

New Agent Contracting Set Up Sheet

Agent's Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Product	Commission Level	Commission Schedule Code
Final Expense	%	
EZ Term (20-30 Year)	%	
EZ UL	%	
Home Protector	%	
OBA	%	
UL Performer	%	
Classic Solution	%	
Standard	%	
Bonus Master	%	

Agent Reports to (Manager) _____ Manager Agent # _____

Checklist:

- _____ Completed "Producer History" Sheet (9511)
- _____ Contract (9511) signed by Agent and Manager
- _____ Copy of current license or completed license application
- _____ Signed "Consumer Report Notification and Authorization" (Form 9127)
- _____ W-9 or copy of Social Security card (must be legible copy)
- _____ Signed "Compliance Guidelines Statement of Understanding" (Form 9528-C)
- _____ Anti-Money Laundering certificate from our Company or LIMRA noted on paperwork
- _____ Completed "Annualization Plan Supplemental Agreement" (Form 9518)
- _____ Agent's ACH Direct Deposit Request (Form 9508)
- _____ (If Annualization is desired, completed form must accompany and have manager and Home Office approval)
- _____ If corporation provide articles of incorporation and/or legal proof that you are authorized to contract on behalf of the corporation

Manager Signature: _____ Date: _____

PRODUCER HISTORY

1. WRITING AGREEMENT				<i>Please Print in Black Ink</i>	
Agency/Agent		Sex	Date of Birth		City, State or Birth (PR Only)
Corporate Contracting Information: Corporate Name (as printed on insurance license)			Your position in corporation (must be a principal)		
Residence Address		City, State, Zip		County	
Business Address		City, State, Zip		Send all mail to: <input type="checkbox"/> Business <input type="checkbox"/> Home	
Residence Phone	Business Phone	E-mail Address			
Agency Tax Payer Identification Number		Agent Social Security Number		Drivers License (State & Number)	
Resident License State	Resident License No.	Non-Resident License States			
2. CONTRACTING QUESTIONS					
<p>a. Have you ever been appointed with American-Amicable Life Insurance Company of Texas, IA American Life Insurance Company, Pioneer American Insurance Company, Pioneer Security Life Insurance Company or Occidental Life Insurance Company of North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. To your knowledge, are you presently the subject of any investigation or proceeding by any insurance, securities, or commodities agency, jurisdiction, or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Are you now or have you ever been a defendant in any litigation alleging the violation of any agreement with or provision of any insurance securities or commodities law or regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Has any insurance company within the past 10 years canceled any contract with you for any reason other than the nonproduction of business or at your request? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Have you ever been convicted of a misdemeanor (other than a minor traffic offense), a felony or violation of 18 USC 1033? • If yes, list: Date _____ County _____ State _____ • If a 1033 violation, attach consent letter from appropriate Department of Insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Do you have any judgments or tax liens, bad debts, or collections items of any kind against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Are you indebted to any insurance company, general agent, or manager (including debit balances)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Have you filed for bankruptcy under any bankruptcy act in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. During the past 10 years, has any commissioner or any Department of Insurance or any stock exchange suspended, canceled, or revoked any license issued to you, fined you, or ever refused to issue or renew any such license for any reason whatsoever? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. Have you ever had any complaints, including but not limited to complaints with an Insurance Department or Insurance Company, filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>k. If you currently hold NASD license(s), provide series number(s) _____</p> <p>l. Have you taken the Anti-Money Laundering (AML) training course through: <input type="checkbox"/> Our Company <input type="checkbox"/> Other Company <input type="checkbox"/> LIMRA Date Taken: ____ / ____ / ____ <input type="checkbox"/> Yes <input type="checkbox"/> No m m / d d / y y</p> <p>If no, you must take the Company online AML training course located on the Company website. (See "AML Course Access Instructions" in your Contracting Kit.) DO NOT SEND IN YOUR CONTRACT WITHOUT OUR COMPANY AML COMPLETION CERTIFICATION. (THE EXCEPTION TO THIS REQUIREMENT IS THAT IF YOU HAVE TAKEN THE LIMRA AML COURSE, YOU MAY SEND IN YOUR CONTRACT AND THE COMPANY WILL VERIFY YOUR COMPLETION OF THE AML COURSE).</p>					
3. EXPLANATION - Please explain any "Yes" answers here; attach additional sheets if necessary.					
<p>This is just to advise you that your application for contract will be processed as quickly as possible. Public Law 91-508 requires that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, criminal records, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.</p>					
Date			Your Signature		

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 (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

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.

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

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

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 ▶

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.

CONSUMER REPORT NOTIFICATION AND AUTHORIZATION

Through this document American-Amicable Life Ins. Co. of TX, IA American Life Ins. Co., Pioneer American Ins. Co., Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, disclose to you that a consumer report or an investigative consumer report, is being obtained from a consumer reporting agency for the purpose of evaluating you for appointment as an agent. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, criminal records, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You have a right to request additional disclosures regarding the nature and scope of the investigation and a written summary of your rights as a consumer.

I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with my appointment for agent. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written authorized request.

I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I authorize American-Amicable Life Ins. Co. of TX., IA American Life Ins. Co., Pioneer American Ins. Co., Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, to share this information with the authorized representatives involved in my licensing and contracting process.

Print Name _____

Signature _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

If name changed (through marriage or otherwise), print former name here

Compliance Guidelines

Statement of Understanding

I acknowledge that I have read and understand the contents of these Compliance Guidelines for IA American Life Insurance Company, American-Amicable Life Insurance Company of Texas, Occidental Life Insurance Company of North Carolina, Pioneer American Insurance Company, and Pioneer Security Life Insurance Company, referred to collectively as "the Company".

I acknowledge that I have read and understand the contents of the Compliance Guidelines and further understand that if I do not comply, in full, with its provisions it will be a violation of my contract and may result in, without limitation, the cancellation of my contract with the before mentioned Company.

1. I acknowledge the need for strict compliance with all applicable state and federal regulations regarding the solicitation and sale of insurance.
2. I understand the Company will insist upon strict adherence to all applicable state and federal regulations regarding the solicitation and sale of insurance and understand that I am individually accountable for my own actions.
3. I acknowledge that I must be professional in my sales presentations. I acknowledge that I must accurately and completely describe the insurance product being offered, help the purchaser understand the terms and conditions of the insurance product being sold, and comply with all applicable state and federal regulations. I understand that violations of the Compliance Guidelines or applicable insurance regulations may result in the immediate termination of my contract with the companies.
4. I understand that I must immediately take the Company approved anti-money laundering training course. I understand that I must take a refresher of the company online anti-money laundering training course every two years.
5. I acknowledge that this Agreement does not alter or amend my contract or contracts with the Company or create an employment relationship with the Company. This Agreement does not change the at-will relationship between the parties and me. The contract or contracts between the Company may be terminated at any time by either party upon notice, as set forth in those contracts.

Producer Signature

Producer (Print name)

Occidental Life Insurance Company of North Carolina

AGENT CONTRACT

This agreement, made and effective this _____ day of _____, 20____
between

THE OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA, Waco, Texas, herein called the
Company, and _____

of _____, County of _____, State of _____
herein called second party.

WITNESSETH: Sec. I. Said Company does hereby appoint second party as Agent for the purpose of procuring,
in person, applications for insurance in said Company. It is agreed that the district or territory within which the agent
shall operate (without exclusive rights to such district or territory) shall be:

The power and authority of second party to act for and upon behalf of the Company is strictly limited to the terms
and provisions hereof, and nothing herein contained shall be construed to grant to said second party, by implication or
otherwise, any right, power, authority or privilege that is not herein specifically set forth.

This contract shall constitute the entire agreement between the parties hereto and cannot be modified by any prior
or subsequent verbal promise or statement, by whomsoever made, and no supplement hereto shall be binding upon the
Company until it shall have been approved and executed in writing upon behalf of the Company at the Home Office by
its President, a Vice President, or its Secretary.

Social Security Number: _____

By: _____

(Second Party - Field Representative)

(First Party - Occidental Life Insurance Company of North Carolina)

General Agent

By: _____
(Regional Director)

OL8789

Annualization Plan Supplemental Agreement

This Supplemental Agreement supplements your agent contract with the undersigned, selected Company(ies). It is intended to provide you with an advanced payment of a portion of first year commissions due on business written by you or your agents.

Plan Provisions:

1. Commissions paid under this Supplemental Agreement are an advance of commission from us to you. Such commissions are considered unearned and an indebtedness under the terms of your contract with us until sufficient premiums are paid on a policy to justify the commissions advanced.
2. While this Supplemental Agreement is in effect, we will pay you advanced commissions as a percent of 1st year commission due on the annualized premium. Excess and renewal commissions and service fees will not be advanced.
3. Policies issued on a monthly direct premium mode, policies that have been reinstated, or policies on you, your spouse, your parents, children, brothers, sisters, business associates or employees are not eligible for annualization under this Supplemental Agreement.
4. We reserve the right to declare any policy not eligible for annualization.
5. We may, at our discretion, impose a per Policy maximum to any advanced commission payments.
6. If any Policy included in any advanced commission payment terminates for any reason prior to the end of its first Policy year, any unearned advanced commission for that Policy is repayable to us on demand, and may be deducted at our sole discretion from any commissions which would otherwise be payable to Agent.
7. Any indebtedness created in any of the companies, American-Amicable Life Insurance Company of Texas, IA American Life Insurance Company, Occidental Life Insurance Company of North Carolina, Pioneer American Insurance Company or Pioneer Security Life Insurance Company may be recovered from commissions and/or advances that may become due in any of the aforementioned companies at the sole discretion of the Company.

Termination Provisions:

1. Continued eligibility for this plan is at our sole discretion. This Supplemental Agreement may be terminated by you, your recommending agency or us at any time. This Supplemental Agreement shall automatically terminate upon the termination of your contract with us.
2. Upon the termination of your contract, any advanced commissions which have not yet been earned will be treated as an indebtedness under the terms of your contract with us. This provision survives the termination of this Supplemental agreement.

Agent Name _____ **Date** _____

Signature of Agent _____

As General Agent for the above agent, I agree to assume any indebtedness that may result from this Supplemental Agreement and that such indebtedness will be considered an indebtedness under the terms of my contract with the Company(ies).

Print Recommending Agency Name _____ **Advance %** _____

Signature of Recommending Agent _____ **Date** _____

Participating Companies:

American-Amicable Life Insurance Company of Texas
IA American Life Insurance Company
Occidental Life Insurance Company of North Carolina

Pioneer American Insurance Company
Pioneer Security Life Insurance Company

Agent's ACH Direct Deposit Request

Fax To: 254 297-2126 or Mail to the Marketing Department
P.O. Box 2549, Waco, Texas 76702

Bank Information

Bank Name _____

Street Address _____

City _____

State _____

Zip _____

Transit/ABA Number
(lower left of your checks) _____

Account Number _____

Type of Account: ☐ Checking ☐ Savings

Agent Information

Agent Name _____

Agent Number _____

Last 4 of SSN _____

Email Address _____

Phone Number _____

A VOIDED CHECK OR DEPOSIT SLIP MUST ACCOMPANY THIS FORM.

ANTI-MONEY LAUNDERING TRAINING COURSE ACCESS INSTRUCTIONS

1. Access your contracting company website at one of the four companies below:

American-Amicable	http://www.americanamicable.com
IA American	http://www.iaamerican-waco.com
Occidental Life	http://www.occidentallife.com
Pioneer American	http://www.pioneeramerican.com
Pioneer Security	http://www.pioneersecuritylife.com

2. Click on "Marketing Sales"
3. Enter Agent No., and Password. (Agent No. is: **aml** and Password is: **course**)
4. Hit enter and follow instructions.

IMPORTANT!!

When you complete the course, a Company AML training course certification page will reflect on your computer screen. Make two copies of this page. One is for your file and the other **must** be sent to the Company with your contracting paperwork.

**IF THE CERTIFICATION PAGE IS NOT SENT TO THE COMPANY WITH YOUR
CONTRACTING PAPERWORK, YOUR CONTRACT WILL NOT BE PROCESSED!!**



FEDERAL EMPLOYEE ASSOCIATION

1747 CITADEL PLAZA, # 101

SAN ANTONIO, TEXAS 78209

(210) 821-5121

CODE OF ETHICS/CONDITIONS OF APPOINTMENT

Submit in duplicate

To: Accreditation Committee,

FEA COUNSELOR'S CODE OF ETHICS

I DO SOLEMNLY SWEAR that I am a person of good morals, sound reputation, considerate of my fellow man and am so regarded by those who know me.

I HAVE BEEN BRIEFED ON THE BY-LAWS of the FEA and have a working knowledge of the FEA programs for members; and I understand the organization and management of the organization.

I SUBSCRIBE TO THE IDEALS of the FEA and will faithfully strive to bring honor and prestige to the image of Government Civilian Employees and particularly to the members of this Association. I will abide by all regulations enacted by the International Board of Directors pertaining to any of my voluntary activities as FEA Counselor for members of this Association; and

MORE ESPECIALLY:

I WILL VOLUNTARILY recruit Independent Employees as members of the FEA, without discrimination as to branch of service, national origin, race, sex, creed or religion.

I WILL ATTEND OFFICIALLY SCHEDULED Field Symposiums and Meetings and further the programs of the FEA, and keep myself fully informed and useful to the members;

I WILL SEEK EVERY OPPORTUNITY to meet with interested members and brief them impartially on all membership benefits which the FEA provides; and I will assist every member, upon request, to use these benefits; and

I WILL NOT use the FEA recommendation of any Insurance Plan to a nonmember.

I WILL NOT RECOMMEND it to any member without first making a skilled and sufficient analysis of the member's personal needs.

I WILL NOT KNOWINGLY MISREPRESENT ANY INSURANCE PLAN nor make any incomplete or unfair comparisons with any insurance which the member already possesses or may be considering.

I WILL ALWAYS ASSUME the personal responsibility of ensuring the timely delivery of insurance policies written by me to the member who purchased same.

I DO SOLEMNLY DECLARE, UNDER PENALTY OF BEING DISACCREDITED AS AN FEA COUNSELOR, that I will never use my status as a Retired Service Person, or member of the FEA, or my position as an accredited FEA Counselor, as the case may be, to gain entrance to any government installation, or use my credentials to mislead any person, concerning my work as an FEA Counselor or licensed life insurance agent.

CONDITIONS OF APPOINTMENT

1. Applicant will abide by all regulations heretofore or hereafter promulgated by the International Board of Directors, pertaining to any of the voluntary activities while privileged to act as the FEA COUNSELOR (Counselor) of the Federal Employment Association of the United States of America (FEA). The applicant further agrees to abide by all governmental regulations and directives pertaining to commercial solicitations and sales to Government Civilian Employees.
2. All information furnished by applicant for consideration of Accreditation shall be deemed material representations and shall remain continuing representations to the FEA for the Accreditation period. Applicant agrees to notify FEA International Headquarters within five (5) days of any material change in address.
3. The term of Accreditation to act as a counselor shall begin upon date of approval by the FEA International Board (Board) and may thereafter be exercised upon receipt of written notice to applicant. The appointment shall be subjected to termination by action of the Accreditation Committee at its direction.

4. Applicant agrees and promises that the services to be performed shall be for the convenience and benefit of the FEA, and members, and shall be performed by the applicant as his voluntary and unique personal service and contribution to the non-profit and non-commercial membership programs of the FEA as limited and provided for in the Articles of Incorporation and By-Laws, regulations of the International Board of Directors, management directives, and published pronouncements of the FEA.

5. Applicant shall at all times act as an Independent Contractor and never as an employee or agent of the FEA; applicant shall never represent himself as having any authority to act for or bind the FEA or its membership to any agreement, contract to any agreement, contract or incur any liability in the name of the FEA or its membership, without specific prior or written approval by direction of the FEA International Board.

6. Applicant agrees and promises that he will: abstain from any action, and he will not advocate others to act, with the intent, purpose or effect of interfering with the business or activities of the FEA at any level of the organization; not accept or advocate, any proxy power of attorney-in-fact concerning the FEA; at all times refrain from criticism, condemnation or advocacy contrary to any policy, aim, or pronouncement concerning the business activities or rights of the FEA or its incumbent directors, management personnel, employees, or members, either as individuals or in their official relationship within the FEA, at any level of the organization.

7. Applicant agrees and promises to receive and utilize FEA membership names and knowledge gained as an FEA Counselor in a fiduciary and confidential capacity to be utilized solely to further volunteer work in the membership programs of the FEA; EXCEPTING ONLY that applicant, while duly Accredited, may utilize such information in the explanation of the FEA recommended plans of life insurance.

8. Applicant acknowledges and agrees that there shall be no compensation payable from the FEA whatsoever for his voluntary services described herein; and acknowledges that this Accreditation shall be terminable by the FEA, with cause, by written notice mailed to the last known address of applicant; and acknowledges that there is no representation, expressed or implied, that the FEA will approve applicant, or disclose cause for any rejection thereof.

9. Upon termination of Accreditation as an FEA Counselor applicant agrees to return all materials and records furnished to or acquired by applicant pertaining to the FEA and his Accreditation hereunder, to be shipped at applicant's cost to FEA International Headquarters.

10. Applicant must qualify for and maintain coverage under a blanket fidelity bond made available to applicant at his own expense.

11. During my tenure as FEA Counselor, I expect to receive earned income for commercial services performed only from those insurance companies recognized by the FEA and which provide the FEA recommended Plans of life insurance to members of the Federal Employee Association. I therefore am prohibited from soliciting or accepting any remuneration from any participating FEA Merchants & Establishments other than sponsored insurance companies as mentioned above. Furthermore I am prohibited from soliciting or accepting any monies from any FEA/GEA member except for payment of FEA/GEA dues and/or sponsored programs without written Board of Directors approval.

I UNDERSTAND that all statements made herein are material representations.

I SUBSCRIBE to all the above Conditions of Appointment and Code of Ethics and agree to perform and abide by them fully to the best of my ability.

WITNESS MY HAND, this _____ day of _____

UPLINE GA'S NAME

SIGNATURE OF NEW COUNSELOR

IDENTIFICATION
NAME

LAST

FIRST

MIDDLE INITIAL

SOCIAL SECURITY NO.

STREET ADDRESS OR P.O. BOX

CITY

STATE

ZIP CODE

DO NOT WRITE BELOW -- FOR USE OF FEA
INTERNATIONAL HEADQUARTERS

HOME TELEPHONE

Approved

Disapproved

DATE: _____

Executive Committee Member



INDEPENDENT EMPLOYEE ASSOCIATION

1747 CITADEL PLAZA # 101 AC210-829-4922 SAN ANTONIO, TEXAS 78209

CODE OF ETHICS/CONDITIONS OF APPOINTMENT Submit in duplicate

To: Accreditation Committee.

IEA COUNSELOR'S CODE OF ETHICS

I DO SOLEMNLY SWEAR that I am a person of good morals, sound reputation, considerate of my fellow man and am so regarded by those who know me.

I HAVE BEEN BRIEFED ON THE BY-LAWS of the IEA and have a working knowledge of the IEA programs for members; and I understand the organization and management of the organization.

I SUBSCRIBE TO THE IDEALS of the IEA and will faithfully strive to bring honor and prestige to the image of Independent Employees and particularly to the members of this Association. I will abide by all regulations enacted by the International Board of Directors pertaining to any of my voluntary activities as IEA Counselor for members of this Association; and

MORE ESPECIALLY:

I WILL VOLUNTARILY recruit Independent Employees as members of the IEA, without discrimination as to national origin, race, sex, creed or religion.

I WILL ATTEND OFFICIALLY SCHEDULED Field Symposiums and Meetings and further the programs of the IEA, and keep myself fully informed and useful to the members;

I WILL SEEK EVERY OPPORTUNITY to meet with interested members and brief them impartially on all membership benefits which the IEA provides; and I will assist every member, upon request, to use these benefits; and

I WILL NOT use the IEA recommendation of any Insurance Plan to a non-member.

I WILL NOT RECOMMEND it to any member without first making a skilled and sufficient analysis of the member's personal needs.

I WILL NOT KNOWINGLY MISREPRESENT ANY INSURANCE PLAN nor make any incomplete or unfair comparisons with any insurance which the member already possesses or may be considering.

I WILL ALWAYS ASSUME the personal responsibility of ensuring the timely delivery of insurance policies written by me to the member who purchased same.

I DO SOLEMNLY DECLARE, UNDER PENALTY OF BEING DISACCREDITED AS AN IEA COUNSELOR, that I will never use my status as a member of the IEA, or my position as an accredited IEA Counselor, as the case may be, to use my credentials to mislead any person, concerning my work as an IEA Counselor or licensed life insurance agent.

CONDITIONS OF APPOINTMENT

1. Applicant will abide by all regulations heretofore or hereafter promulgated by the International Board of Directors, pertaining to any of the voluntary activities while privileged to act as the IEA COUNSELOR of the Independent Employee Association.
2. All information furnished by applicant for consideration of Accreditation shall be deemed material representations and shall remain continuing representations to the IEA for the Accreditation period. Applicant agrees to notify IEA International Headquarters within five (5) days of any material change in address.
3. The term of Accreditation to act as a counselor shall begin upon date of approval by the IEA International Board and may thereafter be exercised upon receipt of written notice to applicant. The appointment shall be subjected to termination by action of the Accreditation Committee at its direction.

4. Applicant agrees and promises that the services to be performed shall be for the convenience and benefit of the IEA, and members, and shall be performed by the applicant as his voluntary and unique personal service and contribution to the membership programs of the IEA as limited and provided for in the Articles of Incorporation and By-Laws, regulations of the International Board of Directors, management directives, and published pronouncements of the IEA.

5. Applicant shall at all times act as an Independent Contractor and never as an employee or agent of the IEA; applicant shall never represent himself as having any authority to act for or bind the IEA or its membership to any agreement, contract to any agreement, contract or incur any liability in the name of the IEA or its membership, without specific prior or written approval by direction of the IEA International Board.

6. Applicant agrees and promises that he will: abstain from any action, and he will not advocate others to act, with the intent, purpose or effect of interfering with the business or activities of the IEA at any level of the organization; not accept or advocate, any proxy power of attorney-in-fact concerning the IEA; at all times refrain from criticism, condemnation or advocacy contrary to any policy, aim, or pronouncement concerning the business activities or rights of the IEA, or its incumbent directors, management personnel, employees, or members, either as individuals or in their official relationship within the IEA, at any level of the organization.

7. Applicant agrees and promises to receive and utilize IEA membership names and knowledge gained as an IEA Counselor in a fiduciary and confidential capacity to be utilized solely to further volunteer work in the membership programs of the IEA; EXCEPTING ONLY that applicant, while duly Accredited, may utilize such information in the explanation of the IEA recommended plans of life insurance.

8. Applicant acknowledges and agrees that there shall be no compensation payable from the IEA whatsoever for his voluntary services described herein; and acknowledges that this Accreditation shall be terminable by the IEA, with cause, by written notice mailed to the last known address of applicant; and acknowledges that there is no representation, expressed or implied, that the IEA will approve applicant, or disclose cause for any rejection thereof.

9. Upon termination of Accreditation as an IEA Counselor applicant agrees to return all materials and records furnished to or acquired by applicant pertaining to the IEA and his Accreditation hereunder, to be shipped at applicant's cost to IEA International Headquarters.

10. Applicant must qualify for and maintain coverage under a blanket fidelity bond made available to applicant at his own expense.

11. During my tenure as IEA Counselor, I expect to receive earned income for commercial services performed only from those insurance companies recognized by the IEA and which provide the IEA recommended plans of life insurance to members of the Independent Employee Association. I therefore am prohibited from soliciting or accepting any remuneration from any participating IEA Merchants & Establishments other than sponsored insurance companies as mentioned above. Furthermore I am prohibited from soliciting or accepting any monies from any IEA member except for payment of IEA dues and/or sponsored programs without written Board of Directors approval.

I UNDERSTAND that all statements made herein are material representations.

I SUBSCRIBE to all the above Conditions of Appointment and Code of Ethics and agree to perform and abide by them fully to the best of my ability.

WITNESS MY HAND, this _____ day of _____

UPLINE GA'S NAME

SIGNATURE OF NEW COUNSELOR

IDENTIFICATION
NAME

LAST

FIRST

MIDDLE INITIAL

SOCIAL SECURITY NO.

STREET ADDRESS OR P.O. BOX

CITY

STATE

ZIP CODE

DO NOT WRITE BELOW -- FOR USE OF IEA
INTERNATIONAL HEADQUARTERS

HOME TELEPHONE

_____ Approved

_____ Disapproved

DATE: _____

Executive Committee Member