



Independent Producer Contract Requirements Checklist:

Producer Name: _____
(print)

Producing General Agent Name: _____
(please print and include your CL Number)

Notice to General Agent; if your producer is appointed in any of the following states: CA, CT, DC, FL, GA, KY, LA, MA, MS, MT, NE, NM, NV, OH, PA, RI, SD, TX, UT, VA, VT, WA, WI, WV, any person or entity receiving compensation must also be licensed in the listed states.

- Complete and sign the Application for Contract (CL 5.6). If you are contracting your corporation, Section 2 and Section 3 must be completed.
- Attach current E&O proof of coverage. **Errors and Omissions coverage is required** for contracting with Columbus Life Insurance Company.
- Complete and sign the Direct Deposit form (CL 5.625). Include a **voided check** or letter from your Financial Institution. **Direct Deposit of commissions is required** for contracting with Columbus Life Insurance Company.
- ANTI-MONEY LAUNDERING VERIFICATION. **Anti-Money Laundering verification is required** for contracting with Columbus Life Insurance Company.
- Annuity Producers are required to submit verification of:
 - 1) 4 hours of Continuing Education credits
 - 2) Product Specific training
- Return the signed Independent Producer Contract.
- PGA:** Please complete and sign Commission Level Assignment form (CL 5.874).
- Beneficiary Designation.

Producers please return your completed paperwork to your Producing General Agent. Producing General Agent please fax, mail or email completed paperwork to our Licensing Department at:

Columbus Life Licensing Department
303 Broadway
Cincinnati OH 45202
Email: clcontracting@columbuslife.com
Fax: 513-362-8318



APPLICATION FOR CONTRACT

SECTION 1: PERSONAL INFORMATION

Last Name: _____ (print)

First Name: _____ M/I: _____

Other Names Known By (i.e., nickname, maiden): _____

Date of Birth: _____ M F

Social Security Number: _____

Designations: _____

Home Address: _____

Phone Number: _____

Home Address for past ten (10) years: _____

SECTION 2: MAILING ADDRESS

Name of Agency/Business entity: _____

Mailing Address: _____

Street Address: *if above is a P.O. Box* _____

Phone Number: _____

Fax Number: _____

Email: _____

Website: _____

Please indicate the state(s) where appointment is desired: _____

May Columbus Life use your name and/or your corporation's name in our publications? Yes No
If you check **No**, you will not be eligible to participate in Columbus Life sales conferences and contests.

If commissions are being assigned (paid to any entity other than your personal account) complete this section.



SECTION 3: COMMISSION ASSIGNMENT By assigning your commissions, you are consenting to have all compensation paid and reported to a separate entity as indicated below.

I reserve the right to revoke this assignment at any time by giving written notice to the Company at its Home Office in Cincinnati, Ohio to be effective as of the first pay cycle of the month following the effective revocation date above on all commissions and other compensation which may become due and payable to me on either: **(please check one)**

- Insurance written and paid for after the date of said revocation (absolute assignment); or
- Compensation, which may become due and payable to me after the date of said revocation (revocable assignment).

As an authorized representative of the entity listed below, I hereby instruct Columbus Life Insurance Company to assign and report commissions and other compensation as income to this entity.

Name of entity _____
*If different than business name above

Address: _____

Phone Number: _____ Fax Number: _____

_____ Date

_____ Print Authorized Representative's Name & Title

_____ Tax ID Number

_____ Authorized Representative's Signature

*If the producer is doing business in any of the following states, any person or entity receiving compensation MUST be licensed with the state in order for compensation to be paid to that person or entity: CA, CT, DC, FL, GA, KY, LA, MA, MS, MT, NE, NM, NV, OH, PA, RI, SD, TX, UT, VA, VT, WA, WI, WV.

SECTION 4: ANTI-MONEY LAUNDERING COMPLIANCE

Columbus Life Insurance Company (CLIC) has implemented an Anti-Money Laundering program to comply with federal Anti-Money Laundering regulations for insurance companies. The regulations apply to all products offered through CLIC.

As a result, you are required to show proof that you have completed Anti-Money Laundering training within the last 24 months before you will be appointed with CLIC. After initial appointment, you are required to complete Anti-Money Laundering training every two years in order to maintain your appointment. We will contact you when recertification is due. Producers may either take AML training provided by Columbus Life Insurance Company through LIMRA or provide suitable proof of other training from another insurance carrier or a FINRA-registered broker-dealer.

Please indicate below how you are meeting this requirement:

- I completed an AML course through LIMRA on: _____
Date
- Attached is a valid certificate of completion. *The certificate must include your name, the name of the training course and date of completion.*

SECTION 5: ANNUITY SUITABILITY TRAINING

- Are you an annuity producer? No – please skip to section 6. You must complete all training prior to selling or soliciting annuity products in the future.
- Yes – you are required to complete training prior to selling or soliciting annuity products.

If you are licensed in **AK, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MS, ND, NE, NH, NJ, OH, OK, OR, RI, SC, SD, TN, TX, UT, WA, WI, WV or WY**, your State Insurance Regulations now require all Insurance Producers to complete training before they can solicit or sell Annuity Products. **FL** and **UT** have adopted the Suitability Questionnaire and product-specific training only. **IN, LA** and **OK** have adopted annuity product-specific training and agent continuing education requirements only. We anticipate **MA** may adopt these requirements in the near future. Prior to soliciting the sale of an annuity product, an insurance producer must have adequate knowledge of the annuity product and must be in compliance with the insurer's standards for product training. No annuity contract will be accepted in these states without meeting the following training requirements:

1. Producers must obtain four continuing education credits by an approved vendor offering an Annuity Products course. This is a one-time requirement.
2. In addition, all Insurance Producers are required to complete Product Specific Training for all annuity products available through Columbus Life.

All training is available through Kaplan. You will receive an email or letter with instructions on how to access the Kaplan training once we receive your contracting paperwork and you are set up in our system. We will be notified directly from Kaplan when you have completed the training.

If you have obtained the 4 hours of CE training through a different vendor, please include a copy of your 4 hour CE credit certification.

SECTION 6: ERRORS AND OMISSIONS

All producers are responsible for maintaining Errors and Omissions Insurance throughout the duration of their contract and at their own expense. Current proof of coverage must be provided each time it expires. Proof of coverage must indicate the company carrying your coverage, coverage dates, your name and the coverage limits. If your name as the individual insured is not shown, please provide a signed statement from the group providing coverage confirming you are covered under the group policy. Minimum coverage per occurrence is \$1,000,000. Your contract will be terminated if current E&O is not received timely.

SECTION 7: BACKGROUND INFORMATION

Yes No

- 1. Do you have any outstanding debt(s) with any insurance company or companies?
- 2. Do you currently have any outstanding and/or unsatisfied judgments or liens against you?.....
- 3. Have you ever had credit issues, made a compromise with creditors, filed a bankruptcy petition, or been declared bankrupt or insolvent, either personally or in business?
- 4. Has a bonding company ever denied, paid out, or revoked a surety or fidelity bond for you?
- 5. Have you ever been charged with, been convicted of, or pled "nolo contendere" (no contest) to:
 - a) any felony or misdemeanor, other than minor traffic offenses?
 - b) any crime or offense involving fraudulent or dishonest practices or a breach of fiduciary duty?
 - c) any violation of federal or state securities or investment related regulation or statute?
- 6. Have you ever been the subject of an investment or insurance related consumer-initiated complaint or proceeding?
- 7. Have you ever had an insurance or securities license denied or revoked by any state or federal regulatory proceeding?
- 8. Are you now the subject of any complaint, investigation, or proceeding which could result in a "yes" answer to any of the above questions?
- 9. Have you ever had a claim filed against your Professional Liability or Errors and Omissions Insurance?

Provide date of occurrence, explanation and resolution for any "yes" answer above. Insufficient information will result in processing delays. *If necessary, use an additional sheet.*

SECTION 8: PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

Public Law 91-508 requires that the Company advise you that a routine inquiry will be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics, mode of living, and credit history. These include, but are not limited to: consumer credit report, and debit reporting services. Upon written request, additional information as to the nature and scope of inquiry, if one is made, will be provided.

This is not an application for employment, but an application for contract as an agency/producer to represent Columbus Life Insurance Company in the sale of insurance.

APPLICANT'S DECLARATION AND AUTHORIZATION

1. I hereby certify that my answers to the questions appearing in this application are true and complete.
2. Under penalty of perjury, I hereby certify that A) the Social Security number (TIN) on this application is correct, and B) that I am currently not subject to backup withholding.
3. **AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern: I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish Columbus Life Insurance Company, 400 East Fourth Street, Cincinnati, OH 45202, with any and all information in their possession regarding me in connection with an application for contract with Columbus Life. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written contract application which I sign.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for contract, promotion, reassignment, or retention as a producer with Columbus Life Insurance Company.

California, Minnesota and Oklahoma residents only - Please check this box if you would like to receive a copy of the consumer credit report obtained during the background investigation.

Name of Applicant (print)

Signature of Applicant / Date*

STATEMENT OF PRODUCING GENERAL AGENT (OR REGIONAL VICE PRESIDENT)

I have investigated the reputation and character of the above applicant, whom I believe to be trustworthy, honorable, and reliable in dealing with the public and with Columbus Life Insurance Company.

Producing General Agent (print)

Producing General Agent Signature / Date*

or

Regional Vice President Signature / Date

**Note to Applicant / PGA and/or RVP: Please sign this application to eliminate any delays in the contracting process.*

CONSUMER NOTIFICATION

Pages 5, 6 & 7 should be retained for your records

This is to inform you that an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for contract as a producer with Columbus Life Insurance Company.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have the right to request additional disclosures regarding the nature and scope of the investigation.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>



Columbus Life Insurance Company

A member of Western & Southern Financial Group

Independent Producer Agreement

Between Columbus Life Insurance Company and _____
(print Independent Producer name)

Dated at Cincinnati, Ohio _____

SECTION I. Terminology

As used in this agreement "you" refers to the Independent Producer and "the Company" refers to Columbus Life Insurance Company, located in Cincinnati, Ohio. "Contracts" refer to insurance, annuities, and other products offered by the Company.

participate in any fringe benefit programs sponsored by us for our employees.

In consideration of the Company's agreements, you agree:

SECTION II. General Agreements and Definitions

Appointment: You are hereby appointed Independent Producer for Columbus Life Insurance Company. The Company agrees:

4. To solicit sales of Contracts only in those jurisdictions where the Contracts are authorized for sale, obtain completed applications therefor on forms authorized by the Company and collect the full initial premiums for the Contracts to be issued, subject to and in accordance with the rules and regulations of the Company. All such applications and the full amount of all premiums, without setoff, demand or deduction shall be promptly remitted to the Company.
5. To immediately communicate, deliver and distribute to the intended recipient Contract Owners and, policy owners any bulletins, notices, checks, statements, and any other communication or information received from the Company.
6. To make best efforts to maintain the Company's Contracts in force and to provide assistance to the Company's Contract owners.
7. To keep all Company funds received by you separate from personal funds, and immediately forward such Company funds to the Home Office of the Company.
8. To keep records of solicitations, sales and service consistent with normal good business practice.
9. To permit authorized persons of the Company to review and examine your records for the purpose of verifying compliance with this Agreement; and to fully assist and cooperate with the Company in obtaining information and statements in the

1. To compensate you for the sale of life insurance and annuities of the Company. By signing this Agreement, you hereby accept your appointment as an Independent Producer and agree to be bound by its terms.

Relationship with Company:

2. You shall be free to exercise your own independent judgment as to the time, place and manner in which you perform the services authorized under this Agreement, subject to any rules we may adopt relating to the conduct of our business.
3. You will be an independent contractor and nothing contained herein shall be construed as creating the relationship of employer and employee between you and us for any purpose, including federal tax purposes. You shall be responsible for and pay any and all expenses incurred in conducting business under the terms of this Agreement. You are not eligible to

investigation of any complaint, claim or other matter.

Certain Definitions

10. **Agency Year:** The production year shall be based on a calendar year, or in the event that this Contract terminates, that part of the calendar year prior to termination.
11. **Persistency:** Unless otherwise specifically noted, measurement is for a block of business written over a twelve-month period. This is the ratio of the business in force for which premiums were actually paid for a duration of 13, 25, or 37 months from date of issue—to the business in force for which all premiums were due for the same respective duration
12. **Commission Schedule:** The schedule of commissions applicable to your production at any time.

Representations

13. You represent to the Company that you are licensed under state insurance or other laws to the extent required to perform this Agreement and shall be duly appointed to solicit and sell Contracts of the Company.
14. You represent to the Company that you have never been the subject of any arrest, warrant for arrest, indictment, charge of any kind or conviction for (a) any felony, or (b) any crime or offense involving fraudulent or dishonest practices, or a breach of fiduciary duty. You agree to defend and indemnify Company with respect to any action brought against Company to the extent that such action is based upon a claim that the engagement by Company of you or any employee of yours violated any state or federal proscription against such engagement, including but not limited to The Violent Crime Control and Law Enforcement Act of 1994, as may be amended.
15. You acknowledge and agree to notify the Company in writing within seven (7) business days if any of the above-referenced representations change during the term of this Agreement.

SECTION III. Independent Producer Compensation

1. **Account:** The Company will establish an account to which your compensation will be credited. We agree to keep an accurate account of all business produced by you, and will render

to you an itemized statement of said business, no less than monthly. You agree to examine the statement immediately and to notify us at once, in writing, of any difference between said statement and your records. If you do not notify us of any discrepancy within 60 days, you shall be considered to have accepted the accuracy and correctness of the statement. We reserve the right to correct records periodically to preserve accuracy.

2. **Production Requirements:** The Company has established guidelines regarding production levels required to maintain this Agreement. We reserve the right to terminate your Agreement if said requirements are not met. We reserve the right to review and adjust these guidelines.
3. **Compensation:** Your full compensation will be the commissions provided for in the applicable Commission Schedules. Compensation includes first year and renewal commissions. There shall be no additional compensation or reimbursement to you for services performed or expenses incurred. Commissions are paid only on policies delivered for which premiums have been paid. No applications will be accepted nor will any commissions be paid on policies or contracts which are not approved in the state where written. In order to receive commissions, you must be properly licensed and appointed in all states in which you do business. The amount of the commission will equal the percentage of premium paid as specified in the Commission Schedule indicated on the last page of this Contract. Commissions apply to contracts listed in the Commission Schedule as published and modified from time to time by the Company. If any Contract lapses or is surrendered within 12 months of the issue date, or if there is a refund of any premiums, commissions will be charged back to you pursuant to the applicable Commission Schedule, and will be immediately repaid to the Company or, at the option of the Company, deducted from any compensation payable to you. The amount, if any, and the time of payment of commissions on replacements, changes, exchanges, term renewals, premiums paid in advance, premium rate increases and other special cases are governed by the rules and regulations of the Company.
4. **Sale, Assignment, or Transfer of Compensation:** No sales, assignment or transfer of compensation by you shall be binding upon the Company unless it agrees to it in writing.

5. If termination of this Agreement is due to the death of Producer, any remaining compensation owed under the Compensation Schedule will be paid to Producer's estate, or alternatively to their named beneficiary on a form acceptable to us.

SECTION IV. Vested Renewals

1. **Vested Renewals:** As long as this Agreement remains in effect, all first year and renewal commissions shall be paid as premiums are received. Such payments are determined by the Commission Schedules in effect on the date the first premium for a Contract is received by the Company. If this Agreement is terminated for any reason, all first year and renewal commissions shall be paid to you as they accrue; however, any such payments are subject to the provisions and rules of the Company regarding commissions and the minimum compensation required to issue a check or electronic funds payment.
2. **Commissions on increases of existing Universal Life policies** shall be credited to the Independent Producer writing such increases as determined by the Company.

SECTION V. General Provisions

1. **Appointment or Transfer of an Independent Producer:** Independent Producers may not be appointed or transferred to another organization without the written consent of the Company.
2. **Indebtedness to Company:** Any advance or loan, chargeback of commissions or extension of credit from the Company and/or any obligation incurred for any reason, along with interest described below, shall constitute your indebtedness to the Company and you shall not be entitled to receive any compensation due, held or becoming due under this Agreement until said indebtedness is fully satisfied. The entire indebtedness as shown in the Company's ledger accounts may be deemed by the Company due and payable at any time. Should you become indebted to the Company, this indebtedness shall be a first lien on all compensation due, held or becoming due under this Agreement and said compensation is hereby assigned to the Company when and as it becomes due to be applied on said indebtedness. you shall have no right to sell, assign or transfer any compensation until the Company's claim is satisfied. Any existing assignment shall be subordinate to any claim by the Company that arises after the

assignment. You agree to pay interest on amounts that are outstanding from time to time. Interest shall be calculated at the prime rate as of April 30 and October 30 of each calendar year, as published in the Wall Street Journal, and shall be charged to your account each week. In the event that the Company takes legal action or undertakes an arbitration proceeding to collect any indebtedness, you agree to pay the attorneys' fees and any other expenses of collection.

3. **Waiver:** The Company's neglect or failure to enforce the terms and/or provisions of this Agreement will not constitute a waiver of any rights under this Agreement.
4. **Cancellation of Policy with Refund of Premium:** If the Company shall find it necessary to cancel a Contract after its issue and return the premium paid thereon, any compensation previously credited will be charged back against your account in accordance with Section III above.

SECTION VI. Registered Products

1. Registered products can be sold only by properly licensed Registered Representatives, registered with a FINRA member Broker-Dealer that has a Selling Agreement in effect with Columbus Life. Compensation to you for registered insurance products will then be in accordance with the compensation agreement and schedules between the Broker-Dealer and you currently in effect. Additional information regarding licensing, appointments or compensation may be obtained from your Broker-Dealer.

SECTION VII. Your Responsibilities

1. **Compliance with Law:** You agree to comply with the laws and regulations applicable to you in the sale of the Company's products, including but not limited to all applicable privacy, insurance and securities laws and regulations.
2. **Errors and Omissions Insurance:** You, and all of your principal shareholders, shall be responsible for maintaining Errors and Omissions coverage satisfactory to the Company and providing proof of same to the Company on an annual basis.
3. **Ethical Conduct:** You agree to conduct yourself in a manner that reflects the following professional pledge: "In all my professional relationships, I pledge myself to the following rule of ethical conduct: I shall, in light of all conditions surrounding those I serve, which I shall make

every conscientious effort to ascertain and understand, render that service which, in the same circumstances, I would apply to myself.”

4. **Rebating:** You shall not pay or allow any rebate of premiums or commissions in any manner, either directly or indirectly on business written by you.
5. **Sales Material, Advertising:** You agree not to use advertising copy, direct mail letters, or other electronic or printed sales material unless approved prior to use in writing by the Company.
6. **Company Rules and Regulations:** You agree to comply with all rules and operating procedures of the Company as published from time to time. In the event of any dispute between the parties hereto as to the interpretation of any Company rules, regulations and operating procedures, the Company's position shall control.
7. **Writing Agent:** The Company will not accept business from nor pay commissions to any person who is not a licensed and appointed representative of the Company in the jurisdiction in which the insurance application was written.
8. **Policy Delivery:** You agree to deliver all policies in accordance with the Company's current rules and procedures. Delivery may only be made if the proposed insured is, to the best of your knowledge, in as good a condition of health and insurability as is stated in the application for such policy. If any policy cannot be delivered within 90 days following the date of issue, unless given written permission by the Company, such policy must be returned to the Company.
9. **Replacement:** You agree not to engage in the systematic replacement of any insurance products, including the Company's products. Consistent with applicable law, you shall make necessary inquiries to each applicant for a Company product as to any insurance already in effect by the applicant and, upon determination that a prospective sale involves the replacement of existing coverage, you agree to furnish the applicant with and effect proper execution and retention of any replacement notices and information as required by applicable law.

SECTION VIII. Termination

1. This Agreement will automatically terminate:
 - a) Upon your filing a petition for bankruptcy or one being filed for you or your being adjudged bankrupt or by your executing a general assignment for the benefit of creditors.
 - b) Upon revocation, termination or non-renewal of your agent's license(s).

- c) This Agreement is terminated automatically without cause upon your death if it is an individually signed (non-corporate) Agreement, or if you are a partnership, LLC or corporation, upon any event legally causing the dissolution of that entity.
- d) Upon your violation of or non-compliance with the terms of this Agreement.

2. It may also be terminated by either party, for any reason, effective the date notice is mailed to the last known post office address of the other party.
3. Upon termination of this Agreement, you agree to return to the Company all records, manuals, software or material of any kind having to do with the business of the Company.
4. Upon termination of this Agreement, your indebtedness to the Company shall become due and payable immediately and all rights hereunder shall cease, except such as may have become vested by the provisions of Section IV.

SECTION IX. Prior Agreements

This Agreement and the applicable Commission Schedule(s) supersede all prior schedules and agreements. The Company reserves the right to change the Commission Schedules at any time, but any change will not affect any renewal commissions that have already been vested.

SECTION X. Anti-Money Laundering

You warrant and represent that you are in compliance with the Anti-Money Laundering requirements of the USA PATRIOT Act including, but not limited to, the regulations thereunder, and further agree to report to the Financial Crime Enforcement Network (FinCEN) and to Company, without any undue delay, any unusual or suspicious activity or transaction involving customers and/or potential customers involving products offered by or through the Company. You will ensure that any activity reported to the Company remains confidential and is not disclosed to the customer(s) involved in such report or to any third party other than those you are required to inform under applicable law. You will be required to complete periodic AML training. You will ensure that the AML program training, includes an explanation of regulations and rules related to AML, the identification and/or examples of "suspicious activity," and identification of source of funds and expected account activity.

SECTION XI. Suitability

To the extent any state in which you do business has adopted the NAIC Suitability in Annuity Transactions Model Regulation or any related or analogous law (SATMR), you represent that you are in compliance with the provisions of such law applicable to insurance agencies and/or insurance agents. Specifically, you represent that you have or will establish and maintain a system to capture recommendations to consumers that is reasonably designed to achieve compliance with SATMR, including but not limited to: (a) written procedures; and (b) periodic review of your distribution methods that are reasonably designed to assist in detecting and preventing violations of SATMR.

You acknowledge that the Company has obligations under SATMR that are independent of those applicable to insurance agencies and insurance agents. In connection with these obligations, the Company in its sole discretion may require you to submit a suitability form with an application for a Contract. You agree to cooperate with the Company in this regard. Without reducing any duty you have to determine the suitability of a Contract for an applicant, the Company reserves the right to deny applications based on the content of the suitability form. This provision will survive termination of the Agreement to the extent necessary to allow the Company to comply with the record-keeper requirements of SATMR. Notwithstanding the foregoing, nothing herein shall be construed to create greater obligations than are imposed under SATMR as adopted in any state.

SECTION XII. Miscellaneous

1. **Governing Law:** The laws of the state of Ohio shall govern this Agreement.
2. **Entire Agreement, Amendments:** This is the entire Agreement between you and the Company. There are no other agreements or understandings that obligate the Company. This Agreement may only be amended or modified by a written agreement signed on behalf of the Company by an authorized officer of the Company.
3. **Assignment:** You shall not assign any rights or delegate any duties under this Agreement unless allowed under applicable state law and unless you have obtained the prior written consent of the Company. The Company may assign its rights under this Agreement to any entity that owns, controls, or is owned or controlled by, or shares common ownership or control with, the Company. Should the Company assign its rights to any other entity, it will provide you with prior written notice of such event.

Signed this _____ day of _____, _____.

Name of Independent Producer (*please print*)

Signature of Independent Producer

For Home Office Use Only:

Accepted for the Company:

Signature of Company Officer

Company Officer (*print name*)

Date



Direct Deposit Authorization for Commissions – REQUIRED

Producer Name: _____ Producer Number: _____

Payee Name: (if other than Producer): _____
Last Name First Name Middle Initial

If Payee is a Corporation*, please complete below:

Corporation Name: _____

Tax I.D. Number: _____

Address: _____

*If the named producer is soliciting in any of the following states, the payee MUST be licensed with the state in order for commissions to be paid to that entity: CA, CT, DC, FL, GA, KY, LA, MA, MS, MT, NE, NM, NV, OH, PA, RI, SD, TX, UT, VA, VT, WA, WI, WV. If the payee is not licensed, please provide information for your personal bank account.

Adding or changing direct deposit may take up to 10 days.

<input type="checkbox"/> Start or Change Direct Deposit	Effective Date: _____
EFT Type: (check one): <input type="checkbox"/> 01 Checking	<input type="checkbox"/> 02 Savings <input type="checkbox"/> 03 Credit Union
Account Number: _____	Routing Transit: _____
ATTACH VOIDED CHECK IF DEPOSITING TO A CHECKING ACCOUNT OR VERIFICATION FROM YOUR FINANCIAL INSTITUTION	

<input type="checkbox"/> Stop Direct Deposit	Effective Date: _____
EFT Type: (check one): <input type="checkbox"/> 01 Checking	<input type="checkbox"/> 02 Savings <input type="checkbox"/> 03 Credit Union
Account Number: _____	Routing Transit: _____

I hereby authorize Columbus Life Insurance Company (hereinafter called the Company), to initiate the action(s) indicated above for credit entries representing compensation to be deposited into my account at _____ (hereinafter called the Depository). In consideration of initiating these deposits to my account, I specifically authorize the Company to initiate debit entries to recover funds which it has deposited to my account in error, and, on behalf of myself, my heirs, executors, administrators and assigns, I release and relieve from any liability to me, both the Company and the Depository for any such correcting entries.

This authorization supersedes any previous authorization concerning the above account(s) and shall remain in full force and effect until the Company has given written or oral notification to me or has received written notification from me in such time and in such manner as to afford the Company a reasonable opportunity to act on it.

Signature of Payee
(or Officer of Entity & Title) _____ Date: _____

Print Payee _____



BENEFICIARY DESIGNATION

This form enables the Agent to designate a beneficiary to receive compensation due the Agent from Columbus Life Insurance Company ("Company") after the death of the Agent.

I designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Social Security #	Address	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies):

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Social Security #	Address	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

Unless this form is completed and received by the Company at its Home Office prior to the Agent's death, compensation due the Agent under the Agreement shall be paid to the Agent's estate, executors, or administrators as determined by the Company in its sole discretion.

THIS DESIGNATION SUPERSEDE ANY PREVIOUS DESIGNATION

Name of Agent (please print)

Date

Signature of Agent

Signature of Witness