



THE AMERICAN HOME
LIFE INSURANCE COMPANY

Contracting Instructions General Agent

- 1. Fully complete, sign and date the Application For Appointment And Confidential Personal History Record.** Please be sure to answer the question requesting annualized commissions. Incomplete applications will lengthen the contracting process.
- 2. Sign General Agent Contract and the Annualized Commission Agreement** on the line directly above the word General Agent on the signature side of both the Contract and the Agreement. The balance of the Contract and the Agreement will be completed by the Home Office staff.
- 3. Complete, sign and date the copy of the IRS W-9 Request for Taxpayer Identification Number and Certification form.**
- 4. Carefully read “Ethics - Our Commitment to Policyholders”.**
- 5. Provide copies of all state licenses** in which you are requesting to do business for American Home Life.
- 6. Fully complete, sign and date the Direct Deposit Authorization.** Incomplete Authorizations will delay the transaction process.
- 7. Attach a deposit slip or voided check** to the Direct Deposit Authorization from the account where your commissions are to be deposited.
- 8. Enclose a check or money order** for all applicable appointment fees. You may refer to the attached listing of state appointment fees. Please make your check or money order payable to American Home Life Insurance Company.
- 9. Complete Anti-Money Laundering Training Program form.**
- 10. Enclose all of the above,** plus any additional information in the attached self-addressed envelope. Information may also be faxed to (785) 235-9273 or emailed to Ann Murphy at ammurphy@amhomelife.com. Once received, a supply kit will be sent to you.

Please note, a fully executed contract will be returned to you after your first business is submitted to the Home Office.

If you have questions regarding the contracting process, please contact Don Smith or Ann Murphy in the Marketing Department. You may reach them at (785) 235-6276 or (800) 876-0199.



THE AMERICAN HOME LIFE INSURANCE COMPANY
 400 S. Kansas Ave. • P.O. Box 1497 • Topeka, Kansas 66601-1497
**APPLICATION FOR APPOINTMENT AND
 CONFIDENTIAL PERSONAL HISTORY RECORD**

PERSONAL DATA

General Agent _____

Name		M <input type="checkbox"/> Sex F <input type="checkbox"/>	DOB _____/_____/_____	Spouse Name	
Residence Address (Present)		City/State	Zip	Residence Phone () <input type="checkbox"/> Rent <input type="checkbox"/> Own	
Business Address (Present)		City/State	Zip	Business Phone () Contact Office <input type="checkbox"/> Yes <input type="checkbox"/> No	
UPS/Express Mail Address (Not a Box Address)			Cell Phone# () Fax# ()		
Social Security No.			e-mail Address		
Commissions Payable To? Individual <input type="checkbox"/> Corporation <input type="checkbox"/>					
Are Commissions to be Assigned? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes", Indicate below)					
Name			Partnership/Corporation Tax ID No.		
Circle level of education completed High School 1 2 3 4 College 1 2 3 4 LUTCF Yes <input type="checkbox"/> No <input type="checkbox"/> CLU Yes <input type="checkbox"/> No <input type="checkbox"/> ChFC Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____					

Former residence address (within past 5 years)

REFERENCE List 2 local persons (not relatives) who know you well that we can contact.

Name	Address/Phone	Occupation/Firm

ADDITIONAL INFORMATION

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been bankrupt or insolvent, either personally or in business?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of or pled guilty or nolo contendere to any misdemeanor or felony other than a traffic violation?
<input type="checkbox"/>	<input type="checkbox"/>	Has an insurance company ever cancelled a contract with you?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a complaint filed against you by a state insurance department?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an insurance license denied or revoked by a state?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been refused a surety or fidelity bond?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have errors and omissions coverage that would be applicable to policies written for American Home Life? If yes, please attach copy of certificate.
(If any answers to any of the above questions are "Yes", give details on an attached sheet.)		

Are you indebted to another company? Yes No What company? _____

Were you financed? Yes No If so, by whom and on what basis? _____

How much is the indebtedness? \$ _____

What steps have you taken to repay the debit balance? _____

Will you be requesting annualized commissions from American Home Life? Yes No

What percentage of your time will you devote to American Home Life? _____%

I will commit to \$ _____ first year annualized Premium with American Home Life Insurance Company.

INSURANCE SALES EXPERIENCE (past affiliations)

Dates		Company	Market or Product Sold	Contract Type
From	To			

PERSONAL LIFE SALES RECORD (LAST 2 YEARS)

Year	Life Volume	Policies	Annualized Premium	Commissions	Persistency %

COMMENTS:

IMPORTANT NOTICE:

As part of our normal procedure, an investigative consumer report and background check may be prepared whereby information is obtained through reviewing public records and personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry usually concerns information on an applicant's character, general reputation, personal characteristic, credit information and mode of living. We must advise you that such a routine inquiry is to be made. Upon written request, additional information as to the nature and scope of the report will be provided. Your signature below acknowledges your understanding of this procedure and authorization for the release of this information.

Intentional misrepresentation in any statement on this application will be cause for refusal or revocation of the right to represent American Home Life Insurance Company. You are authorizing American Home Life Insurance Company to do any background investigation we deem necessary to allow you to represent American Home Life Insurance Company.

_____ **Minnesota and Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you by Trans Union to the residential address listed on the other side.

Signature of Agent _____ Date _____



THE AMERICAN HOME LIFE INSURANCE COMPANY

GENERAL AGENT CONTRACT

THIS CONTRACT, effective this _____ day of _____, 20____ (“Effective Date”), made by and between AMERICAN HOME LIFE INSURANCE COMPANY (hereinafter “Company”) and _____, (hereinafter “You”).

Article I – Appointment

1. Appointment

The Company hereby appoints You as its General Agent, subject to the terms and conditions set forth herein. You are authorized to solicit, procure and submit applications for insurance and annuities issued by the Company in accordance with applicable state laws and regulations, the rules and regulations of the Company and the provisions of this Contract.

Article II – Terms and Conditions

1. Relationship

a) It is understood and agreed that You shall be an independent contractor. Nothing herein shall be construed to create the relationship of employer and employee between Company and You. b) You shall be responsible for payment of any applicable taxes levied by federal, state, or local authorities as a result of compensation arising hereunder. You must comply with all federal, state and local laws applicable to this Contract. You shall also accept full responsibility for obtaining and paying for all necessary insurance including, but not limited to, liability, errors and omissions and vehicle insurance and shall hold the Company harmless from all claims, demands and suits arising out of performance of services and the sale of goods under this Contract.

2. Authority

a) You shall have the authority to recruit and recommend to the Company individuals to be appointed as General Agents of Company. No recommendation or application for appointment or Contract will be effective until approved by Company in writing. b) You are authorized to solicit applications for insurance and annuities for Company in the state(s) in which You are duly licensed and in accordance with Company’s policies and procedures. You will only solicit business under this Contract in states where Company has a Certificate of Authority. c) You agree that Company may, at its sole discretion, deny any applications for coverage, refuse to renew any coverage or return directly to covered persons or applicants any premium payments submitted to the Company without specifying to You the cause for such action. d) You are required to comply with all state requirements and Company’s policies and procedures concerning the replacement of life insurance policies and annuity policies. A replacement will be considered to have occurred in any situation specifically set forth in Company’s policies and procedures, Company’s Field Guide, or as specifically defined in any applicable state law or regulation as a replacement transaction. For any transaction involving a replacement, Company requires that You follow all procedures and complete all forms required by the Company’s policies and procedures, the Company’s Field Guide, or as specifically required in any applicable state law or regulation. e) You agree to conform to all policies and procedures of the Company and to comply with those Federal and State laws and regulations pertaining to the business of insurance.

3. Limitation of Authority

You shall not: a) Utilize any advertisement regarding the Company or its products without obtaining prior written approval from Company. For purposes of this Agreement, the term “Advertisement” means any printed or published or audio visual material or sales talks utilized in direct mail, newspaper, magazines, radio or television scripts, the internet or other electronic means, billboards or similar displays where such Advertisement utilizes the Company name or logo or refers to any of Company’s products. b) Extend, waive or change any terms, conditions, or provisions of any policy, or bind Company on any application for, or policy of, insurance. c) Extend the time allotted for payment of any premium due; guarantee dividends or interest rates, or make any estimates thereof; name special rates; deliver any policy except as directed by Company; endorse checks payable to Company; or receive monies due or to become due to the Company, except the initial premiums on applications obtained by You or General Agents appointed by You. d) Reproduce any software or other material provided by Company without the prior written consent of Company. All such software or other material shall be used exclusively in the performance of this Contract and may not be used or distributed for any other purpose. All such software or other material shall remain the sole property of Company and shall be returned by You to Company upon termination of this Contract. e) Have any power or authority other than that expressly granted herein and no other or greater powers shall be implied from the grant or denial of powers expressly mentioned herein. f) Enter into any contracts or obligations except as herein specifically provided, or incur any expense on behalf of the Company without its written authority, and shall not institute any legal proceedings of any kind in connection with the Company’s business, or on the Company’s behalf, without written approval of the Company.

4. General Agent’s Responsibilities

You are responsible to: a) Maintain proper records with respect to the business transacted hereunder, in such manner and form as may be required by Company or any regulatory authority in the states in which You operate. Such records shall be the property of the Company, whether or not paid for by Company and shall be made available for audit by the Company, or its representatives, with or without prior notice, during all business hours and shall be turned over to Company immediately upon termination of this Contract. b) Render such services to policyholders and beneficiaries of Policies as Company may require, generally endeavor to promote the best interests of the Company and conduct yourself in such manner so as not to adversely affect your business or reputation or that of the Company. c) Remit promptly to Company all premiums collected on Company’s behalf by You or your General Agents. Until remitted to us all premiums collected are to be held by You as fiduciary, for the benefit of the Company, in a separate account not co-mingled with personal funds. d) Pay promptly to Company, upon demand, all amounts due by reason of commission charge backs, advances, loans, overpayments or otherwise. e) Make available to Company all information which comes into your possession concerning the underwriting of any risk. f) Obtain and process, where applicable, all necessary policy delivery receipts, as well as all replacement or disclosure forms of any nature. g) Deliver a policy only if: 1) the proposed insured at the time of delivery is, to the best of your knowledge and belief, in as good of a condition of health and insurability as stated in the application for such policy; 2) the first premium has been fully paid; and, 3) not more than (30) days have elapsed since the policy was issued by Company. h) Maintain, if requested by Company, a bond, errors and omissions coverage, or other coverage in such manner and amount as the Company may require.

5. Commissions

a) You will be paid commissions on premiums paid to Company on insurance policies issued and procured by You. Compensation shall be payable in accordance with the attached Commission Schedule or the Commission Schedule in effect at the time the premium is submitted, and in compliance with the standard practices and procedures of the Company. Deferred first year and renewal commissions shall be 100% vested immediately. There are no production requirements to vest such renewal commissions. We will also pay You overwrite commissions on business written by any subordinate General Agents appointed by You. The amount of such commissions shall be the difference between the commission rate for subordinate General Agents and your rate of commission. Company reserves the right to change its practices and procedures from time to time without notice to You, as it may deem necessary. b) The Commission Schedule attached to this Contract may be amended by the Company at any time for any reason upon written notice to You, provided such change shall only be applicable to policies of insurance or annuities issued thereafter. c) Should Company, for any reason, refund or waive any premium on any policy or annuity contract procured hereunder, You shall, immediately upon demand, repay any commissions or service fees received with respect to that premium. Such repayments shall be made payable to Company at its home office in Topeka, Kansas. d) If any policy procured by You or any subordinate General Agent shall lapse, Company’s liability to You for further commissions shall cease, unless the policy is reinstated and You, or a subordinate, is determined to be the efficient procuring cause of such reinstatement. e) If a new policy replaces an existing policy or if an existing policy is terminated or lapses after issue of the new policy, the commissions payable on the new policy will be determined by the Company based on the rules and regulations in effect at the time the new policy is issued. f) To the extent any provision of this paragraph 5. is inconsistent with the policies and provisions of Company set forth in the Field Guide or elsewhere, said provisions of the Field Guide or other written policies of the Company shall control. g) During the continuance of this contract, a non-vested service fee will be paid to You for the 11th and subsequent policy years, on covered policies written since the date of this contract, in accordance with the terms and conditions of the attached commission schedule and as further provided herein. To be eligible to earn

and receive a service fee, the total insurance in force under this contract must be equal to, or in excess of four million dollars (\$4,000,000). Total insurance in force will be determined at the end of the 10th contract year, and annually thereafter. h) The names of no more than two General Agents shall appear on the application and, in such cases, the commissions shall be proportionately divided on an equal basis between such General Agents.

6. Indebtedness

a) Company, as additional security and to secure the repayment of any indebtedness due the Company, shall have a first and prior lien against any compensation due You under this Contract and against any other sums due or to become due to You from the Company for any reason. The Company may, at any time, offset such indebtedness against compensation due You or other monies which You may have on deposit with the Company under this Contract or any other agreement with Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other remedies to collect the indebtedness. Company shall have the right, at its discretion, to charge interest on any indebtedness due to Company by You from the time said indebtedness was incurred at the maximum legal rate. b) You agree to act as guarantor for any subordinate General Agent who is appointed by or assigned to You, and to indemnify Company for the unconditional repayment of accrued debit balances, unpaid advanced commissions or charged back commissions, and any obligations of every nature and kind arising out of or in connection with the subordinate General Agent's contract with Company. Company may at any time offset such indebtedness against compensation due You in the same manner as provided in paragraph 6.a. hereof.

7. Forfeiture

a) In addition to the provisions set out in this Contract, at any time while this Contract is in effect or after it terminates, You shall forfeit and shall not be entitled to receive any commissions otherwise due or to become due, if You: 1) Violate any of the material provisions of this Contract, resulting in termination for cause; 2) Neglect to report and/or pay over to Company any premium collected by You or any of Your subordinate General Agents; or 3) Endeavor to induce General Agents, employees or representatives of Company to discontinue their association with Company, or endeavor to induce the Company's policyowners to relinquish their policies with Company. 4) Commit a fraudulent, illegal or dishonest act adversely affecting the Company, including but not limited to: any misrepresentation as to the terms or provisions of a policy; any alteration, falsification or withholding of any information, whether written or oral, about an applicant or prospective insured; any alteration of any application materials or misrepresentation by You of facts in any application; or the withholding of any required underwriting information; 5) Violate the insurance laws, regulations, or rules of any state in which You or subordinate General Agents transact business or fail to maintain necessary licenses in all states where the same is necessary to receive compensation and perform services.

8. Termination

a) This Contract will continue for an indefinite term, but may be terminated immediately without cause by either party upon written notice and without regard to any statutorily imposed notice which is hereby waived by You and Company. Such notice shall be effective immediately upon mailing to You at your last known address or to Company at Company's last known address. b) If this Contract is terminated as provided in 8(a), You, Your designated beneficiaries or Your successors, administrators, executors, heirs or assigns shall have the vested right to continue to receive all commissions, but not service fees, on business written while this Contract and attached Commission Schedule were in force, except that if commissions in the preceding calendar year amount to less than \$300.00, then Company's obligation to pay commissions under this Contract shall cease. c) Company may terminate this Contract for cause by sending to Your last known address a written notice of termination, which shall be effective immediately upon mailing of the notice. This Contract may be terminated for cause in the event You: 1) Withhold or misappropriate any money or property belonging to Company; 2) Commit an act of misfeasance or malfeasance in any matter related to the Contract; 3) Fail to comply with any of the material provisions of this Contract; 4) Fail to conform to the rules and regulations of the Company; 5) Fail to comply with the laws, rules, or regulations of any federal, state, or any other governmental agency or body having jurisdiction over this Contract or over any policy submitted by You; 6) Commit any fraud; 7) Fail to pay any indebtedness to the Company after reasonable demand and notice; 8) Actively replace or attempt to replace Company's policies with those of another company; 9) Engage in unethical market conduct or unfair trade practices; 10) Fail to remain properly licensed to sell insurance or annuities; or 11) Attempt to induce agents of the Company to leave its service. d) If the Company terminates this Contract for cause, no further first-year or renewal commissions or other compensation of any kind, whether accrued and not payable at the date of termination, or accruable after termination, under this or any previous Contract, shall be payable to You. Nothing herein shall be construed to limit any rights or claims of the Company against You. e) Company may, in its sole discretion, suspend this Contract, temporarily revoking Your authority to represent the Company, during any reasonable period of investigation, to determine whether conditions exist to warrant termination for cause. You shall reasonably cooperate with Company in any such investigation, including production of necessary documents and other requested information. During such period of investigation, Company shall not be obligated to remit any commission or service fee due or becoming due. The Company also reserves the right to withhold compensation at any time pending any investigation of You by any government agency or authority for alleged improper conduct until such time as such investigation has been concluded. This provision shall not affect the Company's ability to otherwise terminate this Contract pursuant to the Termination provisions. f) Upon termination of this Contract, either with cause or without cause, You agree to return to the Company all previously furnished materials, illustration software, supplies, information regarding the Company's insureds, or lead lists, advertising or any and all other printed matter which mentions the Company.

9. Death of General Agent

If you die at a time when compensation is payable to You under this Contract, such compensation shall be paid to the beneficiary or beneficiaries designated by you in this Contract or to the survivor or survivors among them if living. Should the last survivor die before payment of all compensation payable under this Contract, the remainder of such compensation shall be payable to the estate of the last surviving beneficiary. If no designated beneficiary survives You, or if no beneficiary has been designated by you at the time of your death, then any compensation payable in accordance with this Contract shall be payable to your estate.

10. Indemnification

You shall reimburse Company and/or indemnify the Company for any loss, including attorneys' fees, resulting from actions by You or Your appointed General Agents and for all costs, expenses, and attorneys' fees the Company may incur in recovering from You any property or indebtedness belonging to or due the Company. You further agree to indemnify and hold the Company harmless for any claim, loss, expense, cost or liability which it may incur as a result of Your breach of the terms of the Contract or violation of any law or regulation or failure to comply with any court order. Should any claims or lawsuits be made by a third party against You, or your General Agents, as a result of any alleged wrongdoing by You or Your General Agents, then You agree to hold the Company harmless from and indemnify it for any claim, loss, expense, cost or liability which it may incur in defending the action and for any settlement or judgment resulting from such action. The Company may, at its discretion, defend or settle any such claim.

11. Assignment

This Contract may not be assigned without the prior written consent of the Company. No assignment of any commissions, or any portion thereof, due or to become due to You shall be valid unless authorized in writing by Company. Any authorized assignment shall be subject to the provisions of this Contract and to all applicable laws, and shall be subordinate to any indebtedness of You to Company then or thereafter existing.

12. Ethics

Company is committed to ethical marketplace conduct. You hereby acknowledge, understand and agree to abide by Company's ethical market conduct policies and procedures, including, but not limited to the following: a) You are required to adhere to Company's rules and regulations concerning ethical market conduct, which require in part that You: 1) Carefully evaluate the insurance needs and financial objectives of clients, and use only approved forms, sales tools, including policy illustrations and sales brochures, to determine that the insurance or annuity You are proposing is suitable and meets these needs; 2) Maintain a current license and valid appointment in all states in which You promote the sale of Company's products to customers and keep abreast of current changes in insurance laws and regulations by reviewing the bulletins, newsletters, notices and information that Company publishes; 3) Submit all advertising materials intended to promote the sale of Company's products to the home office for approval prior to use; 4) Immediately report in writing to Company any customer complaints, whether written or oral, and assist Company in resolving the complaint to the satisfaction of all parties; 5) Communicate these standards to any General Agents or office personnel that You directly supervise and request their agreement to be bound by these conditions as well. 6) Keep confidential any non-public personal information that You receive from or relating to any of the Company's insureds or customers and not disclose

any such information to any third party except as permitted by law.

13. Withdrawal Provisions

Without any liability to You, the Company may withdraw or discontinue any form, or forms, of policies enumerated herein, or which may hereafter be issued and also reserves the right to comply with any legislative enactment or department ruling, or to withdraw from any part, or parts, of the territory in which You operate. It is further agreed that the provisions of this contract may be modified or changed without Your consent, if the same shall conflict with any Federal or State law or regulation, or the ruling of any court or State Insurance Department.

Article III – General Provisions

1. Jurisdiction and Venue

This Contract shall be governed by the laws of the State of Kansas applicable to agreements executed and performed within the State of Kansas and without giving effect to rules for conflicts of laws. The parties agree that they are subject to personal jurisdiction within the State of Kansas and consent that any action in law or equity shall be brought in Shawnee County, Kansas.

2. Non-Waiver

The forbearance or neglect of Company to insist upon strict compliance with any of the provisions of this Contract, whether continuing or not, or to terminate this Contract, shall not be construed as a waiver of any of the Company’s rights or privileges hereunder.

3. Amendments

This Contract may be amended only by written instrument, executed by a duly authorized officer of the Company, which by its terms expresses an intention to modify this Contract.

4. Entire Agreement

This Contract, together with the attached commission schedules, supersedes any and all previous Contracts or agreements, whether oral or written, between the parties hereto.

By: _____ Date: _____
General Agent Signature, “You”

By: _____ Date: _____
Vice President – Marketing Services
American Home Life Insurance Company, “Company”

Attest:

Vice President – General Counsel/Secretary
American Home Life Insurance Company, “Company”

TO BE EXECUTED IN CASE OF ASSIGNMENT OF COMMISSIONS TO A CORPORATION.

FOR VALUE RECEIVED, I hereby assign all commissions payable under the contract until further written notice to be made payable to:

Corporation Name

Tax Identification Number

General Agent Signature

Date

BENEFICIARY DESIGNATION

I hereby assign to the following beneficiary(s) any and all rights I have to receive any compensation due to me from American Home Life Insurance Company after my death as provided in my General Agent Contract. I hereby revoke all prior assignments or designations. (use additional copies if necessary)

PRIMARY BENEFICIARY (BENEFICIARIES):

Name	Soc. Sec.#	Date of Birth	Relationship
Address	City	State	Zip
Name	Soc. Sec.#	Date of Birth	Relationship
Address	City	State	Zip

CONTINGENT BENEFICIARY (BENEFICIARIES):

Name	Soc. Sec.#	Date of Birth	Relationship
Address	City	State	Zip
Name	Soc. Sec.#	Date of Birth	Relationship
Address	City	State	Zip

If no designated beneficiary survives me, the sum payable shall be paid to my estate.

General Agent Signature

Date

Business Mailing Address

**THE AMERICAN HOME LIFE INSURANCE CO.
Topeka, Kansas 66601**

**Annualized Commissions Agreement
(General Agent)**

THIS ANNUALIZED COMMISSION AGREEMENT, made this _____ day of _____, _____, by and between **THE AMERICAN HOME LIFE INSURANCE COMPANY** of Topeka, Kansas, Party of the First Part, hereinafter called the Company, and _____, Party of the Second Part, hereinafter called the General Agent.

WITNESSETH:

That it is mutually agreed by and between the parties hereto that the agreement contained in the General Agency Contract, dated _____, _____, between the said parties, is changed and modified in the particulars hereinafter set forth, but to that extent only.

1. First Year Commissions

- a. First year commissions specified in the commission schedule of the General Agent Contract and the first year overwriting commissions on appointed Sub-producer's under the General Agent may be annualized one hundred percent (100%) on monthly bank draft business issued and paid for with 80% of the annualized commissions to be advanced to the General Agent and 20% to be held for the purpose of recovering unearned commissions resulting from lapsed policies.
- b. Business issued and paid on the General Agent's own life or on the life of any member of his immediate family **will not** be annualized as defined in Paragraph 1. a. above. Group billing or other payment modes of life business **will not** be annualized and the business will be settled and credited to the commission account with commissions payable on an as earned basis.
- c. The Company may at its discretion reduce or eliminate entirely the amount of annualized commissions to be paid on any policy or policies. However, in no event shall more than Two Thousand Dollars (\$2,000) in annualized commissions be advanced on any one life.

2. Pay Period

The General Agent will be paid annualized commissions by the Company based on the General Agent Contract and determined in the fashion as stated above in Paragraph 1. Annualized commissions hereunder shall be payable in accordance with the General Agent's commission payment schedule. Detailed commission statements are prepared the first of the month for the previous month.

3. Canceled Policies

Unearned first year commissions and overwriting commissions resulting from canceled policies will be deducted from the General Agent's next annualized commission earnings.

4. Accounting

The advances of annualized commissions will be charged to an advance commission account. Commissions, as earned, on this business will be credited to this same advance commission account. This is in reference to business handled in accordance with Paragraph 1. a. above.

Commissions on issued and paid business, handled in accordance with Paragraph 1.b. above, will be credited to an as earned commission account.

5. Remittance of Premium to the Company

Under this agreement, the General Agent shall remit the correct gross premium to the Company before any commissions will be annualized hereunder.

6. Annualized Commission Advances

It is clearly understood by parties whose signatures are affixed hereto that the annualized commissions paid and referred to in this Annualized Commission Agreement are advances to the General Agent and not a salary.

7. Termination of this Annualized Commission Agreement

- a. This Annualized Commission Agreement may be terminated at any time upon written notice by either party to the other. Such written notice, if given by the Company, shall be sufficient if forwarded to the last address of such General Agent as shown on the Company records.
- b. Should the General Agent fail to issue and pay for any business in two consecutive calendar months, this Annualized Commission Agreement is automatically terminated unless extended, in writing, by the Company.
- c. Upon termination of this Annualized Commission Agreement, General Agent’s debit balance is to be payable by the General Agent upon demand. The debit balance shall be the amount of advances made under this agreement less the actual earned commissions.

Prior to signing this Annualized Commission Agreement, we want to be sure you understand that annualization of commissions to you by the Company will create a debit balance that you are obligated to repay in full upon demand. While the Company has the right to retain vested deferred first year and renewal commissions as they are earned and apply them toward the elimination of your debit balance, in many instances these commissions are insufficient to effect a prompt repayment of the debt in full.

Retention of these future commissions by the Company does not release you from your obligation to effect a repayment in cash of the balance of your debt if it is requested. Of course, once any debit balance is repaid in full, vested future commissions will be paid to you as they are earned.

This Annualized Commission Agreement shall take effect on the ____ day of _____, _____.

The American Home Life Insurance Company

By: _____ Date: _____
General Agent Signature

By: _____ Date: _____
Vice President – Marketing Services
American Home Life Insurance Company

Attest:

Vice President – General Counsel/Secretary
American Home Life Insurance Company

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

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

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



DIRECT DEPOSIT AUTHORIZATION

Please deposit my commission check as follows:

Agent Name:

Primary account to deposit net pay to:

Bank Name:

Account Number:

Checking

Savings

Routing Number:

****IMPORTANT****

Please attach a voided check for the account specified to this completed form.

I understand it is my responsibility to print my commission statements from the Agent Zone at the American Home Life website. Paper commission statements will not be mailed from the Home Office. (www.amhomelife.com)

I hereby authorize the American Home Life Insurance Company to electronically deposit my commission to the account as specified above.

Agent's Signature: _____ Date: _____

E-mail address: _____

ETHICS

Our Commitment to Policyholders

The American Home Life Insurance Company is committed to providing its customers with the highest level of customer service and ethical marketplace practices. Because we are owned by our policyholders, we believe the integrity of our home office staff and agents should be utmost in the minds of our customers. Our commitment to our policyholders is stated as a part of our Mission Statement:

For the benefit of those who trust in us . . .

We will deliver insurance products that are based on sound principles, that contribute to profitable growth, and that provide our customers with the best possible value and protection.

We will deliver these products through professional insurance agents who share our values and our commitment to serving the needs and interests of those we insure.

This brief portion of the Mission Statement commits your company to these guiding principles of ethical conduct.

We will conduct business according to high standards of honesty and fairness. We will provide the same level of service to our customers that we would demand for ourselves.

The Company was founded on the philosophy of efficient, courteous, and effective service to our policyholders. We believe you have the right to expect quality service from our agents and home office staff at all times.

Our policyholders deserve a thorough understanding of their needs and the products they purchase to meet those needs.

We believe our customers should have adequate information about the products they purchase and how those policies will meet their needs for protection or savings. Provided with this information, you may make an informed decision about your life insurance or annuity purchase. Our agents are trained in our products and understand how each product is designed to fit a particular need.

All agents should be qualified, trained, and knowledgeable about the products they sell.

We investigate the background of every agent who represents The American Home Life Insurance Company. If, in our opinion, the agent should not represent us, we will not appoint him or her. We ask our agents to make a commitment to training. Most states require continuing education for agents in order to maintain the license to sell. Often, that education includes ethics training, as well as specific-needs analysis. Our agents must understand the products they represent to you. We provide them with product information and resources for financial planning so they will have the knowledge to represent us in your home or business.

We believe in competing fairly in the marketplace.

Agents are discouraged from making disparaging comments about competing life insurance companies. Agents must provide total and fair information when discussing a competitor company. We believe the strength and integrity of American Home life products will encourage you to make sound purchase

decisions without resorting to “bashing” our competitors. We also comply with all state and federal antitrust laws.

Customers should receive complete information before they make a decision to replace existing coverage.

Replacement of existing life insurance coverage is a decision that can have significant impact on you and your family. Before making such a decision, you must be provided adequate information to reach an informed decision. This means your agent must explain why your present coverage cannot meet your needs. He or she must also explain why replacement may not be in your best interest. A decision for replacement must be considered carefully, whether you replace an American Home life policy or one with another company. Many replacements are not in the best interest of the customer.

All advertising and sales materials must be accurate, thorough and complete.

Sales and advertising materials include letters, brochures, proposals, illustrations, and any other items used by an agent in the sales interview. Any sales materials used in the sale of American Home life’s products must clearly identify us to you. We clearly state the guaranteed benefits and those benefits that are not guaranteed. We also indicate any limitations that may affect the values of the policy.

Any policyholder who is not satisfied with their policy or service must be given an opportunity to communicate their complaint to someone in authority. We will attempt to resolve any such complaints to the customer’s complete satisfaction.

Although we work very hard to prevent it, customers sometimes feel they are not treated fairly. If you should ever have a concern, you may contact us by calling our toll-free number, (800) 876-0199, between the business hours of 7:45am to 4:25pm central time, Monday through Friday. You may also write us at:

The American Home Life Insurance Company
Attn: Steven S. Lobell, President
400 S. Kansas Ave.
P.O. Box 1497
Topeka, KS 66601-1497

You may reach us by facsimile at (785) 235-1037. Our local phone number is (785) 235-6276.

We commit to ethical practices in the insurance marketplace.

As a mutual life insurance company, our first commitment for quality products and competent service is to you - our policyholder. Any time you believe you receive less in value of service than you deserve as a policyholder, please contact us. We want to know!

APPOINTMENT FEE SCHEDULE

RESIDENT & NON-RESIDENT

<u>RESIDENT</u>		<u>NON-RESIDENT</u>		<u>REQUIREMENTS</u>
<u>STATE</u>	<u>FEE</u>	<u>STATE</u>	<u>FEE</u>	
AR	**\$40.00	AR	**\$120.00	
AZ	NO FEE	AZ	NO FEE	
CO	NO FEE	CO	NOFEE	
FL	\$60.00	FL	\$60.00	
IA	\$5.00	IA	\$5.00	
ID	NO FEE	ID	NO FEE	
IL	NO FEE	IL	NO FEE	
IN	NO FEE	IN	NO FEE	
KS	\$5.00	KS	\$5.00	
MI	\$5.00	MI	\$5.00	
MN	\$10.00	MN	\$10.00	
MO	NO FEE	MO	NO FEE	
MT	NO FEE	MT	NO FEE	
NE	\$8.00	NE	\$8.00	
NM	\$23.00	NM	\$23.00	
ND	\$10.00	ND	\$10.00	
NV	\$5.00	NV	\$15.00	
OH	\$20.00	OH	\$20.00	
OK	\$55.00	OK	\$55.00	
SD	\$10.00	SD	\$20.00	
TN	\$15.00	TN	\$15.00	
TX	\$10.00	TX	\$10.00	
WI	\$16.00	WI	\$50.00	
WY	\$15.00	WY	\$15.00	

A copy of your license is required for each state you wish to be appointed in.

**By State law, Company pays fee
AGY- 82 (REV 03/11)



The American Home Life Insurance Company

****REQUIRED****

Anti-Money Laundering & Annuity Product Training

Anti-Money Laundering - Required for all agents

Already Completed Training with another company, LIMRA or other accredited provider?

Fax Certificate or other proof to: 785-235-9273

*Application will **NOT** be processed without proof

Have Not Completed Training?

Home Office will contact you with instructions to complete AHL Anti-Money Laundering Training (15 min).

Annuity Product Training - Required for Agents who sell Annuities

I plan to/may sell annuities in the future

Training (10 min) **MUST BE COMPLETED PRIOR TO SALE!**

Home Office will contact you with instructions to complete AHL Annuity Product Training.

I will not sell AHL annuities