

Thank you for your interest in Reliance Standard Life Insurance Company. Below is a checklist to assist you in completing the forms necessary to apply for Appointment with RSL.

_____ **Appointment Application-** Complete the form and sign. (Top portion of the form to be completed by Managing General Agent.)

_____ **Agent Agreement-** The Agreement requires the signature of the agent.
--If you are applying as an individual, sign the Agent Individual section.
--If you are applying as a corporation, the Corporation section requires the signature of a Corporate Officer and the Principal Officer or Stockholder, individually. Signatures should be witnessed.
--If you wish commissions to be paid to your Supervising Agency, the Agent Agreement is not required.

_____ **Fair Credit Reporting Act Disclosure form** - Complete the form and sign.

_____ **W-9 form** – Complete and sign. If you are applying as an individual, your Social Security number is required. If you are applying as a corporation, the Corporate Tax Identification Number is required.

_____ **Licenses** - Attach copy of applicable License(s) (Corporate and/or individual.)

_____ **Automatic Deposit of Commissions** – complete and sign the Authorization Agreement form and include a copy of a voided check if you are using a Checking Account.

_____ **Anti Money Laundering Course** - If you have taken the required course through LIMRA, please notate on the bottom of the Appointment Application. If you have completed the requirement, through another provider, please attach a copy of your certificate of completion.

These forms should be forwarded to the Managing General Agent so that they may complete their portion of the forms prior to submission to our Agency Licensing Department. When your Appointment with Reliance Standard Life is completed, you will receive a letter informing you of your Agent Identification Number and a copy of your executed Agent Agreement for your records.

_____ ****Product-Specific Training & Suitability Training** – Agents in ALL states must complete Reliance Standard's product-specific training course (available at <https://secure.reged.com/TrainingPlatform/>) before soliciting annuity business. Agents in NAIC states must also provide Reliance Standard with documentation that the 4-hour suitability course requirement has been satisfied.

We look forward to working with you. Thank you.

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Home Office: Schaumburg, Illinois
Administrative Office: Philadelphia, Pennsylvania

AGENT AGREEMENT

MAIL TO: AGENT LICENSING - Retirement Services
1700 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103

THIS AGREEMENT, made and effective the _____ day of _____, 20____, between RELIANCE STANDARD LIFE INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, (hereinafter called "the Company"), and _____ of _____, State of _____, (hereinafter called the "Agent"). For the purpose of this Agreement, Agent shall mean the individual Agent, if a sole proprietor; all partners individually as well as the partnership, if a partnership; all officers of a corporation as well as the corporation, if a corporation; and the principals of the entity as well as the entity if any other form of entity.

WITNESSETH THAT: the parties in consideration of the mutual covenants and agreements herein contained, hereto intending to be legally bound agree as follows:

1. APPOINTMENT - TERRITORY

A. The Agent is authorized by the Company to receive applications for insurance only from persons residing in a territory set forth herein where the Agent is properly licensed and appointed with the Company. This territory is not assigned to the Agent exclusively. The Company reserves the right to appoint other Agents, Producers and Managing General Agents within the same territory.

Agent's territory shall include all states in the United States, including the District of Columbia, but excluding New York.

B. The Agent is also authorized to receive applications for insurance solicited by a properly licensed, appointed, and if deemed necessary by the Company, contracted subagent (hereinafter called a "Producer") who may be appointed and assigned to the Agent under this Agreement.

C. The Company in its sole discretion may change the territory or withdraw from the same upon giving the Agent thirty-one (31) days prior written notice.

2. RELATIONSHIP

Nothing herein contained is intended to create the relationship of employer and employee between the Company and the Agent or the Company and any employee of the Agent or any producer. The Agent is hereby constituted and shall in all respects continue to be an independent contractor.

3. AUTHORITY

A. The Agent is only authorized to:

(1) solicit applications for insurance which the Company is authorized to issue;

(2) collect the first premium on each insurance contract applied for and directly pay the same over to the Company within five days of receipt of such payment. All premium payments shall be made by negotiable instrument or the equivalent from the applicant and made directly payable to the Company;

(3) deliver all insurance contracts as directed by the Company; and

(4) perform any act or duty which is specifically granted in writing by an officer of the Company authorized to do so.

B. Without the express written authority from the Company to the contrary, neither the Agent nor any Producers shall have any authority to:

(1) deliver a policy more than 30 days after issuance;

(2) make, alter or vary any of the Company's contracts;

(3) incur any indebtedness or liability on behalf of the Company;

(4) waive any of the terms or conditions of any insurance contract;

(5) change or waive any of the Company's rates;

(6) pay or allow another to pay or offer or allow as an inducement to any person to be insured repayment of premiums or any inducement whatsoever not specified in the policy or make any misrepresentation or incomplete comparison for the purpose of inducing a policyholder in this or any other Company to lapse, forfeit or surrender his/her insurance therein;

(7) reinstate any insurance policy or contract;

- (8) collect any premium except the first premium payment for forwarding to the Company as described above;
- (9) endorse checks which were payable to or endorsed over to the Company by others;
- (10) use, present, advertise or publish any material concerning the Company or its policies without advance permission from an authorized officer of the Company in writing; issue any circulars or write any letters to any publication regarding the Company without first obtaining written approval of the Company; or
- (11) perform any act which is inconsistent with the express authority set forth in this Agreement.

4. PRODUCERS

A. The Agent, subject to the approval in each case of the Company, shall have authority to recommend Producers to the Company for appointment under the Company's standard contractual procedure. No agreement shall be effective and no Producer may represent the Company until the proposed Producer is approved by the Company, the Producer's Agreement has been executed by an officer of the Company, and the Producer has been licensed and/or appointed as required by law. The Company reserves the right to: (i) refuse to contract with any recommended Producer; or, (ii) once having contracted, to cancel or terminate the appointment of any such Producer in accordance with the terms of the Producer's contract.

B. A Producer whose agency relationship with the Company or the agent terminates for any reason may be reappointed by the Company as a Producer for another Agent, or as an Agent in the Company's sole discretion.

C. No Agreement between the Agent and any Producer shall be valid unless it is in writing, on forms provided by the Company to the Agent for such Producer and such Agreement is executed by an authorized officer of the Company.

D. If any lawsuit or regulatory enforcement action shall be brought against the Company in consequence of any unauthorized action or statement of the Agent or Producer, all costs and damages, including attorney's fees, arising therefrom shall be the financial responsibility of the Agent, which if not fully satisfied by the Agent voluntarily, may be collected by the Company through any available means, including offset against any payment which may otherwise be due to the Agent from the Company.

5. COMPENSATION

A. Subject to the terms and conditions of this Agreement, the Company will pay to the Agent as compensation hereunder, commissions, overrides and renewal commissions on premiums received by the Company on insurance issued upon applications procured on or after the effective date of this Agreement by the Agent or by the Agent's Producers in accordance with the Schedules attached hereto and made a part hereof.

The Company will pay the Agent commissions and overrides as provided herein on premiums which are actually due, collected and paid to the Company on insurance issued by the Company.

C. All commissions payable to the Agent shall be reduced, however, by the commissions which the Company may pay directly to the assigned Producers under the supervision of the Agent and approved by the Company, or to their executors, administrators, successors, assigns or surviving spouses or estates.

D. The Company may from time to time substitute new Schedules governing calculation of or payment of commissions ("Commission Schedules") attached hereto. Any change in the rate of commissions, overrides and/or renewal commissions by virtue of any such new Schedules shall apply only to policies that are effective on or after the effective date of such new Commission Schedules.

E. Statements of accounting shall, at the sole option of the Company, become final and binding upon the Agent forty-five (45) days after the period accounted for; and thereafter the Company shall not be liable to perform any audit, alteration or adjustment or to make an accounting, and in that event, except for the items questioned within the forty-five day period, the statement of accounting shall otherwise remain or become final as provided herein.

Agent acquiesces to and ratifies any interpretation of this agreement as manifested by the accounting or letter unless such interpretation is questioned in writing within forty-five (45) days from the date of such accounting or letter.

F. It is acknowledged that the Company reserves the right to reject any applications submitted and to cancel or rescind any contract issued, returning where applicable, the consideration or any part thereof. In the event of such rejection, cancellation or rescission, any commission paid on the consideration returned shall forthwith be paid to the Company or withheld from other commission payments, or both. It is also acknowledged that premium rate increases are not commissionable.

6. VESTED COMPENSATION

A. First year and renewal commissions on insurance sold by the Agent are vested subject to the requirements contained in the Commission Schedules in effect at the time the policy is effective.

B. Such Compensation will be paid to the Agent on insurance that becomes effective after the termination of this Agreement, provided that the applications for such insurance are submitted by the Agent or Producer before the termination of this Agreement, and provided that this Agreement has not been terminated by the Company due to misconduct of the Agent.

C. It is expressly agreed that any monies due the Agent at his/her death, if an individual or partner in a partnership, and any monies becoming due thereafter under this or any prior Agreement, shall be paid to _____ if such person survives the Agent, otherwise such monies shall be paid to the estate of the Agent.

- D. If at any time the renewal commissions payable amount to \$500.00 or less in a calendar year, the Company, at its option, may commute the value of said renewal commissions and pay a single sum in settlement of the renewal account.

7. TERMINATION FOR MISCONDUCT

This Agreement and the agency relationship between the Company and the Agent shall terminate immediately upon the occurrence of the act or failure to act as specified below (whether then known or unknown to the Company) and no commissions, commission overrides, renewal commissions and/or other compensation shall be thereafter due or payable to any Agent, despite any provision of the Agreement to the contrary. Further, any commissions or compensation of any nature paid to the Agent by the Company subsequent to the occurrence of any act or omission specified below and resulting in immediate termination of this Agreement and the agency relationship, shall not constitute a waiver of the Company's rights under this provision and any such payments shall be repaid to the Company immediately upon demand.

- A. Failure to timely submit monies collected and owing to the Company or failure to timely distribute monies owing to policyholders or applicants or the misappropriation for the Agent's own use or for the benefit of others, funds of the Company or its policyholders or applicants.

- B. Fraud, misrepresentation, or negligence in connection with any duties imposed on the Agent under the terms of this Agreement.

- C. Directly or indirectly, individually or through or with others, inducing or attempting to induce a policyholder to lapse, forfeit, surrender or replace a policy in another insurer through misrepresentation or incomplete comparison of all the facts pertinent to the transaction.

- D. Directly or indirectly, individually or through or with others, taking action, including any communication, which could be reasonably construed to suggest that any other Agent or Producer terminate or breach their Agreement with the Company, whether or not the other Agent or Producer terminates or breaches their Agreement.

- E. Suffer the revocation or suspension of any license to act as an insurance agent or broker by the insurance department of any state.

- F. Surrender any license to the insurance department of any state, after the Agent had been cited for misconduct to avoid a hearing.

- G. Directly or indirectly, either individually or through or with others, taking action, including any communication, which could be reasonably construed to suggest that any insured or policyholder of the Company lapse, forfeit, surrender, or replace an insurance or other policy of insurance issued by the Company.

- H. Failure to prevent any Agent or Producer from breaching any provision of their Agreement and failure to timely report to the Company, knowledge of any such breach.

- I. Failure to cooperate with the Company in the response to and/or handling of consumer complaints, insurance department inquiries or consumer inquiries.

- J. Failure to repay any indebtedness to the Company when due.

- K. Payment of any rebate, referral fee or commission splitting, except as permitted by law.

In the event the Company learns after the fact of any of the above events, the Company, in its discretion, may change any earlier termination to a termination for cause, retroactive to the date of such termination. In the event the Company terminates an agent for cause as a result of a good faith and reasonable belief that the agent has engaged in misconduct as described in this Article 7, then the Company shall have the right to report such termination for cause, and the reason therefor, to the appropriate governmental and/or regulatory authorities, and the Company shall have no liability whatsoever to the Agent for any costs, expenses, damages, consequential or otherwise, resulting from such report.

8. RESPONSIBILITY

The Agent shall have the following responsibilities:

- A. The Agent shall keep a thorough and correct record and books or accounts of all transactions arising out of this Agreement. The Agent shall preserve and hold all documents, correspondence and records which come into the Agent's possession or under the Agent's control relating to the form of insurance or policies which the Agent is entitled to solicit for the Company. The Company, as often as it so desires, may examine, conduct an audit and/or copy any or all of the books and records of the Agent as it may deem necessary and the Agent shall do all things necessary to cooperate and assist the Company in making any such examination, audit or copying.
- B. All books of account, documents, vouchers, records, papers, insurance, policies and other printed material and equipment furnished the Agent by the Company are and shall remain the property of the Company. All such materials shall be returned by the Agent to the Company upon demand or upon termination of this Agreement.
- C. All premiums collected by the Agent or Producer shall constitute trust funds and shall not be subject to any use of the Agent whatsoever, but shall be transmitted forthwith to the Company. Any funds of the Company that are held by the

Agent shall only be held with the written permission of the Company and shall be held separate and distinct from all other funds either collected by or belonging to the Agent.

- D. The Agent shall be responsible to the Company for all business produced by the Agent and any Producers. The Agent shall be responsible for the acts of the Agent's employees.

- E. The Agent shall deliver to the Company such proof of loss or other evidence of Claim of any claimant of the Company, immediately upon receipt thereof. The Agent shall immediately deliver to the Company any complaints or other correspondence which relate to the Company's business and which are received by the agent from any regulatory agencies.

- F. The Agent accepts direct financial responsibility to pay and will, upon demand, pay or indemnify the Company from any and all expenses, costs, causes of action and damages resulting from or in consequence of any breach of this Agreement with the Company by the Agent, or by any Producers, or employees under the Agent's supervision, including any charge or expense relating to or in connection with any consumer complaint which arises from the actions of the Agent or any producers or employees under the Agent's supervision.

- G. The Agent shall be jointly and severally liable with each Producer to the Company for the acts and omissions of the Producer and for the payment of all monies due and liabilities under the Producer's Agreement. The Agent acknowledges that the Company may withhold compensation which becomes due to the Agent and set off the same on account of any indebtedness owed by any producer to the Company.

- H. The Agent accepts direct financial responsibility to pay and will, upon demand, pay or indemnify the Company for any and all expenses, costs, including attorney's fees, causes of action and damages resulting from, in consequence of or arising out of any breach of this Agreement. If the Agent is a corporation, the officers and owners of the corporation agree to personally guarantee the performance of all its terms, conditions and covenants and hereby accept personal liability for any money or payment including damages, which may become due to the Company for any breach of a provision of the Agreement without the necessity of the Company first enforcing any such claim against the corporation.

- I. The Agent shall abide by such reasonable rules and regulations regarding the responsibilities of the Agent as are from time-to-time promulgated by the Company.

- J. The Agent shall conform to the Company's Anti-Money Laundering Policies and Procedures as promulgated from time to time.

- K. The Agent shall comply with all laws, regulations and licensing requirements in the jurisdictions in which the agent shall solicit business, and failure to do so shall be grounds for immediate termination of this Agreement.

- L. Failure to comply with any of the foregoing provisions of this Article 8 will be cause for the automatic termination of this Agreement, and, at the option of the Company, the withholding of any and all commissions, overrides, renewal commissions, bonuses, service fees of other compensation due or that may become due and payable to the Agent.

9. SECURITY INTEREST

The Agent hereby gives the Company a security interest in and to (a) any and all commissions, bonuses and/or overrides and/or other compensation accruing under this Agreement and (b) any and all other receivables of any kind which may accrue or be owing to the Agent as security for any debt or obligation of the Agent to the Company which may exist at any time, whether arising under this Agreement or otherwise, and may offset any such debt or obligation against such commission, bonus, override, service fees and/or other compensation. Neither extension of time for the payment of any such indebtedness nor modification of the amount of same which may be granted by the Company shall waive the Company's rights hereunder. The Agent agrees to execute such financing statements as the Company may reasonably require in order to perfect its security interest.

10. TERMINATION

The Agent or the Company may terminate this Agreement without cause, on the date specified in a written notice of termination. Such date shall not be less than thirty-one (31) days from the date the notice is mailed to the other party at such party's last known address.

- B. In addition, this Agreement shall terminate immediately upon occurrence of any of the following events, whether then known or unknown to the Company, and without the requirement of written notice from the Company to the Agent or the Agent's survivor or successors-in-interest:

- (1) If the Agent has made material misstatements in the application for appointment as an Agent or in any other data submitted to the Company with regard to the appointment as an Agent;
- (2) If the Agent is an individual, upon the death of the Agent;
- (3) If the Agent is a partnership, upon the death of any partner, a change of partners or dissolution of the partnership for any reason;
- (4) If the Agent is a corporation, upon the dissolution of the corporation or disqualification of the corporation to do business under applicable state laws;
- (5) If the Agent violates any of the provisions of Article 3(B), Article 7 or Article 8; or

the parties' arbitrators shall have not less than two weeks to identify and obtain agreement of the third arbitrator to participate. The first arbitration hearing shall occur not later than sixty (60) days after all arbitrators are appointed and the entire arbitration process, including written decision, shall be completed not more than 120 days subsequent to the first arbitration hearing having occurred.

The arbitrator's compensation shall be set on an hourly or daily basis, shall be reasonable and in conformity with prevailing standards for such effort at the time of the arbitration, and shall be shared equally by the parties, regardless of the result of the arbitration.

16. MISCELLANEOUS PROVISIONS

- A. If the Agent fails to repay any indebtedness to the Company when due, and the Company is required to initiate formal collection proceedings, the Agent shall be responsible to pay all such costs of collection, including, but not limited to collection agency fees, court costs and reasonable attorney's fees. In addition, all such sums due to the company shall bear interest at the rate of twelve percent per annum.
- B. Any commission research performed by the Company at the request of the Agent, including, but not limited to duplication of prior commission statements, shall be subject to a charge to the agent at the Company's standard hourly fee to perform such service. This charge shall not apply to research which is performed pursuant to Paragraph 5(E) hereof.

IN WITNESS WHEREOF, this Agreement has been executed in duplicate by the parties hereto as on the date first above written.

AGENT (Individual Appointment only sign below)

WITNESS: _____ By: X _____ Agent (Individual)

CORPORATION (Corporate Appointment sign below)

If the Agent is a corporation, an officer of the corporation must sign on behalf of the corporation. In addition, the principal officer or stockholder must also sign individually. Such signature shall be considered to be on behalf of all corporate officers individually as well as the company or corporation for which they are authorized to act. If the Agent is a partnership, all partners must sign on behalf of themselves individually as well as the partnership.

WITNESS: _____ By: X _____ Corporate Officer

Printed Name and Title

WITNESS: _____ By: X _____, Individually
Principal Officer or Stockholder

MANAGING GENERAL AGENT

WITNESS: _____ Name _____

By: _____ Authorized Officer

Printed Name and Title

**RELiance STANDARD
LIFE Insurance COMPANY**

WITNESS: _____ By: _____

- (6) If the Agent's license is suspended or revoked or is voluntarily surrendered to the appropriate governmental agency or authority.
- C. The terms and provisions of 8(A) through 8(L) inclusive and Article 9 shall survive the termination of this Agreement until such time as all of the responsibilities and obligations of the Agent have been fulfilled and/or completed.

D. After the termination of this Agreement for any reason, the Agent shall:

- (1) immediately deliver to the Company all records described in Article 8(B) hereof and, in addition, all other records, schedules, brochures, forms, books, computer listings, tapes and all other documents and materials relating to the business of the Company or regarding any insurance policies of the Company which are then in-force;
- (2) refrain from directly or indirectly, individually or through or with others, take any action, including any communication, which could be reasonably construed to suggest that any insured or policyholder of the Company relinquish, by cash surrender or in any other manner, any insurance issued by the Company; provided however, that after one year from the effective date of the termination of this Agreement, this proscription shall not be applicable to any insured or policyholder of the Company which was not solicited by the Agent or a Producer while this Agreement was in-force; and
- (3) refrain from persuading any agent, Producer or employee of the Company to terminate or breach any agreement with the Company.

E. In the event that the Agent breaches any of the foregoing covenants set forth in Article 10(D), then, in addition to any other remedies the Company might have, the Company may cause any commissions which are due the Agent, or which may become due, to be withheld and set off against any loss of profits which the Company anticipates it may suffer by reason of any such breach and to compensate the Company for any expenses which the Company anticipates it will incur by reason of any such breach.

F. If, pursuant to any of the provisions hereof, this Agreement terminates upon the act or omission or communication of the Agent or Producer, and the Company continues to make payment of any nature to the Agent or Producer, at a time when the Company is not aware of the act, omission or communication which resulted in termination of this Agreement, then all such payments shall be returned to the Company upon demand and, under no circumstances, shall the Agent have any interest in or right to any such payments.

11. ASSIGNMENT

No assignment of this Agreement or any compensation or rights and benefits accruing to the Agent hereunder shall be valid unless consented to in writing by the Company in advance. All assignments shall be subject to all rights of the Company under the terms and provisions of this Agreement. The rights and duties of any assignee under an assignment authorized by the Company shall be subject to all the terms and provisions of this Agreement.

12. ENTIRE AGREEMENT-MODIFICATION

This Agreement, the Schedules attached hereto, and any written Amendments or modifications shall be governed by and interpreted pursuant to the laws of the Commonwealth of Pennsylvania, and it shall constitute the entire Agreement between the parties hereto and supersede all prior understandings and agreements. No oral agreement or representation concerning this Agreement shall be binding on the Company. Any waiver, alteration or modification of the provisions of this Agreement or replacement of this Agreement shall not be valid unless in writing, signed by both parties, approved by the President, Secretary or Vice President of the Company and attached hereto. Any failure by the Company to insist upon strict compliance with the terms and conditions of this Agreement shall not be construed as a waiver thereof.

13. NOTICE

Any notices required hereunder to be sent to either of the parties by the other hereto shall be deemed to have sufficiently been given, if mailed, to DIRECTOR OF AGENCY LICENSING, RELIANCE STANDARD LIFE INSURANCE COMPANY, 2001 Market Street, Philadelphia, PA 19103 and to the Agent at the address of the Agent set forth on the first page hereof, or such addresses as may be filed by either party with the other.

14. SEVERABILITY

The invalidity or non-enforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision.

15. JURISDICTION AND ARBITRATION

The Agent and Producer consent to personal jurisdiction existing in the Philadelphia County Court of Common Pleas and in the United States District Court for the Eastern District of Pennsylvania, in Philadelphia, Pennsylvania, for purposes of any litigation brought to enforce the provisions of this Agreement and for any other dispute arising between the Agent or producer and the Company, including the need to enforce the following provisions which mandate that any claim by the Agent or Producer or Company under this Agreement or any dispute among the parties be arbitrated.

The parties agree that any claim arising under this Agreement for breach or otherwise, and any other dispute between the parties shall be resolved by arbitration which, except as otherwise provided herein, shall be governed by the provisions of the Pennsylvania Arbitration Act. The arbitration shall occur in Philadelphia County, Pennsylvania, before three arbitrators, one chosen by the Company, one chosen by the Agent or Producer or both, and one chosen by the two arbitrators. All arbitrators shall be designated within thirty (30) days of the demand for arbitration, however,

APPOINTMENT APPLICATION - Request for appointment to represent Reliance Standard Life Insurance Company
TYPE OR PRINT ALL INFORMATION CLEARLY AND PROVIDE A COPY OF YOUR LICENSE(S)

Managing General Agent: _____	Code: _____	Contract Level For Appointed Agent: _____
Reports to: _____	Code: _____	

I. VITAL STATISTICS:

Name: _____		Social Security #: _____
Appointment Type: ☐ Individual ☐ Corporate		Tax ID Number: _____
Corporation Name: _____		
Birth Date: _____		Mailing Preference: ☐ Home ☐ Business
Home Address: _____		Business Address: _____
City: _____	State: _____	Zip+4: _____
Previous Home Addresses Last 5 Years:		City: _____ State: _____ Zip+4: _____
From: _____	To: _____	Address: _____
From: _____	To: _____	Address: _____
Home Phone: _____		e-mail: _____
Business Phone: _____		Commission e-mail: _____
Fax Number: _____		

II. LICENSE - current copies of all licenses listed below MUST be attached

State	State License Number.	Life	A&H
Resident State: _____			
Additional State: _____			

III. BUSINESS EXPERIENCE – Employment History, Insurance and non-insurance related last three years:

Employer	Location	Position	From	To

IV. List other carriers you are currently appointed with:

V. BACKGROUND – Please provide a complete explanation of any "yes" answers on a separate sheet:

1. Have you ever had any insurance agent, broker or professional license revoked or suspended?	☐ No ☐ Yes
2. Have you ever been fined, had an administrative action, suspension of license or otherwise been reprimanded by any licensing authority for any of the licenses you've listed above?	☐ No ☐ Yes
3. Have you ever been terminated by an insurance company within the past 5 years? (except for lack of production)	☐ No ☐ Yes
4. Are you in debt to any insurance co. and/or agency?	☐ No ☐ Yes
5. Have you ever had a complaint filed against you with a state Insurance Department?	☐ No ☐ Yes
6. Agents may be covered under error and omissions coverage (E&O) or a fidelity bond.	
a. Do you currently have E&O or a fidelity bond?	☐ No ☐ Yes
b. Have you ever been refused E&O or a fidelity bond, or has any claim been made against you, your surety company or E&O insurer, arising out of your activities?	☐ No ☐ Yes
7. Have you ever filed a petition for bankruptcy or for protection from creditors?	☐ No ☐ Yes
8. Are any collection accounts, judgements, liens or suits pending against you?	☐ No ☐ Yes
9. Have you ever been involved in any litigation?	☐ No ☐ Yes
10. Have you ever been convicted of a felony?	☐ No ☐ Yes
11. Have you ever been convicted of a crime involving dishonesty or breach of trust?	☐ No ☐ Yes
12. Have you ever been convicted of a violation of 18 USCA §1033 (Crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce?)	☐ No ☐ Yes
13. If you have ever been known by another name (alias aka) other than the name you have indicated on this application please provide the name(s) with a brief explanation of its existence and why it was used.	

VI. VERIFICATION:

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and I hereby grant authorization to Reliance Standard Life Insurance Company to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for termination if such false statement is discovered subsequent to my becoming contracted. I understand that, if necessary, more information may be required to complete my file. I also understand that any information obtained by RSL will be made available to me upon my written request.

Applicant Signature: _____ Date: _____

**FAIR CREDIT REPORTING ACT
DISCLOSURE TO PROSPECTIVE AGENTS**

Pursuant to the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.), you are hereby notified that Reliance Standard Life Insurance Company may request an investigative consumer report, which may include information as to your character, general reputation, personal characteristics and mode of living.

You have the right to request, in writing, within a reasonable period of time after your receipt of this notice and authorization, a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under Section 1681d of the Fair Credit Reporting Act.

This additional disclosure from Reliance Standard Life Insurance Company must be in writing and mailed to you, along with a written summary of your rights, within five (5) business days after receipt of your written request.

Please forward your written request to:

Reliance Standard Life Insurance Company
ATTN: Agent Licensing Department
1700 Market Street, Suite 1200
Philadelphia, PA 19103

For additional information concerning the Fair Credit Reporting Act, the complete text of the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

INVESTIGATIVE AUTHORIZATION

Applicant's Name: _____ Birthdate: _____

Home Address: _____

Home Phone Number: _____ Social Security #: _____

I hereby authorize Reliance Standard Life Insurance Company ("RSL") to obtain an investigative consumer report on me, as defined under 15 U.S.C. § 1681a of the Fair Credit Reporting Act, which may include information as to my character, general reputation, personal characteristics and mode of living. I understand that except with respect to individuals whose residence or place of business is located in California, RSL may obtain an investigative consumer report at any time during my affiliation with RSL.

Applicant's Signature: _____ Date: _____

Authorization Agreement for Automatic Deposits of Commission

- ☐ NEW ENROLLMENT
- ☐ STOP AUTOMATIC DEPOSIT
- ☐ CHANGE BANK/ACCT #

I hereby authorize Reliance Standard Life Insurance Company and the financial institution(s) named below, to initiate credit entries and, if necessary, debit entries for any credit entries in error to my account indicated below. This authority is to remain in full force and effect until written notification from me of its termination has been received, or until such time that I am no longer appointed by Reliance Standard Life Insurance Company. I understand that new applications and/or changes to bank or account information may take up to 4 weeks to go into effect. Payments will be made via check during this time.

Producer Name		Agent Code
Signature		Date
☐ Checking ☐ Savings		
Account Number		
Depository Name		Branch
City	State	Zip Code
Bank Transit Number/ABA Number		

RETURN COMPLETED ORIGINAL TO:

Attn: Licensing & Contracting
Reliance Standard Life Insurance Company
1700 Market Street, Suite 1200
Philadelphia, PA 19103

If deposits are being made to a Checking Account, please attach a **VOIDED CHECK** which will provide us with your financial institutions account and routing numbers.

If using a checking account
Attach Voided Check Here

Para información en español, visite www.consumerfinance.gov/learnmore o escriba al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

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

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without

your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or in some cases a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549

TYPE OF BUSINESS:	CONTACT:
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357



Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____ **Date:** _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: _____

Signature: _____

Name and Title: _____

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	6 City, state, and ZIP code
7 List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

**Sign
Here**

Signature of
U.S. person

Date

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they