



A Member of the NGL Insurance Group

Settlers Life Insurance Company
1969 Lee Highway • P.O. Box 8600
Bristol, Virginia 24203-8600
Ph: (800) 877-6191 • Fax: (276) 645-0219
www.settlerslife.com

Follow this simple checklist to avoid delays in the contracting process!

- 1. Complete & Sign Contract**
 - Individual/Sole Proprietor and/or Corporation
 - List all resident / non-resident states
 - Include any explanations for background questions with yes answers
 - Check yes / no for photo use
 - Attach voided check if using direct deposit
 - GA completes commission levels

- 2. Submit Applicable State Appointment Fees**
 - Refer to form S-317 for details

- 3. If Assigning and/or Advancing Commissions**
 - Complete & include absolute assignment of commissions form and/or advance agreement

- 4. Fax All Contracting Documents To 276-645-0219**

Questions? Call The Partner Support Center At 1-800-877-6191



SETTLERS LIFE INSURANCE COMPANY QUALIFIED AGENT APPOINTMENT / LICENSING SCHEDULE

1969 Lee Highway • P.O. Box 8600 • Bristol, VA 24203 • (800) 877-6191

This information is subject to change at any time and without prior warning. Please call the Partner Support Center at the number above with any questions.

This form is for informational purposes only. You are not required to send this form in with your completed contracting paperwork.

STATE	INSTRUCTIONS	APPOINTMENT FEES
ALABAMA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$40.00 Agency / Corporation \$40.00 NONRESIDENT - Individual \$40.00 Agency / Corporation \$40.00 • Submit appointment fee with first application •
ARIZONA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license.
ARKANSAS JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual Company Pays Agency / Corporation N/A* NONRESIDENT - Individual Company Pays Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license.
COLORADO JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
CONNECTICUT JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$80.00 Agency / Corporation \$80.00 NONRESIDENT - Individual \$80.00 Agency / Corporation \$80.00 • Submit appointment fee with first application •
DELAWARE JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$25.00 Agency / Corporation N/A* NONRESIDENT - Individual \$25.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
DISTRICT OF COLUMBIA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$25.00 Agency / Corporation \$25.00 NONRESIDENT - Individual \$25.00 Agency / Corporation \$25.00 • Submit appointment fee with first application •
FLORIDA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$60.00 Agency / Corporation N/A* NONRESIDENT - Individual \$60.00 + \$6 per county; \$402 all counties Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
GEORGIA JIT (Resident agents only)	Resident Agent - No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days. Non-Resident Agent - No solicitation for new business until you have completed a Representative's Agreement, received a writing number, and have been notified by Settlers Life that you are appointed.	RESIDENT - Individual \$10.00 Agency / Corporation N/A* NONRESIDENT - Individual \$10.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with contract •

STATE	INSTRUCTIONS	APPOINTMENT FEES
IDAHO JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * -State requires appointment - no fee
ILLINOIS JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license.
INDIANA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license.
IOWA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$50.00 Agency / Corporation N/A* NONRESIDENT - Individual \$50.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
KANSAS JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$5.00 Agency / Corporation \$5.00 NONRESIDENT - Individual \$5.00 Agency / Corporation \$5.00 • Submit appointment fee with first application •
KENTUCKY	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$40.00 Agency / Corporation \$100.00 NONRESIDENT - Individual \$50.00 Agency / Corporation \$120.00 • Submit appointment fee with contract •
LOUISIANA	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$20.00 Agency / Corporation \$20.00 NONRESIDENT - Individual \$20.00 Agency / Corporation \$20.00 • Submit appointment fee with contract •
MAINE JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$30.00 Agency / Corporation N/A NONRESIDENT - Individual \$45.00 Agency / Corporation N/A • Submit appointment fee with contract •
MARYLAND JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license.
MASSACHUSETTS JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$75.00 Agency / Corporation \$75.00 NONRESIDENT - Individual \$75.00 Agency / Corporation \$75.00 • Submit appointment fee with first application •
MICHIGAN JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$5.00 Agency / Corporation \$5.00 NONRESIDENT - Individual \$5.00 Agency / Corporation \$5.00 • Submit appointment fee with first application •
MINNESOTA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$30.00 Agency / Corporation N/A* NONRESIDENT - Individual \$30.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •

STATE	INSTRUCTIONS	APPOINTMENT FEES
MISSISSIPPI JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$25.00 Agency / Corporation N/A* NONRESIDENT - Individual \$25.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
MISSOURI	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license.
MONTANA	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual N/A* Agency / Corporation N/A* NONRESIDENT - Individual N/A* Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. N/A * -State requires appointment - no fee
NEBRASKA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$50.00 Agency / Corporation N/A* NONRESIDENT - Individual \$50.00 Agency / Corporation N/A* • Submit appointment fee with first application • N/A * - Agency / Corporation files and submits fee for their own license.
NEW HAMPSHIRE JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$25.00 Agency / Corporation \$25.00 NONRESIDENT - Individual \$25.00 Agency / Corporation \$25.00 • Submit appointment fee with first application •
NEW JERSEY	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$25.00 Agency / Corporation \$25.00 NONRESIDENT - Individual \$25.00 Agency / Corporation \$25.00 • Submit appointment fee with contract •
NEW MEXICO JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$20.00 Agency / Corporation N/A* NONRESIDENT - Individual \$20.00 Agency / Corporation N/A* • Submit appointment fee with first application •
NORTH CAROLINA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$10.00 Agency / Corporation N/A* NONRESIDENT - Individual \$10.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
NORTH DAKOTA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$10.00 Agency / Corporation \$10.00 NONRESIDENT - Individual \$10.00 Agency / Corporation \$10.00 • Submit appointment fee with first application •
OHIO	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$15.00 Agency / Corporation \$15.00 NONRESIDENT - Individual \$15.00 Agency / Corporation \$15.00 • Submit appointment fee with contract •
OKLAHOMA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$30.00 Agency / Corporation \$30.00 NONRESIDENT - Individual \$30.00 Agency / Corporation \$30.00 • Submit appointment fee with first application •
PENNSYLVANIA	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$15.00 Agency / Corporation \$15.00 NONRESIDENT - Individual \$15.00 Agency / Corporation \$15.00 • Submit appointment fee with contract •

STATE	INSTRUCTIONS	APPOINTMENT FEES
RHODE ISLAND	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$30.00* Agency / Corporation \$30.00* NONRESIDENT - Individual \$30.00* Agency / Corporation N/A * - If paid \$100 or more in commissions prior year. • Submit appointment fee with contract •
SOUTH CAROLINA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual Company Pays Agency / Corporation N/A* NONRESIDENT - Individual Company Pays Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license.
SOUTH DAKOTA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$10.00 Agency / Corporation \$10.00 NONRESIDENT - Individual \$20.00 Agency / Corporation \$20.00 • Submit appointment fee with first application •
TENNESSEE JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$15.00 Agency / Corporation N/A* NONRESIDENT - Individual \$15.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
TEXAS JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$10.00 Agency / Corporation \$10.00 NONRESIDENT - Individual \$10.00 Agency / Corporation \$10.00 • Submit appointment fee with first application •
VERMONT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$60.00 Agency / Corporation N/A** NONRESIDENT - Individual \$60.00* Agency / Corporation N/A** * Or resident state fee if greater than \$60.00 N/A ** - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with contract •
VIRGINIA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days. If the agent does not receive an acknowledgement of his appointment from Bureau of Insurance within forty-five (45) calendar days from the date of execution of the first insurance application written to the insurer, the agent shall immediately discontinue any soliciting of insurance on behalf of Settlers Life until the acknowledgement is received in hand.	RESIDENT - Individual \$10.00 Agency / Corporation \$10.00 NONRESIDENT - Individual \$10.00 Agency / Corporation \$10.00 • Submit appointment fee with first application •
WEST VIRGINIA JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$25.00 Agency / Corporation N/A* NONRESIDENT - Individual \$25.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with first application •
WISCONSIN	No solicitation for new business until you have completed a Representative's Agreement and received a writing number.	RESIDENT - Individual \$16.00 Agency / Corporation N/A* NONRESIDENT - Individual \$40.00 Agency / Corporation N/A* N/A * - Agency / Corporation files and submits fee for their own license. • Submit appointment fee with contract •
WYOMING JIT	No solicitation for new business until you have completed a Representative's Agreement and received a writing number. Once written, your first insurance application should be submitted to Settlers Life within 10 days.	RESIDENT - Individual \$15.00 Agency / Corporation \$15.00 NONRESIDENT - Individual \$15.00 Agency / Corporation \$15.00 • Submit appointment fee with first application •



State Agent and Agency Licensing/ Appointment Requirements

State	Agent or Agency	State requires agents and agencies to be licensed in order to act as an agent or receive commissions (by heiraracy, assignment or bonus)	State requires agents and agencies to be licensed for performing agent functions (writing or placing insurance coverage, collecting premium, selling, soliciting and negotiating insurance contracts). No license needed if receiving overrides only.	State allows licensed individuals to pay or assign commissions to an agency of which the individual is an officer, employee, or agent.	State does not license Corporations or Agency Licensure is voluntary	Appointment Required (See Qualified Agent Appointment / Licensing Schedule - form S-317- for Instructions and Fees)
Alabama	Agent		X			X
	Agency		X			
Arizona	Agent		X			
	Agency		X			
Arkansas	Agent		X			X
	Agency		X			
Colorado	Agent		X			
	Agency		X	X		
Connecticut	Agent		X			X
	Agency		X			
Delaware	Agent		X			X
	Agency		X			
District of Columbia	Agent		X			X
	Agency		X			
Florida	Agent	X				X
	Agency	X				
Georgia	Agent	X				X
	Agency	X				
Idaho	Agent		X			X
	Agency		X			
Illinois	Agent		X			
	Agency		X			
Indiana	Agent		X			
	Agency		X			
Iowa	Agent		X			X
	Agency		X			
Kansas	Agent		X			X
	Agency		X			
Kentucky	Agent		X			X
	Agency		X			X
Louisiana	Agent		X			X
	Agency		X			X
Maine	Agent		X			
	Agency		Maine requires agencies to be licensed if producer uses agency name or agency's name is used in advertising.			
Maryland	Agent		X			
	Agency		X			
Massachusetts	Agent	X				X
	Agency	All of the above plus use of agency information in advertising.				
Michigan	Agent		X			X
	Agency		X			X
Minnesota	Agent		X			X
	Agency		X	X		
Mississippi	Agent	X				X
	Agency	X				

State	Agent or Agency	State requires agents and agencies to be licensed in order to act as an agent or receive commissions (by heiraracy, assignment or bonus)	State requires agents and agencies to be licensed for performing agent functions (writing or placing insurance coverage, collecting premium, selling, soliciting and negotiating insurance contracts). No license needed if receiving overrides only.	State allows licensed individuals to pay or assign commissions to an agency of which the individual is an officer, employee, or agent.	State does not license Corporations or Agency Licensure is voluntary	Appointment Required (See Qualified Agent Appointment / Licensing Schedule - form S-317- for Instructions and Fees)
Missouri	Agent		X			
	Agency			X		
Montana	Agent	X				X
	Agency	X				
Nebraska	Agent		X			X
	Agency			X		
New Hampshire	Agent		X			X
	Agency		X			
New Jersey	Agent		X			X
	Agency		X			X
New Mexico	Agent	X				X
	Agency	X				
North Carolina	Agent		X			
	Agency		X			
North Dakota	Agent	X				X
	Agency	X				X
Ohio	Agent		X			X
	Agency		X			X
Oklahoma	Agent		X			X
	Agency		X			X
Pennsylvania	Agent	X				X
	Agency	X				X
Rhode Island	Agent		X			X
	Agency				X	
South Carolina	Agent	X				X
	Agency	X				
South Dakota	Agent	X				X
	Agency	X				X
Tennessee	Agent		X			X
	Agency		Resident License not mandatory unless Agency needs non-residency license in other states		X	
Texas	Agent		X			X
	Agency		X			X
Vermont	Agent		X			X
	Agency		X			
Virginia	Agent	X				X
	Agency	X				X
West Virginia	Agent	X				X
	Agency	X				
Wisconsin	Agent	X				X
	Agency				X	
Wyoming	Agent		X			X
	Agency		X			X



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REPRESENTATIVE'S AGREEMENT

General Powers, Relationship and Duties

1. Appointment and Authority. The undersigned representative (referred to as 'Producer', 'You', or 'Your') is appointed as a Producer of Settlers Life Insurance Company (referred to as 'Company', 'We', 'Us' or 'Our') and is authorized to solicit applications for those plans of insurance described in the most recent Commission Schedule(s) then in effect. You agree to procure, renew, and maintain any resident and/or non-resident licenses and appointments that any State may require for soliciting applications for Our products.

2. Independent Contractor Status. You and We agree that You are an independent contractor and that nothing contained in this Representative's Agreement ('Agreement') shall be construed to create the relationship of employer or employee between Us and You. You will not be treated by Us as an employee for federal or state tax purposes and We will furnish You with an annual information return (1099-MISC), as applicable per then current IRS guidelines. You are free to exercise your own judgment, including the time, place, and persons from whom You solicit applications for insurance.

3. Business Conduct. Your authority to represent Us is contingent on Your conforming to all rules and guidelines as may be stated in this Agreement, Our rate books, Our compliance manual, Our Underwriting Guide or any other materials (the 'Company Rules') We provide to You. In addition, You agree to comply with all federal, state or local laws, rules and regulations (the 'Laws and Regulations') where You are doing business. You agree to comply with all anti-money laundering laws and regulations, including compliance with Our anti-money laundering training program and procedures. You agree to aid in the care and conservation of Our insurance business and provide prompt service to Our policyowners. You agree to timely complete Our required training programs and also agree to train and supervise Your Producers and Employees and ensure that they comply with all Company Rules and the Laws and Regulations. 'Your Producers' shall include all individuals or entities that generate commissions which are paid to You. 'Employees' shall include, without limitation, any officer, director, employee, subcontractor, or other person authorized to act on Your behalf.

4. Marketing. You agree that no territory is exclusively assigned to You and that We may withdraw from any territory. You also agree that We can change, modify or discontinue any policy or rider. In addition, You agree that policyowners are considered Our policyowners and We reserve all rights regarding control, service, and distribution of the policyowner. You agree to secure Our written permission before advertising or displaying Our name, logo, products, or any materials referring to us in any form or through any media.

5. Legal Proceedings. Any document that has been served upon You in connection with any legal proceedings involving Us must be transmitted to Us at 1969 Lee Highway, Bristol, Virginia 24201 by registered mail within 24 hours after receipt. You will be liable to Us for any loss or expense We incur resulting from Your failure to comply with this requirement. You hereby represent and agree that this Agreement is contingent on Your continuing representation that You have not been convicted, and to the best of your knowledge that none of Your Producers or Employees have ever been convicted, of any state or federal felony involving dishonesty or a breach of trust or any crime covered by 18 U.S.C. § 1033 or, that if such a conviction exists, that a written consent or waiver to act as an agent has been obtained from the appropriate authorities. You agree to notify Us immediately in writing of any charges or actions brought in any court or by any regulatory body against You, Your Producers or Employees and of any felony conviction(s) of You, Your Producers or Employees. Failure to comply with any of the provisions of this Paragraph shall be cause for immediate termination of this Agreement.

6. Records. We shall have the right, but not the obligation, at all reasonable times to inspect Your papers, documents, and records, wherever located, which relate to Our business. All papers, documents, and records of any sort relating to applications for insurance, existing policies, claims for benefits or inquiries from regulatory authorities must be promptly submitted to Us. All rate books, supplies, computer software, and any other indicia of agency must be returned to Us upon demand.

7. Collection of Premiums and Fiduciary Responsibility. You may not collect any money on Our behalf except for the initial premium and reinstatement premiums. You agree to be responsible for and to remit to Us within the time required by law or regulation, or sooner, all monies collected and to hold all monies in trust for Us, not subject to any offset by You and not to be commingled with your personal funds.

Compensation

8. Commissions. You are entitled to compensation in accordance with the Commission Schedule(s) provided to You on business written by You or Your Producers. The commissions specified in the Commission Schedule(s) shall constitute the total commissions which can be earned by You and Your Producers. You agree that We have the right to reject any application and that commissions are not due on such applications. In addition, You agree that commissions on policies not listed on the Commission Schedules(s) shall be determined in each case by Us. We reserve the right to change the Commission Schedules(s) at any time for policies written thereafter. The following rules pertaining to commissions shall apply at all times: (a) All commissions will be paid to You on a paid-as-earned basis. (b) Any amounts that may be paid to You over and above the earned commissions will become an indebtedness to Us. Any unearned commissions paid will be charged back upon the lapse of the policy on which it was paid. Where a policy is canceled or rescinded and premiums upon which You were paid commissions are refunded, Your commission account will be charged back for said commissions. This provision survives termination of this Agreement. (c) We will pay You the amount due to You based on Our administrative schedule for commissions and renewals credited, provided the amount due is in the amount of fifty dollars (\$50.00) or more. In the event commissions due are less than the minimum of fifty dollars, they will continue to accrue until the minimum is reached and will then be paid.

9. Vesting Of Commissions. All commissions earned will be considered vested for life. Upon Your death, in the absence of any signed, written directions from You, Your unpaid vested commissions will be paid first to Your surviving spouse, if any. If there is no surviving spouse, then to your surviving children. If there are no surviving children, then any unpaid vested commissions will be paid to your estate. Termination of this Agreement will not jeopardize any future

unpaid vested commissions due to You unless You are terminated for cause or shall fail to conform to the terms and conditions of this Agreement or any other agreement with Us, in which case We may immediately terminate Your rights to any unpaid vested commissions. Unless all debts are fully repaid by You within sixty (60) days from the date such debts are due, We may immediately terminate Your rights to any unpaid vested commissions. The payment of commissions under this Paragraph shall terminate at that point in time when the amount of commissions likely to be earned in the succeeding consecutive twelve (12) month period ("commission contingency") is less than \$180.00.

10. Indebtedness. This provision survives termination of this Agreement. We shall be entitled to a first lien for any indebtedness of Yours to Us, or of Your Producers to Us, for advance commission debts, charge backs, sales lead debts, or other debts, and We may recoup said indebtedness from any commissions payable hereunder or from any other source by deduction or other method at any time. All such indebtedness shall be payable on demand with any applicable collection costs and interest thereon and thereafter at the then current prime rate plus 5%. You also agree that where You create an advance commission debt, charge back debt, sales lead debt, or other debt, and We seek to recover by written demand or actually recover said indebtedness from another producer responsible by contract for Your debts, that in exchange for the other producer's agreement to be responsible for your debts, the other producer shall have the right to recover said indebtedness directly from You by subrogation, indemnity or by any other available legal remedy. Furthermore, You shall pay the Company's reasonable attorney's fees and court costs incurred for collection of any indebtedness of Yours.

Limits Of Authority, Termination and Other Provisions

11. Limits of Authority. You agree that you have no authority other than that expressed herein, and that you agree that this Agreement does not give You the authority to make, alter or discharge a contract for Us or in Our name; modify, amend or waive Our applications, policy provisions or premium rates; make any endorsement to Our policies; interpret or construe policy language; promise or guarantee dividends; extend the time for payment of premiums; or bind Us in any way. You agree that you shall not publish or distribute advertising relating to Us or Our products unless it has been approved in writing by Us in advance. You agree that you shall completely and correctly record the answers of applicants and insureds to the questions in Our applications, promptly transmit any and all relevant underwriting information to Us, and never make or knowingly allow to be made any false application or misleading statement on any application, claim or other document submitted to Us. You shall not assign or transfer any right or interest in this Agreement without obtaining Our written consent in advance. You shall not solicit applications in any state or for any products for which You are not duly licensed and appointed. You shall not collect the initial premium or deliver any policy unless the named Insured is in insurable health. You agree that during the term of this Agreement and for a period of one year following its termination, You shall not, directly or indirectly, induce or attempt to induce any policyowner or certificate holder of Us to relinquish, cancel or surrender any policy, certificate or account, nor any other producer, agent or employee to terminate their relationship with Us. You shall not make any outbound calls or send any outbound texts or faxes for the purpose of marketing Our products, unless you are in complete compliance with all applicable federal or state laws, regulations, and do-not-call lists, including, but not limited to, the Telephone Consumer Protection Act of 1991. Even if You believe You would be acting in complete compliance, You may not send any mass or automated text messages, or make any outbound calls using an automated telephone dialing device, or use prerecorded or artificial voice messages on Our behalf, without advance written notice to Us and without Our express advance written permission.

12. Termination. This Agreement may be ended by either party at any time without cause upon advance written notice to the other party. The notice shall be the greater of ten (10) days or the time required by Your state of domicile. This Agreement shall be terminable for cause immediately by written notice to the other party. Cause includes, but shall not be limited to, a breach of Paragraph 11 of this Agreement, misrepresentation by You of any information in this Agreement, misappropriation of premiums or funds or property belonging to Us or Our policy holders or applicants, or Your failure to comply with Our Company Rules or the applicable laws or regulations of any state. Except as expressly stated herein, this Agreement shall terminate at the death or total disability of an individual producer or, where a producer is a corporation or partnership, by its dissolution.

13. Additional Provisions. Our failure to insist upon strict performance of any provisions in this Agreement will not be construed as a waiver of such provisions. This Agreement replaces all agreements, written or oral, between You and Us relating to the same or similar subject matter. This Agreement is not binding on You unless signed by You and is not binding on Us unless signed by one of Our authorized employees. If any one or more of the provisions, words, or phrases contained in the Paragraphs and Sub-paragraphs of this Agreement shall, for any reason, be held invalid, illegal, or unenforceable, such invalidity, illegality, or unenforceability, shall not affect in any way other provisions of this Agreement, and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision(s), word(s), or phrase(s) were not contained herein. You agree that this Agreement may be amended by Us upon thirty days' advance written notice and that You will be deemed to have accepted such amendments unless you object to Us in writing within fifteen days of Our transmission or mailing date.

14. Governing Law. This agreement shall be governed by and construed in accordance with the laws of the State of Wisconsin or the Commonwealth of Virginia, at Our sole discretion, and without regard to the choice of law rules of Wisconsin or Virginia. You hereby agree to submit to the jurisdiction of the court as selected by Us.

15. Privacy. You agree that all nonpublic personal financial information, nonpublic personal health information, personally identifiable information and credit card cardholder data related to any insured or policyowner or to any consumer or customer (as such terms are defined under applicable state or federal privacy laws) of Us or any of Our affiliates, obtained by you in the performance of Your duties and obligations under this Agreement shall be held in the strictest confidence by You, Your Producers and Employees. You shall not disclose or use such information or data except as necessary to carry out Your duties and obligations under this Agreement or as otherwise required under applicable state or federal law. You acknowledge that You are responsible for the security of all such information and data.

16. Indemnification. You agree to indemnify, defend and hold Us harmless against all liability, damages, losses and expenses, including attorney's fees and all costs and expenses allowed by law, arising as a result of Your errors or omissions in the preparation, processing or handling of business placed by You with Us; Your actual or alleged failure to comply with the requirements of federal or state privacy laws, the Telephone Consumer Protection Act, or any other law or regulation; and any other action or inaction by You, including without limitation, Your improper use of forms supplied by Us or Your failure to follow instructions or procedures established by Us.

17. Survival. Those provisions which by their nature and reasonable intent would be deemed to survive termination or cancellation of the agreement shall do so, including but not limited to provisions 9, 10, 13, 15, and 16.

Producer Data

Complete Section 1 for Individual/Sole Proprietor and Sections 1 & 2 for Corporation / Partnership.

Individual/Sole Proprietor			
1	Full Name (First, Middle, Last)		
	Male <input type="checkbox"/>	Social Security Number	Date of Birth
	Female <input type="checkbox"/>		
	Business Phone ()	Cell ()	
	Fax ()	Residential Phone ()	
	Email		
	Residential Address (Street, City, State, Zip) <i>PO Box Not Allowed (Required)</i>		
	Mailing Address (Street or P.O. Box, City, State, Zip)		

Corporation/Partnership		
2	<input type="checkbox"/> Corporation Federal Employer ID Number <input type="checkbox"/> Partnership	
	Agency or Firm Name (Corporation/Partnership)	
Name of President or Managing Partner (First, Middle, Last) (Corporations / Partnerships)		
Name of person to contact regarding operations (First, Middle, Last) (Corporations / Partnerships)		
<input type="checkbox"/> Same as Section 1		
2a	Business Phone ()	
	Cell ()	
	Fax ()	
	Residential Phone ()	
	Email	
	Physical Address (Street, City, State, Zip) <i>PO Box Not Allowed</i>	
Mailing Address (Street or P.O. Box, City, State, Zip)		

***Use Black Ink**

- What **RESIDENT** state are You requesting an appointment? _____
- What **NON-RESIDENT** state(s) are You requesting an appointment(s)? _____
- South Carolina appointees only:** Will you be recruiting agents? **YES** **NO**

PLEASE ATTACH A COPY OF YOUR LICENSE AND THE REQUIRED FEES FOR EACH STATE REQUESTED. (See Fee Schedule.)
 (Note: Florida non-resident appointees must also attach the required County fees.)

Please respond to the following questions: (Use a separate sheet if necessary to respond to any requests for an explanation.)

- Have You ever:**
 - Had a complaint filed against You with an Insurance Department. **YES** **NO** (If "Yes", what state? _____)
 - Filed bankruptcy? **YES** **NO** (If "Yes", when? _____)
 - Been convicted of a felony or any violation of 18 U.S.C. § 1033, or are any such proceedings pending? **YES** **NO**
 (If "Yes", explain briefly: _____)
 - Been bonded and had a claim filed against the bond due to Your actions? **YES** **NO**
 (If "Yes", explain briefly: _____)
 - Applied for a bond and been refused? **YES** **NO**
 (If "Yes", explain briefly: _____)
 - Had an insurance license refused, suspended or revoked, or is one currently restricted or under investigation? **YES** **NO**
 (If "Yes", explain briefly: _____)
- Do You currently have an outstanding debt balance with any other company? **YES** **NO**
 (If "Yes", please identify the company(ies): _____)
- Where should we forward your client's issued policies (unless You instruct Us otherwise)? **to You** **direct to Your client**

Direct Deposit: By Your signature hereto, You hereby authorize Settlers Life Insurance Company to deposit commissions and other payments due to You to Your account at the following bank. This authorization is only for depositing funds and shall continue in effect until a written notice of cancellation is delivered by You to Settlers Life or to the bank named below.

Bank Name: _____ Checking Savings

Bank Address: _____

Account Number: _____ Bank Transit / ABA Routing Number: _____

PLEASE ATTACH A VOIDED CHECK

How would You like Your commissions deposited? (check one) Daily Weekly

Identification and Certification of Taxpayer Identification Number: Under penalties of perjury, You certify that:

1. The number shown on this form is Your correct Taxpayer Identification Number; and
2. You are not subject to backup withholding because: (a) You are exempt from backup withholding; (b) You have not been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified You that You are no longer subject to backup withholding; and
3. You are a U.S. citizen (including a U.S. resident alien).

You must cross out item 2 above if You have been notified by the IRS that You are currently subject to backup withholding because You have failed to report all interest and dividends on Your tax return.

General Authorization and Release: You hereby authorize Settlers Life Insurance Company to contact any past employer, business associate, business partner, military service, court, law enforcement agency, insurance company, financial institution, or any other person or entity to obtain information about Your background, employment, schooling, business activities and experience, character, criminal record, or financial status. You hereby authorize any of the above persons, institutions, or entities to provide the above information to Us and waive and release any claims You may have related to the providing of such information. You also authorize them to rely on a photocopy or facsimile copy of this authorization. You also acknowledge that We may participate in programs which provide background and financial information on insurance agents or producers, including debit balances. You authorize Us to obtain information from these programs and to share any information obtained from other sources with these programs. You also waive and release any claims You may have related to the sharing of such information by Us or the programs in which We participate. This authorization is continuing and remains in effect until a written revocation is delivered by You to an officer of Us.

Fair Credit Reporting Act Consumer Disclosure & Authorization to Obtain Consumer Reports: In compliance with the Fair Credit Reporting Act (FCRA) You are hereby informed that as part of Our decision to accept this Agreement We may obtain and use a "consumer report" from a "consumer reporting agency". Such a "consumer report" may include information as to your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, criminal record, and employment history. The inquiry will be made after We receive your completed Agreement. If We make such an inquiry, You have the right to obtain a copy of the "consumer report" and additional information about the nature and scope of the investigation upon written request to Us and a reasonable time for Us to respond. For additional information concerning the FCRA, the complete text of 15.U.S.C. § 1681 et. Seq. can be found at the Federal Trade Commission website (www.ftc.gov). By signing this Agreement, You authorize Settlers Life Insurance Company to obtain these "consumer reports", make these inquiries, consider these "consumer reports" in Our decision process, and disclose these "consumer reports" to producers responsible by contract for Your debts.

In full and complete agreement with the terms and conditions set forth herein, the undersigned Producer or its duly authorized representative does hereby execute this Agreement as of the date set forth below:

Printed Name of Applicant/Producer: _____

Signature of Applicant/Producer or Authorized Representative: _____

Date Signed: _____

Will the agent be on an advance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", please complete and submit an "Advance Agreement" form, unless commissions are assigned)		
Are commissions to be assigned to a corporation or partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please complete and submit the "Absolute Assignment of Commissions" form (S-130-Attachment))		
Printed Name of Sponsoring Producer: _____		
Signature of Sponsoring Producer: _____		
Date: _____ Sponsoring Producer's Writing Number: _____		
Commission Levels (enter percentage)		
Product	First Year	Renewal
Gold/Silver/Silver II		
Bronze/ Bronze II	Commission levels for Bronze & Bronze II are based on the choice levels made for Gold, Silver, and Silver II. For details, see Commission Schedule.	

Accepted by Settlers Life Insurance Company: _____ Title: _____

Date Agreement Accepted: _____



SETTLERS LIFE INSURANCE COMPANY

All life insurers who offer individual life insurance policies, which include Settlers Life's products, must maintain an anti-money laundering program and ensure that their agents have received the appropriate training.

To comply with this federal requirement, Settlers Life provides training for all licensed and actively appointed producers.

After completion of the Anti-Money Laundering Training, please complete the above Self-Certification, sign, date and return this form to:

Settlers Life Insurance Company
Fax: 276-645-0219
Email: agencyervices@settlerslife.com
Mail: PO Box 8600, Bristol VA 24203-8600

Self-Certification

Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Agent Number: _____

I certify that I have read and understand Settlers Life's training course entitled Anti-Money Laundering Training and am knowledgeable about my obligations under the regulation. I acknowledge that my failure to follow the guidelines set out in the training may ultimately result in the termination of my contract and appointment with Settlers Life Insurance Company.

Agent Signature

Date



SETTLERS LIFE INSURANCE COMPANY

Anti-Money Laundering Training

Course Objectives

The objective of this training course is to ensure you have the knowledge to detect and prevent money laundering.

After completing this course, you will be able to:

- Protect yourself from involvement in anti-money laundering activities
- Understand how anti-money laundering works
- Recognize the red flags associated with it
- Understand the Know Your Customer requirements and how they apply to the insurance business

Overview

The USA Patriot Act (the “Act”) was enacted by the U.S. Congress and signed into law on October 26, 2001. The name of the Act is an acronym for Uniting and Strengthening America (“USA”) by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (“PATRIOT”). This broad-sweeping legislation is intended to aid in the war against terrorism.

The Act does the following things:

- Strengthens U.S. anti- money laundering laws;
- Enhances criminal and civil penalties for violations;
- Grants new powers and surveillance capabilities to law enforcement agencies.

Anti-money laundering laws in the United States are enforced primarily by the Federal Reserve Board and the Treasury Department. The Treasury Department’s enforcement is through an internal office known as the Financial Crimes Enforcement Network (FinCen). Its mandate is to fight money laundering and financial crimes.

Settlers Life supports the intent and spirit of the USA Patriot Act and in particular its anti-money laundering and anti-terrorism initiatives. All Settlers Life employees and agents are encouraged and expected to attain an appropriate level of familiarity with:

- The USA Patriot Act and its provisions addressing anti- money laundering and the reporting of suspicious activities
- An understanding of the procedures adopted by Settlers Life to assure compliance with the Act
- An appropriate level of expertise to accomplish the purpose of our procedures and the Act’s intent.

Lesson One: What is Anti-Money Laundering?

Money Laundering

The criminal practice of filtering illegally obtained money through a series of transactions to “clean” the funds so that they appear to be proceeds from legitimate activities.

Although this practice is typically tied to cash, any financial transaction may be a part of a process to filter the money. Non-cash transactions often play a significant role in money-laundering activities.

The Three Stages of Money Laundering

Money laundering typically follows three stages (also known as mechanics):

- 1. Placement**
- 2. Layering**
- 3. Integration**

* These three stages can occur individually or simultaneously.*

Stage One: Placement

Placement is the first stage of money laundering by which money from criminal activity is placed in a financial institution. A common method of placement is Structuring, which is breaking up currency transactions into portions that fall below a reporting threshold in an effort to avoid reporting or record keeping requirements.

Example: A client deposits \$50,000 cash via several transactions of \$10,000 or less into a money market account.

Stage Two: Layering

Layering is the process of conducting a complex series of financial transactions, with the purpose of hiding the origin of money from criminal activity and hindering any attempt to trace the funds. This stage can consist of multiple securities trades, purchases of financial products including life insurance or annuities, cash transfers, currency exchanges, or purchases of legitimate businesses.

Example: The client now has \$50,000 in a money market account. First he writes a check for \$20,000 in order to purchase a whole life insurance policy. Secondly he writes a check for the remaining \$30,000 to be deposited into an annuity with another carrier.

Stage Three: Integration

The final state is Integration in which legitimate transactions are used to return the now-laundered funds back to the criminal.

Example: The client cancels the insurance transactions during the free-look period and accepts returned funds, minus any appropriate surrender charges and fees.

Ramifications and Penalties of Money Laundering

- Fines can be up to twice the amount of the transaction, up to \$1 million.
- Any property involved in the transactions may be subject to seizure
- Employees of financial institutions can be fined individually and sentenced to up to 20 years' incarceration for knowing or being willfully blind to the fact that the transaction involved illegal funds.
- To avoid potential charges always report any suspicious behavior to Settlers Life's Compliance Officer and keep documentation of those reports.
- Anyone who does not comply with Settlers Life's policies and procedures is subject to disciplinary action up to and including termination of appointment or employment and will be reported to the proper legal authorities.

Lesson Two: Know Your Customer

Lesson Overview

This section will identify the Know Your Customer procedures used to collect required information about our customers.

Settlers Life agents and employees are in direct contact with customers and are often in a critical position of knowledge as to the source of investment assets, the nature of the clients, and the objectives for which the insurance products are being purchased. These individuals and entities have an important role to play in assisting Settlers Life in the prevention of money laundering and in the identification of suspicious transactions.

Following these procedures will help decrease the chance that Settlers Life will be used to facilitate money laundering activities. It will also help you understand your customer's financial goals.

Develop a Customer Profile

Developing a customer profile provides the ability to:

- Identify appropriate transactions
- Determine whether a pattern exists which is inconsistent with a customer's goals and business
- Determine which activities may require further investigation

Under the Know Your Customer requirements you must make reasonable efforts to:

- Collect identifying information about the customer,
- Verify the information, and
- Learn enough about the customer's financial picture and goals to determine whether a transaction makes sense for that customer.

Why You Need to Know Your Customer

The financial information that you need to gather for Know Your Customer purposes is information you would normally collect as part of a needs analysis. The more you know the better you can serve your customers.

The majority of clients are not involved in money laundering activities, so it is important to be able to distinguish routine from suspicious transactions.

Verifying an Individual's Identity

There are four primary pieces of information needed to verify a customer's identity (there may be additional information needed based on a company's requirements):

- Name
- Address
- Date of Birth
- Social Security or Tax Identification Number

Acceptable Identification

The easiest way to verify an individual's identity is through a government issued identification card such as:

- Driver's license
- U.S. passport
- U.S. Military card
- State photo ID card
- Resident alien ID card (green card)
- Foreign government ID card (resident or non-resident aliens)

Verifying Customer Identity

As pointed out in the Underwriting Guidelines, Settlers Life agents acting on behalf of the Company in soliciting and submitting applications for insurance are advised of the need to verify the identity of the individuals from whom applications are taken and of the need to fully complete the personal identity information on our applications.

While you will not be required to make a photocopy of the ID card, you should physically look at it and copy down the identification number on the card. You should also confirm that the information on the card is consistent with other information you have about the customer's identify. You are also to note in the "Agent Remarks" section of the application what proof of identity was reviewed. Examples of such notes are "ID established by Driver's License, No. 99999999" or "ID proved by passport".

Settlers Life is required to keep as a "permanent record" a "clear written notation of the information and its source", so we ask our agents to assist us in legibly noting the information and complying with the procedure. If we have reason to question the information provided by the customer, we may use the following methods in an effort to resolve any questions:

- Comparing the information included on an application or service request form against a third party resource such as Accurant or a fraud detection service
- Contacting the customer to verify information given
- Checking other financial institutions

There may be instances in which additional review is necessary before a policy can be issued.

Official Resources

There are two agencies who are involved in specialized due diligence and enhanced scrutiny over certain individuals:

Office of Foreign Assets Control (OFAC)

This group maintains a list of specially designated nationals and blocked persons (SDNs). These individuals are deemed to be a threat to national security. Financial institutions are typically prohibited from conducting transactions with target countries, their nationals and SDNs. Settlers Life has procedures in place to check customers against the OFAC list. Based on the findings you may be asked to obtain additional information in order to properly identify an individual and prevent any false-positive reporting.

Financial Action Task Force (FATF)

This group maintains a list and conducts a periodic review of non-cooperative countries. These countries have serious deficiencies in their anti-money laundering rules and regulations which may attract money laundering activities. Financial institutions can do business in these countries but must exercise enhanced due diligence

Record Retention

Regulations require that information related to customer identification be:

- Kept for a minimum of five years, and
- Be reasonably accessible to regulators

Be sure to file any customer information you obtain in your client's file along with any information you have provided to Settlers Life. Always remember that your responsibility does not end at the point of sale. Report any suspicious requests or interactions from the customer to Settlers Life for further review.

Again, knowing your customer is the most important deterrent to money laundering.

Lesson Three: Suspicious Activity and Red Flags

What constitutes a suspicious activity?

This will depend on your clients and the normal course of their business. If anything seems out of line or suspicious it is worth further review. Things to look for include:

- Payments to or from unknown third parties
- A drastic change in business patterns
- High number of cash or currency transactions
- Incomplete information provided with no level of detail
- Requests for early termination of insurance policies without concern over surrender charges or penalties.

Reporting Illegal Activities

Whenever you suspect or know that a transaction involves funds related to illegal activity you must report the transaction to Settlers Life's Compliance Officer.

As part of this process you must NOT notify the client that their business activities have been or may be reported as suspicious, are under investigation, or that a Suspicious Activity Report (SAR) has been filed.

Notification of the client is prohibited by federal statute.

Red Flags

The following is a listing of potential red flags in various situations:

New Accounts:

- Application for a policy in a distant place even though the client could get a comparable policy closer to home.
- Application for coverage is outside the client's normal pattern of purchases.
- Client unwilling to provide identity verification documentation
- Applicant reluctant to provide normal personal information
- Applicant uses a mailing address outside of regulator's authority
- Applicant's telephone number found to be disconnected when attempting to verify information

Transactional Red Flags

- Any transaction involving an undisclosed third party
- Requests for a large purchase of a lump-sum contract where the policyholder's experience is typically regular payment, small face amount contracts, unless there are appropriate reasons.
- Applicant for insurance business attempts to use cash to complete a proposed transaction when this type of business transaction would normally be handled by checks or other payment instruments.
- Applicant for insurance business requests to make a lump- sum payment by a wire transfer or with foreign currency.
- Applicant for insurance business establishes a large insurance policy, and within a short time period cancels the policy and requests the cash value returned, payable to a third party.
- Applicant for insurance business wants to borrow the maximum cash value of a single premium policy, soon after paying for the policy.

Other Red Flags

- Transfers of the benefit of a product to an apparently unrelated third party
- Multiple changes of address or changes of owners to foreign countries
- Attempts to use a third party check to make a proposed purchase of a policy.
- Applicants with no concern for the performance of the policy but much concern for the early cancellation.
- Applicants who buy policies from several institutions in a short time frame.
- Applicants purchasing policies in amounts considered beyond the client's apparent means or needs.
- Large overpayments of premiums.
- Unusually great concern with the insurer's or your own compliance with reporting requirements.

Business Areas

The Treasury Department has identified certain types of businesses that lend themselves to money laundering and warrant increased scrutiny. The following are examples of the types of businesses which should raise red flags for potential involvement in money- laundering activities:

- Casinos and other gambling establishments
- Offshore corporations and banks or businesses located in high-risk foreign countries
- Travel agencies
- Used automobile dealers and machine parts manufacturers
- Import/export companies
- Jewel, gem and precious metal dealers
- Pawnbrokers and deposit brokers
- Check-cashing facilities
- Money transmitters
- Currency exchange houses

Money Laundering Through the Insurance Industry

The following information demonstrates how individuals launder funds through the insurance industry based on the type of products used. This may include:

- Permanent Life Insurance
- Variable Annuities
- Overpayment of Premiums
- Wires

Permanent Life Insurance

This type of insurance is attractive to a criminal, as this type of product builds cash value which is available as a withdrawal or loan.

For example, a client purchases a large single premium policy and then cancels the policy. The fees and penalties are worth the price compared to the amount of funds they are able to access. A money launderer expects to lose a small percentage of their funds in this process.

Variable Annuities

An individual wishing to launder funds may purchase a variable annuity and then cancel the contract during the free-look period. This way they have managed to receive a check from a legitimate source without paying any fees or penalties.

An individual may also withdraw money from an annuity regardless of any fees or penalties which are considered part of the process.

Overpayment of Premiums

A money launderer may arrange for insurance coverage of his or her legitimate business then repeatedly over pay the premiums. They then call the carrier and claim to have accidentally overpaid and request a refund of the overage. The result is that they have a check from a reputable source.

Wires

While not a common method of funding an insurance policy, criminals may launder illegal funds through excessive numbers of transfers for high dollar amounts.

Compliance Officers Contact Information

Michael W. Lowe President, COO, General Counsel	276-645-4303 mlowe@settlerslife.com
Carolyn J. Arnold AVP, Customer Service & Compliance	276-645-4313 carnold@settlerslife.com

CHARGE TO CREDIT/DEBIT CARD

MasterCard or Visa ONLY

Credit/Debit Card Type: MasterCard Visa

Credit/Debit Card Number: _____

Expiration Date: _____
Month Year

Name (as it appears on card): _____

Address of Cardholder: _____

Amount of Charge: _____

Agent #: _____

Agent phone number: _____

Agent email address: _____

Agent Signature: _____ Date: _____

OFFICE USE ONLY

DO CASH BATCH (Sandra or Renee)

CODE: CC

REFER ID: AGENT #

REFER: A

CUT: U

ACCOUNT # PB1: 172014800

ACCOUNT #LEADS/SHIPPING FEE: 172018000

ACCOUNT# PRINTED SUPPLIES: 8005400100

ACCOUNT# ADV. SUPPLIES/NOVELTIES: 8005205000

ACCOUNT# APPOINTMENT FEE: 9002000000 FOR THE STATE OF _____

**NOTIFY PAYROLL TO APPLY TO AGENT ACCOUNT FOR PB1, LEADS,
APPOINTMENT FEES, PALM PILOT OR SUPPLIES/ADV./NOVELTIES.**



It's about people.

THE SETTLERS LIFE DIRECT DEPOSIT OF AGENT COMMISSION PROGRAM

At Settlers Life we're committed to providing you with quality service. That's why we're pleased to make available to you and to all Settlers Life agents the Settlers Life Direct Deposit of Agent Commission Program.

To sign up for this program all you need to do is complete the reverse side, attach a voided check, and send it back to us. We'll process your authorization just as soon as we receive it; and there is no cost to you to participate in the program.

Direct Deposit from Settlers Life is available for daily or weekly commission payment modes. We will process Direct Deposit commissions on the same schedule and using the exact same formula as we currently process commissions for paper check issuance. In most instances that means that your commission payments should be in your bank account by the next morning. We cannot, however, be responsible for delays encountered within the banking system. Commission statements can be viewed at my.settlerslife.com.

Don't want to sit around and wait for your commission check to arrive? Then sign up for Direct Deposit from Settlers Life and add a little speed (and no additional stress) to your life!

COMPLETE THE REVERSE SIDE AND SIGN UP TODAY!!

Questions or Comments?
Contact Commission Accounting Department at 800-877-6191, Option 5

Settlers Life Insurance Company
1969 Lee Highway, P.O. Box 8600, Bristol, Virginia 24203-8600

