




American Continental Insurance Company
 Continental Life Insurance Company of
 Brentwood, Tennessee
 Aetna Companies
 P.O. Box 1188
 Brentwood, TN 37024
 Tel: 800 445.4254 opt. 7
 Fax: 866 618.4993
 AETSSContracting@Aetna.com

Contracting Checklist

from American Continental Insurance Company (ACI) and
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Page 1 of 1

 **NOTE:** You are not authorized to solicit any application on behalf of the company until you receive your “welcome” letter and company writing code.

	Complete the following for each agent to be appointed:	
	FORM	NOTES
To prevent delay, please complete all required documents before submitting.	Contract	All pages
	Producer Information and Appointment Form (PIF) (#GEN0798)	All pages
	Commission schedule (ACI and/or CLI)	Not applicable for licensed only agents
	License copy	Licenses for all states in which you are requesting appointment
	Appointment fee (CLI only)	Payment by check only
	Final Expense Contract Addendum (#ACIFE0846) and Hierarchy (#ACIFE0633) Forms	If applicable; up-line Agent needs to sign as MGA and guarantor
	Commission Advance Addendum	If requesting advance commissions
	W-9	

Return all paperwork to:
GarityAdvantage Contracting Department
contracting@garityadvantage.com
Fax: 339-469-8155
Questions? Call 800-234-9488

GENERAL AGENT CONTRACT

SECTION I - PARTIES

This General Agent Contract (referred to as "Contract") is made by and between (select only those that apply)

- American Continental Insurance Company**, its successor and/or assign (referred to as "Company" singularly or collectively)
- Continental Life Insurance Company of Brentwood, Tennessee**, its successor and/or assign (referred to as "Company" singularly or collectively)

and you, _____, and shall take effect on the date stated below. This Contract supersedes any prior contract(s) that you may have had with Company, except for terms of prior contract(s) that pertain to compensation, vesting, lien(s) and replacement of policies on business written prior to the effective date of this Contract.

SECTION II - APPOINTMENT, TERRITORY AND RELATIONSHIP

1. The Company selected above appoints the person or entity named above as its General Agent (referred to as "GA") with the authority and obligations set forth in this Contract. GA hereby accepts such appointment and agrees to the terms and conditions of this Contract.
2. GA shall solicit only in the territory where the Company officially appoints said GA. GA does not have the exclusive right to represent Company in any territory. Company reserves the right to appoint other marketing general agents, general agents and agents to represent Company in any territory.
3. GA understands and agrees that it is an independent contractor, not an employee of Company. GA is free to use its independent judgment as to the persons from whom applications are solicited and the time, place and manner of solicitation. However, this does not excuse GA from its duty to comply with Company rules and with those governmental laws and regulations that apply to GA or Company. If training courses, sales methods and materials, office facilities or similar aids and services are extended or made available to the GA, it is agreed that the purpose and effect is not to give Company control of the GA's time or direction or control over the manner or means by which the GA shall conduct business, but only to assist the GA in such business and to comply with governmental laws and regulations.

SECTION III - AUTHORITY AND LIMITATIONS

4. Provided GA is properly licensed and appointed with Company, GA is authorized to solicit applications for insurance policies on the lives and health of people satisfactory to Company and to collect initial premium payments, but only through checks, drafts or money orders made payable to the applicable underwriting Company. GA agrees that all cash, checks or monies received by GA for or on behalf of Company shall be held by GA in trust for Company and shall be promptly submitted to Company in accordance with the Company's rules and practices.
5. GA is authorized to: (a) recommend licensed Agents or General Agents for appointment and assignment to GA. GA acknowledges and agrees that Company reserves the right to reassign, terminate, refuse to appoint, and/or contract with any such Agents or General Agents in Company's sole discretion. (b) recruit, train and supervise Agents and General Agents appointed by Company and assigned to GA (such Agents and General Agents are referred to as "Agency") to solicit applications for insurance policies on the lives and health of people satisfactory to Company.
6. GA's authority to represent Company is expressly limited to the terms of this Contract. By entering into this Contract and accepting Company's authorizations, GA agrees to the following:
 - (a) To be knowledgeable of, and comply with, all applicable licensing requirements, laws and regulations of the jurisdiction(s) in which GA operates; to ensure that Agency appointed under the terms of this contract comply with all applicable licensing requirements in the jurisdiction(s) in which they conduct business and to monitor their continued compliance of such laws by completing all required continuing education or other licensing requirements; and to notify Company immediately if any such license is terminated, suspended or revoked;
 - (b) To be knowledgeable of and comply with the rules, policies and procedures of Company, including but not limited to: market conduct standards, ethical guidelines, underwriting practices, application procedures, policy delivery procedures, licensing and appointment practices, client services and support responsibilities, and all other areas of conduct of Company as contained in rate manuals, field guides, authorized software, and other communications directed to GA from time to time by Company;
 - (c) To be competent and knowledgeable in the insurance products for which GA is authorized to solicit applications and in the consumer needs they are designed to address; to explain to clients and potential clients the terms and benefits of such insurance products for which GA solicits an application; and not to make untrue or misleading statements with respect to such insurance products;
 - (d) To accept the responsibility to ensure that sales of insurance products comply with all applicable federal, state and local laws, rules and regulations;
 - (e) To supervise and be responsible for its Agency, employees and others acting on GA's behalf and to indemnify Company for its losses resulting from the acts and omissions of its Agency, employees and others acting on the GA's behalf;
 - (f) That all applications submitted for Company insurance products are subject to acceptance or rejection by Company in its sole discretion, except when an application is correctly completed and received for an applicable open enrollment period or guaranteed issue situation;
 - (g) Not to: (i) extend the time for payment of any premium; (ii) quote premiums or rates other than specified or published by Company and; (iii) waive or modify any terms, conditions, or limitations of a policy issued by Company;
 - (h) Not to adjust or settle any claim or commit Company with respect to any claim;
 - (i) Not to offer, pay, or allow to be offered or paid, as an inducement to any proposed insured or applicant, a rebate of premiums, policy fees or any other inducement not specified in the insurance product, except as may be expressly allowed by law and in compliance with state rules and regulations;
 - (j) Not to directly or indirectly induce or attempt through any means to induce any policyholder of Company to cancel, lapse, fail to renew, or replace any policy issued by Company for the purpose of purchasing a replacement policy from an entity other than Company;

the entire agreement between the parties with respect to the subject matter hereof, both oral and written. This Contract may only be amended in writing signed by both parties, including the President of this Company, except as amended by the Company itself, pursuant to Paragraph 19 of this Contract. There are no oral or written collateral representations, agreements or understandings between or by the parties except as provided in this Contract. The parties understand and agree that after the Contract has been executed, the Company shall destroy the original and the parties shall thereafter rely upon true and correct copies thereof, which shall serve the same purposes as the original.

SECTION XV - SAVINGS CLAUSE

25. If any provision of this Contract shall be contrary to the laws of the particular state, country or jurisdiction where used, such contrary provision shall not entirely invalidate this Contract, and this Contract shall be construed as not containing the particular provision held to be invalid in such state, country or jurisdiction and the rights and obligations of the GA and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.

SECTION XVI - SURVIVAL PROVISIONS

26. All provisions of this Contract which show by their intent, or which may be reasonably implied by their context, to survive the termination of this Contract, shall be so construed, and the parties shall liberally construe the survival of all provisions contained within this Contract.

SECTION XVII - PRIVACY AND NONDISCLOSURE OF FINANCIAL AND HEALTH INFORMATION

27. The parties hereby acknowledge that their relationship under this Contract may invoke some of the obligations and duties under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Therefore, the party receiving the Confidential Information shall be solely responsible for maintaining the security of such Confidential Information and for complying with that party's respective obligations and duties under HIPAA. The "Producer Conduct Rule" establishes GA's obligations under HIPAA and GA acknowledges receipt of the Producer Conduct Rule, which is fully incorporated herein by reference.

SECTION XVIII - INDEMNIFICATION

28. GA agrees to indemnify and hold Company harmless from any and all expenses, reasonable attorney fees, costs, causes of action and damages resulting from and in consequence of the negligence, recklessness or intentional misconduct of GA or others acting for or on behalf of GA, including Agents and General Agents, including, but not limited to, failure to comply with the provisions of this Contract. GA shall defend any such claim, action, suit, or proceeding which may be brought against Company and all expenses, costs and attorney fees incurred in connection therewith shall be paid by GA. Company agrees to indemnify and hold GA harmless from any and all expenses, reasonable attorney fees, costs, causes of action and damages resulting from and in consequence of the negligence, recklessness or intentional misconduct of Company or its employees. The provisions of this section shall survive the termination of this Contract.

HOME OFFICE USE ONLY	EFFECTIVE DATE This Contract shall take effect as of _____.
-----------------------------	---

IN WITNESS WHEREOF, GA and Company have entered into this agreement through their duly authorized representatives on the dates set forth below.

CONTINENTAL LIFE INSURANCE COMPANY
COMPANY OF BRENTWOOD, TENNESSEE

GENERAL AGENT

By: _____

By: _____

Title: _____

Title: _____

Date Signed: _____

Date Signed: _____

AMERICAN CONTINENTAL INSURANCE COMPANY

By: _____

Title: _____

Date Signed: _____

COMPLETE IF GA IS INCORPORATED OR LIMITED LIABILITY COMPANY

FOR AND IN CONSIDERATION OF Company's execution of this Contract and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees to be personally bound by all of the terms and obligations of Contract and does hereby personally guarantee the performance of all provisions and obligations of the GA in this Contract.

Date Signed

Personal Signature



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 Continental Life Insurance Company of
 Brentwood, Tennessee
 Aetna Companies
 P.O. Box 1188
 Brentwood, TN 37024
 Tel: 800 445.4254 opt. 7
 Fax: 866 618.4993
 AETSSIcontracting@Aetna.com

Producer Information And Appointment Form (PIF)

from American Continental Insurance Company (ACI) and
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Page 1 of 9

- **Please print clearly** completing all fields using blue or black ink, and **initial any corrections**.
- If completing electronically, fill in all blue highlighted areas. When complete, print form, sign, and return.
- Keep a copy of this form for your records.

1. Form purpose

Select all that apply.

- Initial Appointment/Additional Company Appointment** *Complete all sections.*
- Additional State Appointment with Current Companies** *Complete the appropriate Sections 2-4 and sign and date Section 9.*
- EFT Setup** *Complete Sections 2, 3 and 8 and sign Section 9 in order to authorize payments.*
- Hierarchy Change** *Complete Section 10.*

2. Individual applicant appointment information

Entity Select one or both

- American Continental Insurance Company (ACI)
- Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Name *First, Middle, Last, Suffix (As it appears on your Resident License)*

.....

Social Security Number (SSN) National Producer Number (NPN)

.....

Date of birth Gender

..... Female Male

Residential address *(Not a P.O. Box)*

.....

City State Zip

.....

Business address *(P.O. Box accepted)*

.....

City State Zip

.....

Preferred phone Secondary phone Fax

.....

Preferred mailing address *Select one* E-mail address

Residential Business

.....

Previous names *List all other names or aliases you have used in the last 7 years*

.....

Attach a separate sheet if more space is required for additional names.

3. Incorporated Entity, Partnership or LLC appointment information



Proceed to Section 4 if you are not Incorporated, a Partnership, or LLC.

Appointment type entity *Select one*

- Partnership LLC Incorporated Entity

Officer should complete Section 3.

Entity name *As it appears on your Domicile State License* Tax Identification Number (TIN)

.....

Entity address

.....

City State Zip

.....

Entity phone Entity fax

.....

Website address E-mail address

.....

Producer Information And Appointment Form (PIF)

4. Appointment states requested



Attach applicable licenses for states listed.

Resident license state

Non-resident state(s) where appointment is requested

.....

Counties in which appointment is requested *(Florida only)*

.....

5. Business practices questions

If you answer "Yes" to any of these questions, provide details in the corresponding fields of Section 6.

If completing for an officer and entity, indicate details for yes answers for each as appropriate.

	Individual/Officer		Entity	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the past ten years, has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are there any unsatisfied judgments, garnishments or liens against you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are you in debt to any insurance company?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have you ever been convicted of, or pled guilty or no contest to any felony or misdemeanor other than a minor traffic offense?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Are you currently a party to any litigation or a subject of any investigation(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Have you ever had an appointment with another insurance company denied or terminated for cause?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If the answer to all questions is "No," you do not need to complete Section 6. Please proceed to Section 7.

Producer Information And Appointment Form (PIF)

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6. Business practices details



If you answered "Yes" to any of the questions in Section 5, provide details for the corresponding question(s) only. Attach a separate sheet with question number and details if more space is required for additional information.

Question 1: Insurance or securities license denied, suspended, cancelled or revoked

Month and year

Action taken and reasons

•

•

Your account of the circumstances leading to the situation

•

•

Question 2: Sanction, censure, penalty or other action against you by regulatory body

Month and year

Action taken and reasons

•

•

Nature of the activity resulting in the fine or disciplinary action

•

Your account of the circumstances leading to the situation

•

•

Question 3: Complaint, fine, sanction, censure, penalty or other disciplinary action against you for violation of any state, federal or self-regulatory agency regulations or statutes

Month and year

Amount of the fine and/or specific disciplinary action taken

•

•

Nature of the activity resulting in the fine or disciplinary action

•

Your account of the circumstances leading to the situation

•

•

Question 4: Bond denied, paid on or revoked for you by bonding or surety company

Month and year

Reason for denial, payment or revocation

•

•

Your account of the circumstances leading to the situation

•

•

Amount of the payment

\$

Producer Information And Appointment Form (PIF)

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6. Business practices details (continued)

Question 5: Coverage denied, paid claims on, or cancelled by any E&O carrier

Month and year

Nature of the circumstances resulting in the claim

.

.

Disposition of the claim

.

Amount claimed

Amount paid by E&O carrier *If any*

\$

\$

Your account of the circumstances leading to the situation

.

.

Question 6: Filing of personal bankruptcy petition or declared bankruptcy in past 10 years

Date of discharge *mm/dd/yyyy*

For Chapter 7, 11 and 12

Reason for filing (i.e., divorce, loss of employment, business failure, etc.)

.

.

Provide type of business and role/relationship in the business *If result of business failure*

.

Amount discharged

Average annual income for the last two years

\$

\$

For any outstanding obligations not discharged in bankruptcy, (i.e., taxes, mortgage, car, etc.) provide:

Amount

Explanation of obligation

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

Current balance

\$

.

\$

For Chapter 13

Date of filing *mm/dd/yyyy*

Date of discharge *mm/dd/yyyy*

.

.

Reason for filing (i.e., divorce, loss of employment, business failure, etc.)

.

.

Provide type of business and role/relationship in the business *If result of business failure*

.

If payments are still being made please provide.

Amount

Frequency *i.e., weekly, monthly, etc.*

\$

.

Projected completion date *mm/dd/yyyy*

Current balance

.

\$

Average annual income for the last two years

\$

Producer Information And Appointment Form (PIF)

Page 5 of 9

6. Business practices details (continued)

Question 7: Bankruptcy petition or declaration filed by any insurance or securities brokerage firm with whom you have been associated (either during your association or within 5 years after termination of such association)

Approximate filing date *mm/dd/yyyy* Your position with company

.

If you are an officer of the company or directly involved with circumstances leading to filing, please provide:

Reason for filing

.

Your specific involvement

.

Question 8: Unsatisfied judgments, garnishments or liens against you

Month and year

Judgments/garnishments

Reason the judgment/garnishment was obtained and your specific involvement

.

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

Original amount of the judgment/garnishment

\$

Outstanding amount of the judgment/garnishment

\$

Average annual income for the last two years

\$

Liens

Name of company placing lien

State

Month and year

.

Reason for the lien and your specific involvement

.

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

.

Projected completion date *mm/dd/yyyy*

.

Average annual income for the last two years

\$

Question 9: Debt to any insurance company

Month and year debt began

Name of insurance company(ies)

.

Reason for the debt and your account of the situation

.

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

.

Projected completion date *mm/dd/yyyy*

.

Average annual income for the last two years

\$

Producer Information And Appointment Form (PIF)

6. Business practices details (continued)

Question 10: Any conviction of, or guilty plea or no contest to, a felony or misdemeanor other than minor traffic offense

Month and year

Description of the conviction or plea and your account of circumstances leading to the situation

.....

Type of conviction *Misdemeanor or felony*

Final disposition *Fine, probation, jail, etc.*

Have all requirements been satisfied?

Yes

No

Statute violated

City/county and state where violation occurred

Question 11: Party to any litigation or a subject of any investigation(s)

Month and year litigation began

Litigation

Circumstances surrounding the litigation *Including your account of the situation*

.....

How are you directly involved in the litigation?

.....

Amount of damages claimed

\$

Current status

Investigation

Month and year investigation began

Name and jurisdiction of investigating entity

Circumstances surrounding the investigation *Including your account of the situation*

.....

Current status

Question 12: Appointment with any insurance company denied or terminated for cause

Description of the denial/termination, including name of insurer, and your account of circumstances leading to the situation

.....

Producer Information And Appointment Form (PIF)

8. Electronic funds transfer (EFT) *Complete this section to authorize automatic electronic transfer of commission payments*

You must sign on the signature line at the bottom of this page to authorize and receive commission payments via EFT. Sections 2 and 3 must be completed.

If completing this section for an officer and an entity, the EFT authorization will apply to the entity.

You may either attach a voided bank check or complete all information in this section as it appears on your check.

This is an example of a personal check. A business check may be different.

Institution name for deposit

.....

Routing number

.....

Account number

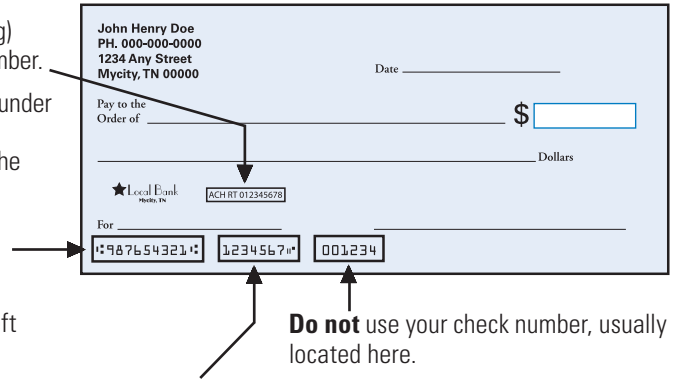
.....

To find the routing and account numbers

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For checks with "payable through" under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For all other checks, use the nine-character routing number, which appears between the **⦿** symbols, usually at the bottom left corner of the check.



The account number is up to 17 characters long and appears next to the **⦿** symbol at the bottom of the check and usually to the right of the bank routing number.

9. Acknowledgment and signature

The Aetna Inc. companies listed at the top of page 1 are referred to as "us," "our" and "we" in this section.

The appointment applicant is referred to as "you" and "your" in this section.

When submitting for an officer and an entity, this acknowledgement applies for both.

By signing below, you

- Certify that you have read, understood, and agree to comply with all provisions contained in your contract which may be downloaded and printed at: www.cont-life.com (Prospective Agent). You may also request a copy by calling 800 445.4254, option 7.
- Agree to accept official correspondence from the Company electronically, using your last e-mail address known to the Company. You further agree to notify the Company if you change your e-mail address and/or if you can no longer accept electronic communications.
- Acknowledge that you have received and read the **'Disclosure of Intent to Obtain Consumer Reports'** and consent and authorize Aetna Inc. and its affiliates to obtain additional background information, as we deem necessary, through independent investigation, FINRA CRD reports and/or through an investigative consumer reporting agency (consumer reporting agencies including but not limited to those identified in the 'Disclosure of Intent to Obtain Consumer Reports') consumer report (collectively, 'background reports').
- Authorize us to share the information contained in this PIF or any other information that we may obtain, including background reports, with our affiliates for the purposes of establishing your eligibility and/or continuing eligibility for appointment with us and our affiliates as well as any other disclosure required by law.
- Authorize your employers and other insurance companies you are or have been appointed with to release any and all information that they may have about you, personal or otherwise, to us and you release all such parties from all liability that may result from furnishing this information.
- Understand and agree that your appointment will, in part be based upon this PIF and the background report information and that any information that you provide that is inaccurate or incomplete shall be grounds for termination of your appointment.
- Acknowledge that you have read, understood and agree to comply with the **Guide to Ethical Market Conduct** and the **Multipurpose Confidentiality Addendum and Producer Conduct Rule** at www.cont-life.com (Prospective Agent). You may also request a copy by calling 800 445.4254, option 7.
- If applicable, authorize the selected Aetna Inc. company(ies) to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10 days written notice of our intention to terminate EFT.

You also certify under penalty of perjury that the information provided herein is accurate and complete.

Signature

Title *Required if signing for an entity*

Date

X

.....

⚠ You must sign here in order for us to process your appointment, and EFT if applicable.

Producer Information And Appointment Form (PIF)

Page 9 of 9

10. Appointing company and hierarchy information

You may be appointed to sell only those products for which your firm or agency is contracted.

Writing Agent name	Phone	Date
.	.	.

This form was completed by someone other than the Writing Agent

Name	Phone	Date
.	.	.

Provide rate level for all product lines for which you are requesting appointment.

Producer's commission rate level

	Medicare Supplement	Health Insurance	Final Expense
American Continental Insurance Company	.	n/a	separate forms required
Continental Life Insurance Company of Brentwood, Tennessee	.	.	



For Final Expense, complete separate Contract Addendum and Hierarchy forms.

Please list all members of this Writing Agent's hierarchy beginning with the lowest level.

Producer name or company name	Writing code
Intermediary	.
Intermediary	.
Intermediary	.
Managing General Agent	.



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 Continental Life Insurance Company of
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Electronic Funds Transfer (EFT) Authorization

from American Continental Insurance Company (ACI) and
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Page 1 of 1

- Please fill in all appropriate information and sign where necessary.
- **Please print clearly** using blue or black ink.
- If completing electronically, fill in all blue highlighted areas.
 When complete, print form, sign, and return.
- Keep a copy of this form for your records.
- Please check your banking statements for payment activity after signing up for EFT.

1. Type of request *select appropriate company(ies) and indicate type of request*

The selected Aetna Inc. company(ies) are referred to as “we” and “our” in this authorization.

- American Continental Insurance Company (ACI)
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)
 Select one: New request Change to existing EFT authorization

2. Account owner information

Name
 .
 E-mail address
 .
 Social Security or Tax I.D. Number (TIN) *Last 4 digits*
 .

3. EFT information

You may either attach a voided bank check or complete all information in this section as it appears on your check.

Institution name for deposit
 .
 Routing number
 .
 Account number
 .

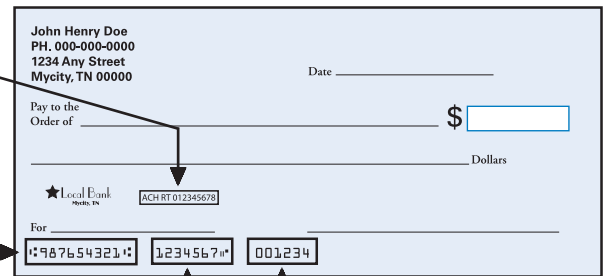
This is an example of a personal check. A business check may be different.

To find the routing and account numbers

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For checks with “payable through” under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For all other checks, use the nine-character routing number, which appears between the **Ⓜ** symbols, usually at the bottom left corner of the check.



Do not use your check number, usually located here.

The account number is up to 17 characters long and appears next to the **Ⓜ** symbol at the bottom of the check and usually to the right of the bank routing number.

4. Signature

EFT authorization

You authorize Aetna Inc. company(ies) to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions.

This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate this authorization.

Your signature indicates that you have read and understood all sections of this form.

Signature of account owner Title *(required if signing for an entity)* Date
 X . .

Commission Advance Addendum

4. Acknowledgement

Complete and return to:

Fax
866 618.4993

Email
AETSSICContracting@Aetna.com

You will be charged interest for advances received at the rate of 1% per month or the maximum legal rate, whichever is less. Refer to Section 2 for details.

Type of contract *Select one*

General Agent Managing General Agent

Producer *Name of entity or individual*

.....

Entity *Select one or both*

American Continental Insurance Company (ACI)

- All policy premium modes and direct bill

Continental Life Insurance Company of Brentwood, Tennessee (CLI)

- Policies on monthly EFT only

Advance period

	6 months	9 months	12 months
Issued policies:			
Medicare Supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Producer named above:

- Requests commission advancing as indicated above.
- Agrees to the Terms of this Addendum.
- Authorizes Aetna Inc. and its affiliates to procure one or more consumer reports and to share the information obtained therefrom with each other with respect to establishing my eligibility for commission advancing, employment, appointment, promotion, reassignment, and/or retention as an employee, agent, and/or representative of Aetna Inc., or one or more of its affiliates.
- If Producer is incorporated or is a limited liability company:
For and in consideration of Company's advancing commissions and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees to be personally bound by all of the terms and obligations of this Financing Agreement and Note and Security Agreement and does hereby personally guarantee the performance of all provisions and obligations of the Producer hereunder.



The parties accept full responsibility and are held liable for all debts incurred from this Commission Advance Addendum to the producer's contract.



Officer title is required if Producer is incorporated or is a limited liability company.

Corporation _____ Date _____
.....

Producer's signature _____ Title _____

X _____

General Agent's/Managing General Agent's signature _____

X _____

Home office use only.

Company approval

Signature of authorized official _____ Date _____

X _____

Contract Addendum

5. Acknowledgement

Complete and return to:

Fax
866 618.4993


Email
AETSSICContracting@Aetna.com


If LOA, do not complete
commission advancing.

You will be charged interest for
advances received at the rate of
1% per month or the maximum
legal rate, whichever is less. Refer
to Section 3 for details.

Approval is required by the
Company before a Producer can
sell Company's Final Expense or
receive advancing. Advancing
will not apply to policies issued
prior to the Company approval
date.

Approval to market the Final
Expense product will be emailed.

 The parties accept full
responsibility and are held liable
for all debts incurred from this
Commission Advance Addendum
to the producer's contract.

 Officer title is required if
Producer is incorporated or is a
limited liability company.

Producer *Name of entity or individual*

Date

Email address

LOA only Yes No

Commission advancing

The Producer named above requests commission advancing

Yes No

If "Yes", pick one: 6 month commission advancing

9 month commission advancing

The Producer named above:

- Requests approval to sell the Company's Final Expense product.
- Does/does not request commission advancing as indicated above.
- Agrees to the Terms of this Addendum.
- Authorizes Aetna Inc. and its affiliates to procure one or more consumer reports and to share the information obtained therefrom with each other with respect to establishing my eligibility for commission advancing, employment, appointment, promotion, reassignment, and/or retention as an employee, agent, and/or representative of Aetna Inc., or one or more of its affiliates.
- If Producer is incorporated or is a limited liability company:
For and in consideration of Company's advancing commissions and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees to be personally bound by all of the terms and obligations of this Financing Agreement and Note and Security Agreement and does hereby personally guarantee the performance of all provisions and obligations of the Producer hereunder.

Corporation

Date

Producer's signature

Title

General Agent's/Managing General Agent's signature

Home office use only.

Company approval

Signature of authorized official

Date

Approved for marketing Final Expense?

Yes No

Advancing approved?

Yes No

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.

Social security number
or
Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

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