2.4
Agent 52.5	50	3	50	2
	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals
GA100	7.5	3.7	4.7	2.9
GA 95	7	3.4	4.4	2.8
GA 90	6.5	3.1	4.1	2.7
GA 80	5.5	2.5	3.8	2.5
Agent 75	5	2.2	3.4	2.3
Agent 52.5	4.5	2	3	2
	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees
Agent 52.5	2	2	2	2

GENERAL AGENT COMPENSATION SCHEDULE

(ALL COMPENSATION RATES ARE *PERCENTAGES OF PREMIUM*)
 Compensation paid to lower levels is deducted from the amount due to higher levels.

	LIFE RIDERS				TERM		
	Paid-Up Additional Insurance Riders	ValueFlex Riders	7 Year & 15 Year Term Riders	ART Term Riders*	SelecTerm (Face Amounts Less than \$500,000)	SelecTerm (Face Amounts \$500,000 and above)	Millennium Crown (Term To 99)
	1 st Year	1 st Year	1 st Year	1 st Year	1 st Year	1 st Year	1 st Year
GA100	6	10	100	65	90	63	100
GA 95	5.5	9	90	60	85	61	95
GA 90	5	8	80	55	80	59	90
GA 80	4	7	70	45	70	55	80
Agent 75	3.5	6	60	40	65	53	75
Agent 52.5	3	5	50	35	60	50	52.5
	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals	Years 2 – 10 Renewals
GA100	5.1	7.5	8	6.5	2.9	2.9	8
GA 95	4.8	7	7.5	6	2.8	2.8	7.5
GA 90	4.5	6.5	7	5.5	2.7	2.7	7
GA 80	3.9	5.5	6	4.5	2.4	2.4	6
Agent 75	3.6	5	5.5	4	2.2	2.2	5.5
Agent 52.5	3	4	5	3	2	2	5
	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees
Agent 52.5	3	2	2	2	1	1	2

* Includes Children's Insurance Benefit

ANNUITIES					
	* IntegrityPlus Flex 1 & 2 and 3% Integrity Flex 1 & 2	* 3.5% Integrity Flex 1 & 2	* IntegrityPlus Single 3 & 4 and 3% Integrity Single Prem 1 & 2	* 3.5% Integrity Single Prem 1 & 2	** Single Premium Immediate Annuity & Supplementary Contract
	Years 1 – 10	Years 1 – 10			
GA100	5.8	4.8	5.8	4.8	2.5
GA 95	5.5	4.5	5.5	4.5	2.5
GA 90	5	4.1	5	4.1	2.5
GA 80	4	3.3	4	3.3	2.5
Agent 75	3.5	2.9	3.5	2.9	2.5
Agent 52.5	3	2.5	3	2.5	2
	Years 11 + Non-vested Service Fees	Years 11 + Non-vested Service Fees	Special Notes:		
GA100	5.8	4.8	The 3% Integrity Annuities will only be issued in states where the IntegrityPlus Annuities have not been approved. The 3.5% Integrity Annuities will only be issued in states where the IntegrityPlus Annuities and the 3% guaranteed interest rate have not been approved. * Integrity commissions on issue ages over 70 will be reduced as follows: Issue Ages: 71-75 -- 95% of Commission Rate Issue Ages: 76-80 -- 80% of Commission Rate Issue Ages: 81-95 -- 50% of Commission Rate ** For Fixed Period & Fixed Income options of less than 5 years, commission will be reduced as follows: Payout: Less than 1 year -- No First Year Commission Payout: 1 yr but less than 2 yrs -- 20% of First Year Commission Payout: 2 yrs but less than 3 yrs -- 40% of First Year Commission Payout: 3 yrs but less than 4 yrs -- 60% of First Year Commission Payout: 4 yrs but less than 5 yrs -- 80% of First Year Commission		
GA 95	5.5	4.5			
GA 90	5	4.1			
GA 80	4	3.3			
Agent 75	3.5	2.9			
Agent 52.5	3	2.5			