



IFN Appointment Check List

Please complete and sign the following documents and submit them to your General Agent or Brokerage General Agent through whom you are requesting appointment.

Step 1: Complete all documents in ink and be sure all information you provide is legible. Submit all pages. Incomplete or illegible documents will be returned and will delay your appointment. You may wish to retain a copy of all documents for your records.

- 1. IFN General Agent or IFN Agent Agreement**
- 2. Producer Information Form**
- 3. Business Practices Form**
- 4. Medicare Supplement Image Cover Sheet**
- 5. Disclosure of Intent to Obtain Consumer Reports**
(Include your title and agency name if signing as a licensed officer of an agency)
- 6. IFN Commission Schedule or Acknowledgement of Commission form**
- 7. Direct Deposit Authorization Form (optional)**
- 8. Commission Assignment Form (optional)**
- 9. Copy of your current Health License**
(for NC appointment a Medicare Supplement License)

Step 2: Read the Genworth Financial's Guide to Ethical Market Conduct and the Medicare Supplement Producer Guide. By signing the IFN Agreement, you agree to adhere to these policies when representing Genworth Financial when soliciting the sale of its Medicare Supplement insurance products.

Step 3: Submit the completed documents to your Brokerage General Agent or General Agent who will notify you when your appointment is complete and will supply you with the information necessary to receive sales materials. **You may not solicit a Genworth Financial Medicare Supplement application until you are notified that your appointment has been completed and have received your producer writing code.**

Your Brokerage General Agent or General Agent is:

Garity Associates Brokerage
800-234-9488 x 1458

Return contracting paperwork to the Contracting Department
Email: contracting@garityadvantage.com or Fax: 336-469-8155

You may not use Genworth Financial's name or logo in any marketing materials without express written permission.

Attention!

Genworth Financial requires that Agents be properly *contracted* before soliciting the products listed below.

- Medicare Supplement or Medicare Select insurance underwritten by:
 - Continental Life Insurance Company of Brentwood, TN¹
 - American Continental Insurance Company²
 - Genworth Life Insurance Company or
 - Genworth Life and Annuity Insurance Company³

- All other life or health products underwritten by:
 - Continental Life Insurance Company of Brentwood, TN
 - American Continental Insurance Company

**NOTICE
TO
AGENTS**

Applications for coverage may be declined if the Agent is not properly contracted prior to the solicitation of a product. The Agent's state appointment(s) with the appropriate underwriting Company will be filed based on the applicable state law.

Some states require pre-appointment prior to the Agent soliciting the application. Agents should submit copies of their active state licenses, (and the appropriate appointment fees, if any) with their contracting documents and for any state in which they intend to solicit product and/or receive a commission. If you are unsure of your contract or appointment status, contact your MGA/BGA or the Genworth Financial Medicare Supplement Internal Sales Desk at 1-888-588-7496.

¹ Agents must be actively contracted with Continental Life Insurance Company of Brentwood, TN (State appointment fees may apply. Make the check payable to the underwriting Company.)

² Agents must be actively contracted with American Continental Insurance Company (State appointment fees may apply. Make the check payable to the underwriting Company.)

³ Agents must be actively contracted with IFN Insurance Agency, Inc. (Agent appointment fees are not required.)

2.10 “Products” – means insurance policies/certificates, and riders and endorsements thereto offered by Authorized Insurer(s) and identified in the Compensation Schedule(s).

2.11 “Records and Materials” – means all records, files, manuals, forms, materials, supplies, stationery, literature, seminar materials, computer software diskettes, CD-ROMs, licenses, papers, and books that the Agency or Authorized Insurer(s) furnishes to GA for use pursuant to this Agreement. Records and Materials may include Confidential Information.

Section 3 GA AUTHORITY AND RESPONSIBILITIES

3.1 GA is hereby authorized:

- a. To solicit applications for Products. However, GA, including Agents assigned to GA, have no exclusive right to solicit Products. Neither Agency, nor Authorized Insurer(s) makes any commitment that all policies offered by them will be deemed authorized Products under this Agreement.
- b. To recommend licensed Agents for appointment and assignment to GA. GA acknowledges and agrees that Agency and Authorized Insurer(s) reserve the right to terminate, refuse to appoint, and/or contract with, any such Agents in their sole discretion.

3.2 In accepting this authority, GA agrees:

- a. Not to solicit applications for Products unless all licenses or appointments required by law or by Agency or Authorized Insurer(s) are in force and effect.
- b. To deliver promptly premium receipts or temporary insurance agreements approved by the Company and Products issued on applications obtained by you, but only when the applicant appears to be in insurable condition and the initial premium (if required) has been duly paid.
- c. That all applications submitted for Products are subject to acceptance or rejection by the Authorized Insurer in its sole discretion.
- d. To be responsible to Agency and Authorized Insurer(s) for all business produced by GA and for the acts of its employees, Agents and others acting on GA’s behalf.
- e. To accept full responsibility for training, motivating, supervising and supporting Agents assigned to GA to help them sell Products in accordance with Agency and Authorized Insurer(s) policies, procedures and standards.
- f. Not to adjust or settle any claim or commit Agency or Authorized Insurer(s) with respect to any claim, and to deliver to the Authorized Insurer evidence of any claim for benefits under Products immediately upon receipt.
- g. To be knowledgeable of, and comply with, all applicable licensing requirements, laws and regulations of the jurisdiction(s) in which the GA operates; to ensure that all agents licensed under the terms of this agreement 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 the Agency and Authorized Insurer(s) immediately if any such license is terminated, suspended or revoked.
- h. To be knowledgeable of and comply with the rules and regulations of the Agency and Authorized Insurer(s), including: 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 the Agency and Authorized Insurer(s) as contained in rate manuals, field guides, authorized software, and other communications directed to GA from time to time by the Agency or Authorized Insurer(s).

- i. To be competent and knowledgeable in the Products for which GA is authorized to solicit applications and in the consumer needs they are designed to address and to explain to clients and potential clients the terms and benefits of Products for which GA solicits an application and knowingly not to make no untrue or misleading statements with respect to such Products.
- j. To be responsible for all monies collected by the GA and to forward to the Authorized Insurer(s) all monies upon receipt or as may otherwise be directed by the rules and regulations of the Authorized Insurer(s). All premium checks collected shall be made payable to the Authorized Insurer(s) and all such funds held by GA will be the property of the Authorized Insurer(s) and will be held by GA in a fiduciary capacity. GA shall not endorse any checks made payable to Authorized Insurer(s).
- k. GA agrees that it will not recommend any Agent who does not meet Authorized Insurer(s) requirements for appointment which includes, but is not limited to, those who are identified as “prohibited persons” (as that term is used in The Violent Crime and Law Enforcement Act of 1994). GA further agrees that it will provide prompt written notification to Agency and/or Authorized Insurer(s) should GA become aware of any acts of its employees or Agents which might render such employee or Agent a “prohibit person”.
- l. Not to incur any debt or liability or expend or contract for the expenditure of any funds of Agency or Authorized Insurer(s) unless authorized to do so in writing by an officer of Agency or Authorized Insurer(s).
- m. Not to make, alter, or discharge any Agreement on behalf of Agency or Authorized Insurer(s).
- n. Not to extend the time for payment of any premium, or waive or modify any terms, conditions, or limitations of a policy issued by Authorized Insurer(s).
- o. Not to quote premiums or rates other than specified or published by Authorized Insurer(s).
- p. Not to use illustrations, models, charts, or spreadsheets with respect to Products or sales concepts unless approved by Agency and/or Authorized Insurer(s).
- q. Not to deliver any policy issued by Authorized Insurer(s) until the applicant has made payment for the first premium or as may otherwise be directed by the rules and regulations of the Authorized Insurer(s) or the Agency, or if GA has knowledge of any adverse condition not disclosed on an application or a change in a material condition since completion of an application by the proposed insured.
- r. Not to offer, pay, or allow to be offered or paid, as an inducement to any proposed insured or applicant, a rebate of premiums or any other inducement not specified in the Product (except as may be expressly allowed by law and in compliance with state rules and regulations, or guidelines and which has been disclosed in advance to Agency).
- s. Not to directly or indirectly induce or attempt through any means to induce any policyholder of any Authorized Insurer to cancel, lapse, fail to renew, or replace any

policy issued by any Authorized Insurer for the purpose of purchasing a replacement policy from an entity other than an Authorized Insurer.

- t. Not to directly or indirectly induce or attempt to induce any agents or employees of Agency or its Authorized Insurer(s) to terminate their relationship with Agency or its Authorized Insurer(s).
- u. That Authorized Insurer(s) are third party beneficiaries of this Agreement.
- v. To ensure that sales of Products comply with all applicable federal, state and local laws, rules and regulations and distribute to General Agents, Agents and prospective clients only current sales and product materials as approved by the Agency or Authorized Insurer(s), and to cease distribution of and destroy all expired or out dated materials immediately upon receipt of notification.
- w. To notify Agency immediately if GA becomes aware of any consumer complaint, inquiry, investigation, litigation or other matter arising out of the sale of Products under this Agreement, and to assist Agency in responding to or resolving such matter.

Section 4 ASSIGNMENT OF GENERAL AGENTS AND AGENTS

4.1 From time to time GA may recommend Agents to be appointed by Authorized Insurer(s) and assigned to GA. GA may notify Agency in writing that it declines to accept any recommended assignments of Agents from Agency. In the absence of such notification,, Agency or Authorized Insurer(s) may recommend Agents and General Agents to be assigned to GA. Unless GA notifies Agency and the Authorized Insurer(s) in writing within fifteen (15) calendar days that GA will not accept such assignments, GA is deemed to accept such assignments and accept full responsibility for the supervision and training of such Agents and General Agents, for their compliance with the rules and regulations of Agency and Authorized Insurer(s) and for any damages Agency or Authorized Insurer(s) may incur as the result of their misconduct.

4.2 No assignment of any Agent to GA shall be effective unless and until such Agent or General Agent has been properly appointed with the Authorized Insurer and meets all regulatory requirements to solicit applications for Products.

Section 5 CONFIDENTIALITY

5.1 Records and Materials

- a. All Records and Materials provided to GA by the Agency or Authorized Insurer(s) are the property of the Agency or Authorized Insurer(s). GA agrees to not reproduce, use, or distribute or allow the reproduction, distribution, or use of the Records and Materials in any manner whatsoever, except pursuant to a written policy of the Agency or Authorized Insurer(s) or subject to their prior written consent. GA shall immediately return to Agency all Records and Materials upon the earlier of demand by the Agency or Authorized Insurer(s) or upon the termination of this Agreement.
- b. With respect to Records and Materials supplied to GA by a diskette, CD-ROM, or any electronic format, GA agrees:
 - i. not to make any modifications to such Records or Materials;
 - ii. to update such Records and Materials with any required current information upon notice by either the Agency or Authorized Insurer(s);
 - iii. not to reproduce such Records or Materials except for back-up purposes or where more than one computer is used in GA's business unless specifically allowed for by Agency; and

- iv. not to transfer, rent, sell, or in anyway make available such Records and Materials to a third party.

5.2 Confidentiality and Trade Secrets—GA Agrees:

- a. Not to directly or indirectly use, disseminate, disclose, duplicate, or divulge any Confidential Information except as is necessary in the course of the GA's lawful representation of Agency.
- b. To immediately return to Agency, any Confidential Information provided to GA in any physical form, including, but not limited to, written document, videotape, audio tape, computer disk or electronically transmitted data, upon the earlier of demand by Agency or termination of this Agreement.
- c. To treat Confidential Information provided to GA as a commercially valuable trade secret, which belongs solely to Agency or Authorized Insurer(s).

5.3 HIPAA - The parties hereby acknowledge that their relationship under this Agreement 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, attached hereto as Exhibit A and incorporated herein, establishes GA's obligations under HIPAA.

Section 6 ADVERTISING

GA agrees not to publish or distribute any advertising materials of any type including print or electronic mediums, including but not limited to: stationery, facsimile cover sheets, business cards, lead generation materials, telephone directory listings, advertisements, radio or television scripts, or Internet sites referencing the name, products, logo, or services of the Agency, its affiliates or parent corporation, or Authorized Insurer(s) without first obtaining the prior written approval of the Agency or Authorized Insurer(s) to do so. GA further agrees to comply with all advertising guidelines which may be published by the Agency or Authorized Insurer(s) from time to time.

Section 7 COMPENSATION

7.1 Agency or its duly authorized representative, which may be a BGA to whom Agency may assign you for supervision and training, will pay you commissions and/or overrides in accordance with the provisions of this Agreement, or of an agreement you enter into with BGA.

- a. If commissions and/or overrides are payable to GA under this Agreement, they will be payable in accordance with the Compensation Schedule(s), any amendment(s) thereto, and any amendment(s) to this Agreement.
- b. If commissions and/or overrides are payable to GA under an agreement GA has with a BGA, no commissions and/or overrides or other Compensation will be payable to GA by Agency or Authorized Insurer(s) under this Agreement. In such event, GA's execution of this Agreement reflects the GA's understanding and acceptance of the Compensation provisions under this section 7 of the Agreement, and releases Agency and Authorized Insurer(s) from any and all obligation for Compensation or accounting for Compensation resulting from the sale of Products.
- c. Agency shall either pay directly to Agents assigned to GA all commissions earned thereby or pay such commissions to GA, if assigned by said Agent, as the General Agent and Agency shall mutually agree. For Agents paid directly by GA, GA shall be responsible for and undertakes and accepts full responsibility and liability for prompt and full payment of all commissions, allowances, fees, bonuses and other Compensation earned by Agents for the sale of Products, as well as for the keeping of appropriate commission accounting records, sending commission reports to Agents and issuing appropriate tax reporting forms with respect to such payments.

d. If GA is a natural person, any commissions and/or overrides due and payable to GA at the time of GA's death or thereafter under this Agreement shall be paid to the executor or administrator of GA's estate.

7.2 All Compensation, whether first year commissions, renewal commissions, trails, service fees or other forms of remuneration, will be payable to GA only upon payment to Agency by the Authorized Insurer. Agency is under no obligation to pay any Compensation to GA until it receives the Compensation owed to it by the Authorized Insurer.

7.3 The Agency, in its sole discretion, may amend at any time and without prior notice the Compensation rates and the periods for which commissions, trails and service fees are payable. Such changes will be effective only as to policies issued on or after the date of the change, except Agency retains the right to make retroactive corrections to Compensation Schedules that are the result of a systems or clerical error.

7.4 Rules of Authorized Insurers - Any rule or policy of any of the Authorized Insurers regarding issues such as payment of Compensation, replacement of policies, conversions or underwriting requirements, in effect at the time the Compensation is earned, may affect the Compensation paid to GA and may reduce the Compensation otherwise payable pursuant to the Compensation Schedule(s).

7.5 Minimum Compensation - The minimum Compensation amount payable per Compensation payment cycle is Fifty Dollars (**\$50**). In the event that the amount due to GA in a single Compensation payment cycle is less than Fifty Dollars (**\$50**), the Compensation will be held by Agency (without interest) until the next Compensation payment cycle in which the cumulative amount due GA is equal to or greater than Fifty Dollars (**\$50**). Notwithstanding the above, at the end of the calendar year, Agency will pay to GA the accrued but unpaid balance of the Compensation due to GA, less any debt owed by GA to Agency on the regular Compensation payment cycle next following the end of that calendar year.

7.6 Return of Compensation - GA agrees to repay Agency, by charge back or direct payment, the amount of Compensation previously paid to GA if, for any reason and at any time during or after the term of this Agreement, an Authorized Insurer refunds any premium or other monies paid on any sale made by GA under this Agreement and charges back or otherwise causes Agency to repay any Compensation paid to Agency which resulted in Agency paying Compensation to GA. Examples of such circumstances may include but not be limited to: returns during free look or extended free look periods, waiver of premium, premature surrender or termination of a policy, Compensation is unearned, or Compensation was paid in error.

7.7 Accounting of Compensation – In the event that Agency pays Compensation to GA directly, Agency will provide GA a Compensation Statement accounting for Compensation earned by GA during the period and showing charges against Compensation or other debts due Agency. The net Compensation (commissions and service fees (if applicable)) payable to GA as shown on the Compensation Statement will constitute full Compensation for services performed by GA under this Agreement. Compensation statements prepared by Agency will be conclusive unless, within one hundred eighty days following the date of the Compensation Statement, GA notifies Agency in writing of a dispute regarding any transactions reported on the Compensation Statement.

7.8 If after termination of this Agreement the total Compensation paid to GA in a calendar year is an amount less than One Hundred Dollars (\$100), then Agency's obligation to pay commission in all subsequent years will terminate.

7.9 In the event that Agency pays Compensation to GA directly and if the Agreement is terminated other than for cause as described in section 11, first year and renewal commissions payable under the Compensation Schedule(s) shall be fully vested to the GA as they accrue, subject to the limitations set forth in subsection 7.5 or 7.8.

Section 8 LIEN AND SET-OFF

Agency will have at all times a first lien on GA's Compensation or other commission due pursuant to this Agreement on any other monies held, due or owing to GA pursuant to any other contract or agreement between GA

and any Affiliate of Agency, or for any indebtedness of GA owed to Agency. Agency may charge and set off any such amounts due from Compensation payable. All such indebtedness of GA will be immediately repaid on demand from, or as agreed upon with, the Agency. Following demand for repayment, or termination of this Agreement, whichever occurs first, all indebtedness will bear interest at a rate no higher than the maximum lawful rate until paid. GA will be responsible to Agency for all costs and expenses, including legal fees, incurred by Agency as part of its efforts to collect indebtedness. The terms and conditions of this section shall survive the termination of this Agreement.

Section 9 REMEDY

9.1 Upon demand by Agency, GA shall provide such documentation as Agency determines is reasonably necessary to determine if, and to what extent, GA is liable to Agency under this section. If GA is owed commissions or other Compensation from Agency, Agency is entitled to retain any such commissions or other Compensation until the documentation requested by Agency is provided. If requested documentation is not provided within thirty days from the date of such request, GA forfeits all sums and benefits otherwise due under this Agreement.

9.2 GA shall be liable to Agency under this section without right of offset for sums that might otherwise have been payable to GA under this Agreement. Agency will also have the right to offset any sums due to GA against any liability GA has to Agency or Authorized Insurer(s).

9.3 GA's liability to Agency for violation of the provisions of subsection 11.8(a) of this Agreement shall be the greater of the commission payable on the replacement policy or contract regardless of whether GA or a third party is entitled to such Compensation or the actual premium that was scheduled to be paid to Authorized Insurer(s).

9.4 In addition to other remedies provided herein or available under applicable law, in the event GA commits a breach of this Agreement and fails to cure such breach immediately upon demand by Agency, GA shall be deemed to have forfeited all accrued and future Compensation due hereunder. In the event of arbitration over a breach of this Agreement, Agency, if successful, will be entitled to its attorney fees and costs incurred in presenting or defending the action.

Section 10 TERM

This Agreement will become effective on the Effective Date set forth below and will remain in effect unless it is terminated pursuant to section 11.

Section 11 TERMINATION

11.1 Except where a longer notice period is required by law, either party for any reason and without cause may terminate this Agreement by giving the other party at least thirty (30) days prior written notice. For "cause" the Agency may terminate this Agreement immediately without any prior notice to GA.

11.2 For purposes of this Agreement, "cause" shall include, but not be limited to, the following acts by GA:

- i. A fraudulent, dishonest or illegal act adversely affecting the Agency or an Affiliate or Authorized Insurer(s);
- ii. Withholding or misappropriating funds belonging to the Agency or Authorized Insurer(s), its policyholders or applicants for any reason;
- iii. Violation of any provision hereunder regarding the making of GA's records available for audit and inspection;
- iv. Voluntarily surrendering GA's license after being cited for misconduct by any governmental authority exercising jurisdiction over GA;
- v. Willful violation of the laws, rules or regulations of any jurisdiction or any governmental authority exercising jurisdiction over GA;
- vi. Willful violation of any provisions of the Multipurpose Confidentiality Addendum or any other material terms or provision of this Agreement; or

- vii. Engaging in a systematic effort of inducing or attempting to induce the relinquishing or replacement of a Product.

11.3 If this Agreement is terminated for cause as defined in subsection 11.2 above, all accrued but unpaid commission and all other Compensation which would otherwise accrue to GA, including renewal commissions, trail commissions, and service fees, are forfeited and GA will be liable to Agency for such acts. Further, forfeited Compensation will not be applied to offset any indebtedness owed by GA to Agency.

11.4 Agency shall have the right to deem this Agreement to have been terminated for cause if, after the Agreement terminates without cause, Agency determines that GA committed an act while this Agreement was in force, which if known to Agency at that time, would have constituted termination for cause. In that case, all Compensation otherwise due or payable shall no longer be due or payable. If this Agreement terminates other than for cause, and after termination, GA subsequently acts or fails to act, in a manner which would allow Agency to terminate this Agreement for cause if the Agreement has not previously been terminated, all Compensation otherwise due or payable on or after such act or failure to act shall no longer be due or payable.

11.5 If Agency believes it may have the right to terminate this Agreement for cause, Agency may notify GA that it is suspending this Agreement while it investigates whether cause for termination exists. This suspension can be imposed in place of terminating the Agreement, in order to provide time for determining the facts.

11.6 This Agreement terminates automatically:

- i. Upon GA's death (or dissolution if Broker is a corporation) or incapacity to perform the duties declared herein.
- ii. If any license or registration GA is required to maintain under the terms of this Agreement is surrendered, cancelled, revoked, or not renewed; provided, however, that if the cause of such surrender, cancellation, revocation, or non-renewal would also give Agency the right to terminate this Agreement for cause, then this Agreement will be deemed to have been terminated for "cause".

11.7 Effect of Termination

Upon termination of this Agreement, GA and all Agents contracted through GA will cease to act for Agency and will promptly account for and remit to Authorized Insurer(s) any monies in GA's possession, which were being held on behalf of or for the benefit of Authorized Insurer(s). GA will turn over to Agency, with or without demand, all undelivered policies, software, ratebooks, leads, prospect lists, other records, materials, property and Confidential Information of Agency or Authorized Insurer(s) in the possession or control of GA within ten calendar days.

11.8 Limitations of Solicitation - GA agrees that for two years following termination of this Agreement:

- a. Not to directly or indirectly induce or attempt through any means to induce any policyholder of any Authorized Insurer to cancel, lapse, fail to renew, or replace any policy or other financial product issued by any Authorized Insurer for the purpose of purchasing a replacement policy or other financial product from an entity other than an Authorized Insurer;
- b. Not to directly or indirectly induce or attempt to induce any Agents or employees of Agency or its Authorized Insurers to terminate their relationship with Agency or its Authorized Insurers.

Section 12 INDEMNIFICATION

GA agrees to indemnify and hold Agency 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, Agents or others acting for or on behalf of GA, including, but not limited to, failure to comply with the provisions of subsection 3.2 of this Agreement. GA shall defend any such claim, action, suit, or proceeding which may be brought against Agency or Authorized Insurer(s) and all expenses, costs and attorney fees incurred in

connection therewith shall be paid by GA. Agency 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 the Agency or its employees. The provisions of this section shall survive the termination of this Agreement.

Section 13 ERRORS AND OMISSIONS COVERAGE

GA agrees to maintain liability insurance on GA and Agents against claims for damages based on actual or alleged professional errors or omissions at all times during the term of this Agreement, in an amount and with an insurer reasonably acceptable to the Agency. Proof of such insurance coverage shall be furnished to Agency or its designee upon request, and GA shall notify Agency or its designee immediately if for any reason such insurance coverage ceases to be in effect. Suitable proof of such insurance furnished by the BGA will satisfy the requirements of this section.

Section 14 INDEPENDENT CONTRACTOR

14.1 The relationship created by this Agreement between GA (including Agents assigned to GA) on the one hand and Agency and Authorized Insurer(s) on the other hand is that of an independent contractor. Nothing contained in this Agreement shall be construed as creating the relationship of employer and employee between Agency or Authorized Insurer(s) and GA, for any purposes whatsoever, including, but not limited to, Federal Insurance Contributions Act, The Social Security Act, The Federal Unemployment Tax Act, income tax withholding, and such other purposes set forth in section 7701 (a)(20) of The Internal Revenue Code of 1986, and all applicable state law.

14.2 GA shall retain the right to exercise independent judgment as to the time, place and manner of performing those acts GA is authorized to perform under this Agreement, including, but not limited to, selection of business prospects and setting of business hours.

14.3 As an independent contractor, GA is responsible for paying all present or future taxes, duties, assessments, agent licensing fees, expenses and other governmental charges related to this Agreement.

Section 15 DISPUTE RESOLUTION

15.1 Arbitration - Any dispute arising out of or relating to this Agreement or any Work Order shall be resolved by binding arbitration by three arbitrators in accordance with the CPR Institute for Dispute Resolution Rules for Non-Administered Arbitration (“Rules”), and judgment upon the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. In accordance with the Rules, each party shall appoint one arbitrator and the two appointed arbitrators shall select the third arbitrator who shall chair the arbitration Tribunal. Arbitration proceedings shall conform to Rules and to the provisions of this section unless both parties agree in a writing signed by the parties to deviate from Rules and/or the provisions of this section. Arbitration proceedings shall take place in Richmond, Virginia or such other location designated by Agency and Authorized Insurer(s). Except as may be required by law, no party nor an arbitrator may disclose the existence, content, status or results of any arbitration hereunder without the prior written consent of both parties. The procedures specified in this Paragraph shall be the sole and exclusive procedures for the resolution of disputes between the parties arising out of or relating to this Agreement except as otherwise provided below. Despite any action authorized below, the parties will continue to participate in good faith in the procedures specified in this section.

15.2 This section will not be construed to prevent a party from instituting, and a party is specifically authorized to initiate (a) formal legal proceedings at any time to obtain or preserve a superior position (or maintain parity) with respect to other creditors, to include the other party in a third party action in which indemnification may be sought pursuant to this Agreement, or to seek temporary equitable relief to protect a party’s Confidential or Consumer Information or other intellectual property, (b) arbitration as described above to avoid the expiration of any applicable limitations of actions or other period, or (c) formal legal proceedings to seek preliminary and permanent injunctive relief against the breach or threatened breach by GA of any of the provisions of subsection 5.2 or subsection 9.7 of

this Agreement. Such relief will be in addition to any other legal or equitable remedies, which may be available to Agency and/or Authorized Insurer(s).

15.3 In the event that a party attempts to represent GA as a representative in a class action or other representative proceeding, Agency and Authorized Insurer(s) may insist that GA bring the claim in arbitration if it is to be brought at all.

15.4 The arbitration of any claim arising under this Agreement must proceed on an individual basis, even if the claim had been asserted in a court as a class action, private attorney general action, or other representative or collective action. Unless all parties consent, neither party to this Agreement may join, consolidate, or otherwise bring claims related to two or more BGAs, GAs or Agents in the same arbitration. Unless all parties consent, no party may pursue a class action, private attorney general action, or other representative or collective action in arbitration, nor may any party to this Agreement pursue such actions in Court if any party has elected arbitration. GA will not have the right to act as a class representative or participate as a member of a class of claimants with respect to any claim as to which arbitration has been elected.

Section 16 RECORD KEEPING AND AUDITS

16.1 GA agrees to keep appropriate records of activities related to GA's services provided under this Agreement as required by law or as reasonably requested by Agency in accordance with its policies, procedures and standards, and to retain such records for at least 5 years, including periods after the termination of this Agreement. In conjunction with this requirement, GA agrees that Agency or Authorized Insurer(s), upon reasonable request, can audit GA's compliance with record keeping requirements. Further, GA agrees that Agency and Authorized Insurer(s) can request access to and copies of any policies and procedures developed or utilized by GA regarding these records upon reasonable request.

16.2 GA agrees to cooperate with Agency and Authorized Insurer(s) to provide documentation relevant to any regulatory examination or investigation of Agency or Authorized Insurer(s), such as market-conduct exams or other investigations, by state insurance regulators or other state or federal regulators in the time frame required by the regulatory body conducting the examination or investigation.

Section 17 GENERAL PROVISIONS

17.1 Right to Withdraw- Agency reserves the right, in its sole discretion, upon no less than 15 days notice, to withdraw or modify Products, to cease doing business in any state or territory and may unilaterally amend Compensation Schedule(s) in accordance with the terms and conditions thereof.

17.2 Notice- Each party shall promptly notify the other of any claim, litigation or regulatory matter of which they have knowledge and in which Agency, Authorized Insurer(s) or GA is named as a party arising out of the activities under this Agreement. Any notice or other communication required or permitted to be given under this Agreement shall be given in writing and may be personally delivered, sent by a nationally recognized overnight courier with document tracking capability (freight prepaid), sent by certified mail, postage prepaid, or sent by facsimile transmission with receipt confirmed. Any such notice shall be deemed to have been given on the date personally delivered, upon confirmation of receipt of facsimile transmission, upon one day after being sent by a nationally recognized overnight courier or five (5) business days after being sent by certified mail. Notice shall be given as follows:

If to Agency, sent to 6620 West Broad Street, Building 4, Richmond, Virginia 23230; and

If to GA, sent to the last known address or facsimile number on file with Agency.

17.3 Entire Agreement- This Agreement, including all exhibits and Compensation Schedules as may be attached and incorporated herein by reference, constitutes the entire Agreement between the parties. This Agreement supersedes any and all other agreements between the parties; however, this provision does not impair GA's right to any commission payable under such prior agreement.

17.4 Venue and Governing Law- The parties consent, to the extent permitted by law, to jurisdiction and venue for enforcement of this Agreement in the County of Henrico, Commonwealth of Virginia. The parties further agree that the law of the Commonwealth of Virginia shall apply to enforcement, construction and interpretation of this Agreement.

17.5 Enforceability- Any provision that may be inconsistent with or in violation of any laws and regulations will merely be unenforceable and will not affect the validity of the remaining provisions.

17.6 Amendment- This Agreement may only be modified or amended in writing. Except for Compensation Schedule(s) that may be amended by Agency from time to time, the parties must sign all other amendments to this Agreement.

17.7 Headings- The sections and their headings contained in this Agreement are for reference purposes only and will not affect the meaning or interpretation of this Agreement.

17.8 Non-Waiver- The waiver by any party to the Agreement of any condition or of a breach of any other provision of this Agreement will not operate or be construed as a waiver of any other condition or any other provision or subsequent breach. All rights and remedies of any party to this Agreement will be cumulative and concurrent and may be exercised singularly, successively or concurrently, at the sole discretion of such party and may be exercised as often as occasion therefore may exist.

17.9 Rules of Construction- In this Agreement, unless the context otherwise requires, words in the singular include the plural, and in the plural include the singular, and words of one gender include the other gender and the neuter, and when the sense so indicates, words of the neuter gender may refer to any gender.

17.10 Non-Assignment- No assignment of this Agreement by GA, or of Compensation payable hereunder, will be valid unless authorized by the Agency in writing and, if authorized, only if a copy of the assignment is furnished to the Agency and acceptance is acknowledged by the Agency in writing.

17.11 Practices and Procedures of Agency- Agency reserves the right to adopt practices and procedures from time to time relating to the administration of terms and conditions of this Agreement.

IN WITNESS WHEREOF, this Agreement has been executed in duplicate by the parties.

GENERAL AGENT SIGNATURE

IFN INSURANCE AGENCY, INC.

Name (Print or Type)

By: _____
Authorized Representative

By: _____
Authorized Representative

Its: _____
Title

Its: _____
Title

Effective Date: _____

GA Social Security or Tax ID No.

Date: _____

PRODUCER APPOINTMENT INFORMATION FORM (PIF)

Please complete a separate PIF form for each party requesting an appointment. Do not combine business entity (firm/agency) appointment requests with individual information, or officer/principal information.

1. FORM PURPOSE

Initial Appointment/Additional Company Appointment (Complete all sections.)
 Additional State Appointment with current companies (Complete sections 3, 5, 8)
 Change Hierarchy (Complete sections 3, 4, 8)

2. TYPE OF APPOINTMENT (Check ONLY one)

Individual (complete 3a)
 Business Entity (Firm/Agency) (complete 3b)
 Officer/Principal (complete 3a)

3a. INDIVIDUAL INFORMATION

First Name		Middle Name		Last Name	
Residence Address (No P.O. Box)			City	State	Zip
SSN #:	NPN# (National Producer Number):	Date of Birth:(mm/dd/ccyy)		Gender <input type="radio"/> F <input type="radio"/> M	
Business Address			City	State	Zip
Business Phone ()			Business Fax ()		
Preferred Mailing Address is <input type="radio"/> Residence <input type="radio"/> Business			e-mail Address		

3b. BUSINESS ENTITY (FIRM/AGENCY) APPOINTMENT (Must also complete a separate PIF Form for Officer)

Business Name		Tax ID #			
Business Address			City	State	Zip
Business Phone ()			Business Fax ()		
e-mail Address			Website Address		
Indicate type of taxable entity: <input type="radio"/> Corporation <input type="radio"/> Non-incorporated entity (e.g., Partnership, LLC)					

INFORMATION FOR SECTION BELOW TO BE PROVIDED BY TOP LEVEL AGENT/AGENCY

4. APPOINTING COMPANY AND COMMISSION HIERARCHY INFORMATION (use hierarchy transmittal if applicable)

(Note: Provided you are properly licensed, you may be appointed to sell only those products for which your firm/agency is contracted.)
 List the General Agency or Sub Agent's name if the numbers are unknown.

Product Line/Company Name	TOP LEVEL agent/agency number (BGA/MGA)	INTERMEDIATE LEVEL agent/agency number (sub GA, Member Firm)	WRITING AGENT commission plan/schedule	Submitting New Business? (select one)
Fixed Life & Annuity:				
Genworth Life and Annuity Insurance Company*				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company of NY				<input type="radio"/> Y <input type="radio"/> N
Long Term Care:				
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company of NY				<input type="radio"/> Y <input type="radio"/> N
Variable Life & Annuity:				
Genworth Life and Annuity Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company of NY				<input type="radio"/> Y <input type="radio"/> N
Medicare Supplement:				
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life and Annuity Insurance Company	Garity Associates			<input type="radio"/> Y <input type="radio"/> N
Linked Benefits (i.e. UL/LTC combo, SPDA/LTC combo):				
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N

*Remember to attach Brokerage Authorization

5. APPOINTMENT STATES REQUESTED

Resident License State

List Non-resident State(s) where appointment is requested.

If FL, List Counties in which non-resident appointment is requested (required for in-person solicitation)**If CA for fixed annuity, please provide proof you have completed the annuity training requirement.****If MA or MD for Long Term Care, please submit the appropriate Acknowledgement Form (available at Genworth.com).****For Long Term Care/LTC Partnership products, please provide certification or evidence of required training for states that require this.****6. PREVIOUS NAMES****Please list all other names or aliases you have used in the last 7 years. For additional information, please use section 9 below.**

Previous First Name

Previous Middle Name

Previous Last Name

7. BUSINESS PRACTICES**If you answer "Yes" to any questions below, please provide details by using Business Practices Details form.**

	Yes	No		Yes	No
1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<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 5 years after termination of such association?	<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"/>	8. Are there any unsatisfied judgments, garnishments or liens against you?	<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"/>	9. Are you in debt to any insurance company?	<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"/>	10. Have you ever been convicted of, or pled guilty or nolo contendere to, any felony or misdemeanor other than a minor traffic offense?	<input type="radio"/>	<input type="radio"/>
5. Has any E&O carrier ever denied, paid claims on, or cancelled your coverage?	<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"/>
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<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"/>

8. ACKNOWLEDGMENT

I acknowledge and agree that this PIF is not a contract. I authorize and consent Genworth Financial, Inc. and its affiliates (collectively, "the Company") to obtain such additional background information about me as they deem necessary from time to time through independent investigation, NASD CRD reports and/or through a consumer reporting agency's consumer report (collectively, "Background Reports"). I authorize the Company to share the information contained in this PIF or any other information that the Company may obtain, including Background Reports, with its affiliates for the purposes of establishing my eligibility and/or continuing eligibility for appointment with the Company and its affiliates as well as any other disclosure required by law.

I hereby authorize my employers and other insurance companies I am or have been appointed with to release any and all information that they may have about me, personal or otherwise, to the Company, and I hereby release all such parties from all liability that may result from furnishing the same. I understand and agree that my appointment will, in part be based upon this PIF and the information in such Background Reports, and that any representation herein that is inaccurate or incomplete shall be grounds for termination of my appointment.

I hereby certify under penalty of perjury that the information provided herein is accurate and complete. I have read, understood and agree to comply with the Guide to Ethical Market Conduct.

Signature _____ Date _____

Title _____

(if requesting a Business Entity (firm/agency) appointment or Officer/Principal appointment)

9. ADDITIONAL INFORMATION (use additional page if needed)

Business Practices – Details Name: _____ SSN/TIN: _____

IF YOU ANSWERED “YES” TO ANY QUESTION(S) IN THE “BUSINESS PRACTICES” SECTION OF THE PRODUCER INFORMATION FORM, PLEASE PROVIDE DETAILS TO THE CORRESPONDING QUESTION(S) ONLY. ATTACH ADDITIONAL PAGES, IF NEEDED.

1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?
Month/Year ____/_____
Action taken: (license denial, suspension, cancellation or revocation) _____

Reason for action taken: _____

Your account of the circumstances leading to the situation _____

2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?
Month/Year ____/_____
The amount of the fine and/or specific disciplinary action taken _____

The nature of the activity resulting in the fine or disciplinary action _____

Your account of the circumstances leading to the situation _____

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?
Month/Year ____/_____
What was the nature of the complaint? _____

What was the disposition of the complaint (i.e. – fine or disciplinary action, etc.) _____

Your account of the circumstances leading to the situation _____

4. Has a bonding or surety company ever denied, paid on, or revoked a bond for you?
Month/Year ____/_____
The reason for denial, revocation or payment _____

Your account of the circumstances leading to the situation _____

The amount of the payment _____

5. Has any E&O carrier ever denied, paid claims on, or cancelled your coverage?

Month/Year ____/____/____

The nature of the circumstances resulting in the claim _____

The disposition of the claim _____

The amount claimed _____

The amount paid by E&O carrier, if any _____

Your account of the circumstances leading to the situation _____

6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?

For Chapters 7, 11 & 12:

The date of discharge* ____/____/____

The reason for filing (i.e., divorce, loss of employment, business failure, etc.)*

If business failure, provide type of business and role/relationship in the business _____

The dollar amount discharged _____

Average annual income for the last 2 years _____

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

The dollar amount _____

Explanation of obligation _____

Payment Schedule (amount & frequency) _____

Current balance _____

For Chapter 13:

The date of filing ____/____/____

The date of discharge* ____/____/____

The reason for filing (i.e., divorce, loss of employment, business failure, etc.)*

If business failure, provide type of business and role/relationship in the business _____

*If payments are still being made please provide:

Amount and frequency _____

Projected completion date _____

Current balance _____

Average annual income for the last 2 years _____

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?

Approximate date of filing ____/____/____

Your position with company _____

officer or directly involved with circumstances leading to filing, please provide:

The reason for filing _____

Your specific involvement _____

8. Are there any unsatisfied judgments, garnishments, or liens against you?

Judgments/Garnishments:

Month/Year ____/____

The reason the judgment/garnishment was obtained & your specific involvement _____

Payment schedule (amount & frequency) _____

The original amount of the judgment/garnishment _____

The outstanding amount of the judgment/garnishment _____

Your average annual income for the past 2 years _____

Liens:

Month/Year ____/____

Name of the company placing lien _____

The reason for the lien & your specific involvement _____

The original amount of the debt _____

The current balance _____

Is there a payment schedule in place (if so, amount & frequency of payments) _____

Projected completion date ____/____/____

Your average annual income for the past 2 years _____

9. Are you in debt to any insurance company?

Month/Year ____/____

Name of the company _____

The reason for the debt & your account of the situation _____

The original amount of the debt _____

The current balance _____

Is there a payment schedule in place (if so, amount & frequency of payments) _____

Projected completion date ____/____/____

Your average annual income for the past 2 years _____

10. Have you ever been convicted of, or pled guilty or nolo contendere ("no contest") to, any felony or misdemeanor other than a minor traffic offense?

Month/Year ____/____

Description of the conviction or plea & 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? _____

*If a felony, provide exact statute violated _____

*If a felony, provide city/county and state where violation occurred _____

11. Are you currently a party to any litigation or a subject of any investigation(s)?

Litigation:

Month/Year litigation began ____/____

Circumstances surrounding the litigation including your account of the situation _____

How are you directly involved in the litigation? _____

The amount of damages claimed _____

Current status of the litigation _____

Investigation(s):

Month/Year investigation began ____/____

Name and jurisdiction of investigating entity _____

Circumstances surrounding the investigation, including your account of the situation _____

The current status of the investigation _____

12. Have you ever had an appointment with another insurance company denied or terminated for cause?

Description of the denial/termination & your account of circumstances leading to the situation _____

**Medicare Supplement Image Cover Sheet
Image to Medicare Supplement Team Queue**

Directions: Include this sheet on all documents sent to Agent Services COE for processing.

Agent's Last Name: _____ First Name: _____ M.I. _____

Agent's Social Security or Tax ID #: _____

Producer's Hierarchy: (Do not abbreviate agency name. Provide Producer Number, if known.)

Name of BGA : _____

Name of RGA : _____

Name of GA: _____

Product(s) agent will solicit: Medicare Supplement Medicare Part D
Producer must have a Health Line of Business license. NC requires a Medicare Supplement License.
Include a copy of appropriate license(s).

Purpose of Request: (Make sure all necessary documents are attached.)

Initial Contracting/Appointment Enter three-digit pay rate code _____ (if applicable)
A Genworth Life Insurance Company and/or Genworth Life and Annuity Insurance Company
Medicare Supplement state appointment is required prior to soliciting the Medicare Supplement product.

Change Request ___ Pay Rate* ___ New State Appointment Other _____
If submitting a change in commission payment arrangements, indicate whichever may apply:

Change in Pay Rate Code. Enter three-digit pay rate code _____ (required)
Attach the applicable IFN Commission Schedule and signed IFN Agreement.

Acknowledgement of Compensation Arrangement Form (Attach form)
Commissions will be paid to the next level in the producer's hierarchy that has a IFN Commission Schedule (that is, pay rate code) on file.

Assignment of Commissions form (Attach form)
Complete IFN contracting documents (including insurance licenses) are required from the Assignee in order to receive assignment for policies issues in the states of FL, GA, KS, KY, NC, MA, MT, NM, UT, VA, WI, and WV.

Licensing documents for your files. (No change in producer's appointment required.)

**Important: Effective dates of Compensation Schedules and Compensation Arrangement Forms are determined by IFN Insurance Agency, Inc. and its Authorized Insurers and will become effective the day the request is processed. Applications dated on or after the Effective Date of the request will reflect the new rate. Change in pay arrangements cannot be dated retroactively.*

Send By Fax: 804-281-6300
By Email: riclicrenew@genworth.com

By Mail: Genworth Financial
Attn: Licensing – Medicare Supplement Team
PO Box 40010
Lynchburg, VA 24506



Disclosure of Intent to Obtain Consumer Reports

This is to advise you that Genworth Financial, Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent and/or representative of Genworth Financial, Inc., or one or more of its affiliates.

If requested, the report will be obtained from the investigative consumer-reporting agency named below:

Business Information Group, Inc.
P.O. Box 130
Southampton, PA 18966
(800) 260-1680

If a consumer report is obtained and you reside in a state with a legal requirement to provide a free copy of the consumer report upon request, we will automatically instruct the consumer reporting agency to send you a copy of the report at no charge.

The report may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of the report is: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

Authorization to Obtain Consumer Reports

I hereby authorize Genworth Financial, 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 employment, appointment, promotion, reassignment, and/or retention as an employee, agent, and/or representative of Genworth Financial, Inc. or one or more of its affiliates.

Date: _____

Signature: _____

Print Name: _____

Title: _____
(If requesting a firm/agency appointment
or officer/principal appointment)

FOR CALIFORNIA RESIDENT AGENTS ONLY

Pursuant to the California Investigative Consumer Reporting Agencies Act, Genworth Financial, Inc. is required to provide you with the summary of provisions listed below.

California Investigative Consumer Reporting Agencies Act Summary of the Provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer-reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

Schedule A
to
IFN General Agent Agreement

Medicare Supplement Commission Schedule
For

(Print Name of General Agent)

Effective Date

This Schedule A supercedes all previous commission Schedules and is subject to the Rules and Regulations of the IFN Insurance Agency, Inc., now known as Genworth Financial Agency, Inc. (The "Agency") and the Authorized Insurer(s), and may be changed or amended by the Agency at any time without prior notice. Unless otherwise required by law or regulation, such change shall be effective only on insurance applications taken on or after the effective date of the change that results in an issued policy for which compensation is due. The Agency reserves the right to modify the below commission rates and terms for insurance policies issued in excess of the Authorized Insurer's usual business guidelines. No such amendment shall affect compensation payable with respect to any Product issued upon application(s) taken prior to the effective date of such amendment or applications taken after the effective date of such amendment for which the policy becomes effective on or before May 31, 2010.

Agency shall pay, on a periodic payment cycle of no less than a monthly basis, the General Agent, or its Agent(s) if so directed, earned Compensation calculated in accordance with the Commission Schedule to which it relates. Compensation paid will be calculated based on the annual commissionable premium amount for policies in their first year of duration, and on the earned commissionable premium for the remaining duration period for which compensation is due, less any debt due the Agency. The minimum compensation amount payable per compensation payment cycle is Fifty Dollars (\$50), unless specified otherwise under the IFN General Agent Agreement to which this Commission Schedule relates. In the event that the amount due to General Agent in a single compensation payment cycle is less than the minimum payable amount, the compensation will be held by Agency (without interest) until the next compensation payment cycle in which the cumulative amount due General Agent is equal to or greater than the minimum payable amount. Notwithstanding the above, at the end of the calendar year, Agency will pay the accrued but unpaid balance of the compensation due on the next regular compensation payment cycle following the end of that calendar year.

Agency shall calculate the General Agent's Compensation in accordance with the following percentages of premium earned and received by Agency and/or Authorized Insurer(s). The total amount of Compensation payable to the General Agent will be reduced by any Compensation paid by Agency and/or its Authorized Insurer(s) directly to any sub-producing General Agent(s) and/or Agent(s) for business produced by such sub-producing General Agent(s) and/or Agent(s) assigned to the General Agent and not personally produced by the General Agent. Compensation shall be vested in accordance with the terms of the IFN Agreement to which it relates.

GT3

**Medicare Supplement Plans* Currently Marketed by
Genworth Life and Annuity Insurance Company**

Policy Issue State(s):	Issue Ages	Policy Years		
		First Year	Years 2-6	Year 7 and Beyond
NH, NJ, OR	Ages 65 And Above	21.0	21.0	7.0
	Under Age 65	5.0	5.0	0.0
VT	All Issue Ages	21.0	21.0	7.0
UT	Issue Ages 65 And Above	21.0	21.0	7.0

Genworth Life Insurance Company

Policy Issue State(s):	Issue Ages	Policy Years		
		First Year	Years 2-6	Year 7 and Beyond
CA	All Issue Ages	20.0	20.0	7.0
MD	Ages 65 And Above	21.0	21.0	7.0
	Under Age 65	5.0	5.0	0.0

* All plans not available in all states. Review the Outline of Coverage of the Policy Issue state for plans available for the issue age of the applicant.

The following items are non-commissionable:

- 1) The portion of a premium resulting from a rate increase
- 2) Policy fees, where applicable
- 3) The Part B deductible amount, where applicable
- 4) Unearned premium on lapsed or cancelled policies

Commissions on replacements between Authorized Insurers are subject to the Authorized Insurers' Replacement Rules at the time the replacement policy is issued.

Minimum Production

Agency and/or the Authorized Insurer(s) will establish annual production requirements related to first year premium received by Agency and/or Authorized Insurer(s). Agency and/or the Authorized Insurer(s) may change (increase or decrease) Compensation based on the General Agent's demonstrated ability to meet or exceed these production requirements. General Agent will be given thirty days (30 days) notice of a change in Compensation due to production performance. Agency reserves the right to reduce commissions on future new business or terminate the IFN General Agent Agreement for failure to meet the minimum production requirements.

Direct Deposit Authorization Form

(To be used for IFN Brokers)

Printed Name:	SSN
Division Name:	Area Manager's Name and Area Office Code

I hereby authorize IFN Insurance Agency, Inc. to:

Start Direct Deposit

Cancel Direct Deposit

Complete the following:

Financial Institution Name:	Check type of Financial Institution: <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union
Address:	Check type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
City State Zip	Transit Routing Number:
Phone:	Checking/Savings Account Number:

Please enclose a **voided copy** of your **Personal Check**.

We cannot accept a Deposit slip for the process because the information contained on a Deposit slip is not always the proper information needed for a Direct Deposit.

If you have a Savings Account or belong to a Credit Union, you will need to contact them for the proper Routing Transit Number and the Account Number.

Verification of correct information through the banking network, or any changes made to existing direct deposit participant will result in receipt of a check for approximately 2 to 4 weeks.

I authorize the IFN Insurance Agency Inc. to make any correcting entries to my account.

Signed name

Date

Return this form to:
Genworth Financial
PO Box 40010
Lynchburg, VA 24506
Fax (804) 281-6128