SENIOR MARKETING SPECIALISTS

Guarantee Trust Life

Contracting Checklist

Please submit the following information to **SMS** when licensing with GTL:

- **Completed Contracting Request Form**
- **Completed and Signed Contract/Appointment Application**
- **Completed and Signed Automatic Deposit Form w/ Voided check** *(required)*
- **Completed and Signed W9**
- **Advanced Commissions Agreement** *(optional)*
- **Completed and Signed Authorization for Release Form (Georgia agents only)**
- **Completed and Signed General Agent Agreement** *(page 8)*
- **Completed and Signed AML Acknowledgment Form**
- **Copy of Agent/Agency license (s)**
- **Check for Appointment Fees, Payable to GTL** *(PA only)*

Please return all contracting to Senior Marketing Specialist via:

Mail:
801 Gray Oak Dr
Columbia, MO 65201

Email: contracting@smsteam.net
Fax: 800-878-2025

The licensing process cannot begin until all of the above items have been received! If you have any questions, please call us at: 1- 800-689-2800.

SENIOR MARKETING
SPECIALISTS

Contracting Request Form

Please complete the below and return it with your contracting paperwork:

Agent Name: _____

Carrier Name: _____

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N)

_____

If you answered 'yes' to the question above, please complete the below:

2. What date did you contract?

_____

3. How were you contracted (indv. or corp.)?

_____

4. Do you have any downline agents?

_____

5. When was the last time you or your downline (if applicable) wrote a piece of business?

_____

GTL GUARANTEE TRUST LIFE

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025
847-699-0600 • www.gtlic.co

CONTRACT/APPOINTMENT APPLICATION

Please Print or Type All Information

► Personal Information

1. Name _____
(Last) (First) (Middle Initial) SS#

2. Date of Birth _____ Place of Birth _____ ❑ Male ❑ Female

3. Drivers License # _____ (State) _____

4. Marital Status ❑ Single ❑ Divorced ❑ Married 5. Spouse's Full Name _____

6. Home Address: _____
Street City State Zip

Home phone _____

(If less than 7 years, please provide previous address) _____

_____

7. Business address: _____
Street City State Zip

Business phone _____ _____
(Area Code) (Number)

Fax number _____ _____
(Area Code) (Number)

E-Mail address _____

► Business Entity Information

8. Company Name _____ Fed. ID # _____

Company Insurance License # _____ (Copy Required)

Indicate other Principal Parties in Partnership or Business Entity, list Officers of the Company:

Name _____ Title _____ SS # _____

Name _____ Title _____ SS # _____

Name _____ Title _____ SS # _____

Name _____ Title _____ SS # _____

► Financial

9. Bank Name _____

Account # _____ Type of account _____

Have you or your company:

10. Declared bankruptcy? ❑ Yes ❑ No
11. Been a defendant in a lawsuit? ❑ Yes ❑ No
12. Any outstanding and/or unsatisfied judgments or liens against you? ❑ Yes ❑ No
13. Ever been involved in a business venture that failed? ❑ Yes ❑ No
14. Any outstanding debt(s) with any insurance company or companies? ❑ Yes ❑ No

If you answered **"Yes"** to any of the above, **please attach a detailed explanation**.

► Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)

15. Type of license: ❑ Life ❑ A&H ❑ Broker License # _____
16. How long have you been in the Life field? _____ A&H field _____
17. Have you ever been licensed with GTL? ❑ No ❑ Yes Prior Code # _____
18. Are you full-time in the insurance business? ❑ No ❑ Yes If not, state other business:

_____

19. With which other insurance companies are you presently licensed/appointed? _____

_____

► Background Information

20. Have you ever been investigated or fined by an Insurance Regulatory Authority? ❑ Yes ❑ No
21. Has your insurance license ever been suspended or revoked? ❑ Yes ❑ No
22. Have you ever plead guilty or "nolo contendere" to or been found guilty of a felony? ❑ Yes ❑ No
23. Have you ever had a bond canceled or declined? ❑ Yes ❑ No
24. Are you now the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions? ❑ Yes ❑ No

If you have answered "Yes" to any of the above questions, please attach a detailed explanation.

► Employment History

25. Current Employer: _____
    Contact Person: _____ Phone # _____ Start Date _____
26. Prior Employer: _____
    Contact Person: _____ Phone # _____ Start Date _____
27. Prior Employer: _____
    Contact Person: _____ Phone # _____ Start Date _____

(Please provide 7 years of employment history. Attach additional information if necessary)

► Education

28. Highest Level of Formal Education ❑ Grammar School ❑ High School ❑ College ❑ College+
29. Professional Designations _____

Fair Credit Reporting Act (FCRA) — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act." Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

► **Signature of Applicant** _____ SIGN HERE Date _____

► **This section is to be completed by the recruiting General Agent:** Sub Agent Code: _____

Recruiting General Agent Name _____ Code # _____

Pay Writing Agent's Commissions to: ❑ Recruiting GA Only or ❑ Applicant Only

Mail Policies to: ❑ Recruiting General Agent or ❑ Applicant (New General Agent)

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Primary Product _____ 1st Yr. Commission Rate _____%

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every Consumer Reporting Agency (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy — to creditors, employers, landlords and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires CRAs and certain other individuals or entities to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1081 at the Federal Trade Commission's website (http://www.ftc.gov).

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take adverse action against you — such as denying an application for credit, insurance, or employment — must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if an individual or company has taken adverse action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving the notice of the adverse action. You are also entitled to one free report every twelve (12) months upon request, if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars to provide you a copy of your report.
- **You can dispute inaccurate or incomplete information with the CRA.** If you tell a CRA that your file contains inaccurate or incomplete information, the CRA must reinvestigate the items (usually within thirty [30] days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the information of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any changes. If the CRAs investigation does not remove the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute its accuracy or completeness. However, the CRA is not required to remove data from your file that is accurate unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell a person or entity such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old, or ten (10) years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA.
- **You may have additional rights.** You may have additional rights under state law and you may wish to contact local consumer protection agency or a state attorney general to learn of your potential rights.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

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

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 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. Also see *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 ▶** SIGN HERE **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.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

GENERAL AGENT AGREEMENT

THIS AGREEMENT is entered into by and between **GUARANTEE TRUST LIFE INSURANCE COMPANY** (herein referred to as "we", "our", "us", or "GTL") and the corporation, partnership, or individual named below as **GENERAL AGENT** (herein referred to as "you", "your", "yours", or "GA"), effective as of the Effective Date written below. In consideration of the mutual covenants in this Agreement, it is agreed that:

I PRIOR AGREEMENTS

A. This Agreement will supersede any prior agreement between us and you as to new business issued through you after the Effective Date.

B. If such prior agreement is in existence, it is hereby canceled, except that on any business already issued, any commission and service fees payable thereunder will, subject to all liens and assignments, continue to be paid in accordance with its terms and commission schedules.

C. Nothing herein shall be construed to effect or waive any prior claim, whether for money or otherwise, that we may have against you.

II AUTHORITY

A. Solicitation

1. You are authorized to solicit and procure, personally or through Representatives or Solicitors, provided required licenses and/or registrations are in force, applications for insurance issued by us, as may be provided in Schedules to this Agreement or by other written supplement to this Agreement. You are further authorized to deliver issued policies, to collect initial premiums, and to service the business. All checks or money orders received by you in payment of premium must be made payable to the order of GTL.

2. We may refuse to process any application or issue or amend any policy and/or certificate application. We will not be required to specify the cause for such action.

B. Representatives and Solicitors

We appoint you to solicit and to recommend for appointment appropriately licensed and/or registered Representatives and Solicitors, subject to our practices and procedures. Representatives are defined as any person or entity having an agreement with us that is authorized to legally solicit insurance in a state, including but not limited to, brokers and independent producers. Solicitors are the same as Representatives except that their agreement is with you.

1. You will be responsible for confirming that each Representative and Solicitor under you is properly licensed and/or registered in each jurisdiction in which they do business.

2. Agreements with Representatives shall be made directly with us in writing on our forms and will not become effective until approved and executed by us. You will have no authority to modify or amend any such agreement. We may, at our option, refuse to contract with any

proposed Representative and we may terminate any agreement with any Representative with or without cause. Unless you or the Representative has been terminated for cause, this will not affect your right to receive override commission for any business produced by the Representative prior to the termination. After a Representative has had an agreement with us for one year, you will not maintain rights to: (i) any terminated Representative or any policies of insurance produced by that Representative after termination; or (ii) any Representative or any policies of insurance produced by that Representative after your termination.

3. Agreements with Solicitors must be made directly between you and the Solicitor. We will not be a party to such agreement. We may, however, cancel any Solicitor's appointment with us at any time without stating cause.

4. Your working with a Representative or Solicitor will be deemed acceptance of your supervisory responsibilities with respect to such Representative or Solicitor and you shall be wholly responsible for the acts and omissions of each Representative or Solicitor. You unconditionally guarantee the full and prompt payment of any Debit Balance (as defined in Section V) of any Representative or Solicitor when due as required in Section V or upon a Representative's bankruptcy or insolvency proceedings. You acknowledge that we are not required to attempt to collect any Representative's or Solicitor's Debit Balance.

5. We may, from time-to-time, authorize you to market for us, non-insurance products. You and your Representatives and Solicitors will not represent such non-insurance products as insurance.

6. Agreements we have with your Representatives made prior to the Effective Date of this Agreement may remain in force. Payment of commission for insurance solicited by these Representatives under any of these prior agreements will be made pursuant to such agreements and the applicable current commission schedule.

C. Relationship

You will be free to exercise your own judgment as to the time and manner of performing the service authorized by this Agreement, subject to such rules and regulations as may be adopted from time-to-time by us, respecting the conduct of business. You will be an independent contractor, and nothing contained herein shall be construed to create the relationship of employer and employee between you and us.

D. Responsibility

You will be responsible for you and your Representatives and Solicitors:

1. For abiding by all applicable local, state, and federal laws and regulations and abiding by all rules, guidelines and requirements established by us from time to time in conducting business under this Agreement;

2. For maintaining accurate records and accounting for all transactions under this Agreement, and for making those records and accounting available to us whenever requested by us;

3. For payment of all expenses, fees and taxes incurred in the performance of this Agreement;

4. For transmitting all monies collected by you; or by your Representatives and Solicitors if sent to you; for us, and such money will be considered as funds held in trust by you and, therefore, you will be liable to us for all such monies;

5. To us for, and to hold us harmless from, all expenses, costs, causes of actions, and/or damages resulting from or arising out of any unauthorized or illegal act by you, or your employees, or any Representatives or Solicitors assigned to you;

6. For not directly or indirectly contacting or communicating or meeting with any GTL policyholder by you or your Representatives or Solicitors for the purpose of rewriting, canceling, lapsing or replacing any GTL policy with insurance coverage of another insurance carrier. This provision will survive termination of this Agreement.

E. Limitation of Authority

Your authority will extend no further than is stated in this Agreement. Without limiting the foregoing, you have no authority to make, alter, or discharge any insurance policy or extend any provision thereof, to waive or extend any policy obligations or conditions, to receive premiums except the first, to extend the time for payment of premiums or otherwise, to enter into any agreement directly or indirectly, providing for the financing of premiums, to waive any contractual forfeiture or guarantee premiums, dividends or interest, or to incur any debt or liability against us, or to otherwise bind or commit us except as authorized here.

III MINIMUM REQUIREMENTS

We reserve the right to establish from time-to-time minimum requirements for production, placement, claim loss ratio, and/or persistency to maintain this Agreement. Such requirements will be delivered to you in writing. Termination of this Agreement for failure to meet such requirements will be considered a voluntary termination and not, in and of itself, termination for cause.

IV COMMISSIONS

A. You will receive full compensation for your services the selling and renewal commission, service fees, and other compensation in accordance with the current Commission Schedule(s) attached to and made a part of this Agreement. Commission will be paid on all policies produced by you or by your Representatives or Solicitors. We reserve the right to change or amend the Commission Schedule(s), however, any changes or amendments will apply only to applications received by us after the applicable effective date of the changed or amended Commission Schedule(s).

B. If you should fail to pay to us any amount due under this Agreement on or before the 30th day after such amount becomes due, you shall pay to us, as an administration fee, any renewal commissions that become payable. Your right to receive any renewal commissions shall terminate.

C. Pursuant to our agreements with them, commission payable by us directly to Representatives assigned to you will be deducted from commission otherwise payable to you.

D. Commission for policies produced by Solicitors will be paid to you. We will not pay commission to Solicitors directly.

E. Commission payable to you for policies not included in the current Commission Schedule(s) will be determined in accordance with our practices in effect at the time.

F. Commission is payable only for premiums paid to us and accepted by us. Should more than one organization and/or individual claim entitlement to commission, such commission will be divided as we determine. In no event will we be liable for more than one gross commission or service fee.

G. Subject to Section V, selling and renewal commission, service fees, and other commission for premiums paid in advance will not be payable until the regular due date of such premiums.

H. If any premiums are refunded for any reason, you will promptly refund any commission received on account of such refund.

I. We reserve the right to postpone payment of commission until you are owed a minimum of twenty-five dollars ($25.00).

J. All calculations regarding commission will be made on the basis of our records. Should you disagree with our records, you must notify us in writing of your disagreement within 60 days from the date of receipt of your statement. If you do not do so, our decision as to amounts due under this contract will become final.

K. As security for your obligations to us under this Agreement, you hereby assign and transfer to us and grant us a security interest in any and all commissions and other amounts payable by GTL to you. General Agent agrees that it is the owner of these amounts and will keep these amounts free of all liens, claims, security interests or other encumbrances.

L. We may offset any debt or other liability owed by you, or any Representatives assigned to you, to us against any commission due to you.

V ADVANCES AND LOANS

GTL may, at its discretion, make one or more advances to you in anticipation of future commission payable to you under this Agreement. All advances and other like amounts, including but not limited to, commissions paid on lapsed, terminated or refunded policies; purchased leads; or retained commissions (all herein referred to as "Debit Balance") shall be deemed loans to you and shall be reflected as such in your account on the books of GTL. General Agent agrees to repay the Debit Balance as follows:

A. The outstanding Debit Balance may bear interest at 12% per year (or the highest rate allowed by law). Interest shall be calculated for the actual number of days elapsed.

B. Debit Balance plus all accrued interest shall become immediately due and payable on the earlier of termination of this Agreement or demand by us.

C. The Debit Balance plus accrued interest may be prepaid without penalty. You acknowledge and agree that you have read and understand the disclosures in Exhibit A.

VI PAYMENTS AFTER TERMINATION

If this Agreement is terminated other than for cause under Section VII C. of this Agreement, then your selling and renewal commission are vested subject to the following:

A. We will continue to pay your commission, if any, as provided in Section IV of this Agreement, so long as your total commission for the preceding year is in excess of the amount shown in your Commission Schedule.

B. You will have no vested rights in service fees or other compensation.

C. We will pay your vested commission to you or your legal representative.

D. You have satisfied all obligations to us, including but not limited to those in Section IV. K. and Section V.

E. Commission will be reduced by a service charge of 5% of premium.

VII TERMINATION

In the event of termination of this Agreement, you will account for and remit to us any amounts held for us, or due us, and shall return all undelivered policies, advertising materials or any of our property you have in your possession.

A. Voluntary Termination

This Agreement may be terminated by us or you, without stating cause, by written notice personally delivered or mailed to the last known address of the other party, at least 30 days, or such longer period required by applicable law or regulation, before the effective date of termination. Any notice of termination will be deemed given on the day mailed or personally delivered.

B. Automatic Termination

This Agreement will be terminated automatically without notice by:

1. Your death, if you are an individual; or

2. The death of any partner, if you are a partnership; or

3. The dissolution of the corporation or disqualification to do business under applicable law, if you are a corporation; or

4. Revocation or termination of your license in any applicable jurisdictions; or

5. You becoming unable to pay your debts as they mature, making an assignment for the benefit of your creditors or becoming a subject of bankruptcy, insolvency, or similar proceedings.

C. Termination for Cause

This Agreement will be terminated for cause, as of the day we mail notice to you at your last known address, if you directly or indirectly:

1. Commingle or misappropriate any money or other property belonging to us;

2. Fail to deliver any policies issued and given to you for delivery;

3. Fail to deliver to us any receipts or other property belonging to us;

4. Violate any of the laws or regulations regulating the sale or solicitation of products covered under this Agreement, or violate any company procedures whether before or after termination;

5. Commit any dishonest act in connection with the sale or solicitation of insurance products; or

6. Violate any terms of this Agreement.

We may give you notice of termination for cause even after voluntary termination or automatic termination.

In the event this Agreement is terminated for cause, no further commission is due you under this Agreement.

VIII ADVERTISING AND MARKET CONDUCT

A. You will not print, publish, distribute, use, or permit any Representative or Solicitor assigned to you to print, publish, distribute or use any advertisement, sales material, illustration or any other document or software of any kind concerning:

1. The products solicited under this Agreement; or

2. Guarantee Trust Life Insurance Company, our products, procedures or standing without our prior written consent.

B. You will not alter, modify or use advertising or other materials prepared by us without our prior written consent.

C. You will comply with and cause each of your Representatives and Solicitors to comply with all of our company procedures and rules concerning advertising and market conduct, including but not limited to our Advertising Policy, Advertising Submission Form, Advertising Checklist, Marketing Guidelines and Code of Ethical Market Conduct.

D. You shall, and shall cause each Representative and Solicitor to forward applications for insurance solicited under this Agreement to us as soon as possible, but not later than 10 days after the date of such applications. Policies issued by us shall be delivered promptly to the policyholder.

E. You and your Representatives and Solicitors shall engage in any training program as requested by us.

IX GENERAL PROVISIONS

A. Changes

We may at any time and from time-to-time:

1. Modify, amend, or fix minimum and maximum production limits for any policy form or contract;

2. Modify or amend the conditions or terms under which any policy form or contract may be sold;

3. Discontinue or withdraw any policy form or contract from any state or any area;

4. Cease doing business in any state;

5. Modify the terms of this Agreement.

Notification of modification of this agreement shall be delivered to you at your last known address. Any modifications referred to in this paragraph shall be prospective only.

B. Assignment

You may not assign or transfer this Agreement or any benefit thereunder without our prior written consent. We do not assume any responsibility for, or guarantee the validity or sufficiency of, any assignment by granting our consent, nor will any assignment become operative until any indebtedness owed by you to us, created prior to or subsequent to such assignment, is liquidated.

C. Service of Process

You will send us, by certified mail within 48 hours of its receipt, any paper served upon you in connection with any complaint, proceeding, hearing, or action against us. If failure on your part to comply with this provision causes us additional loss or expense, you will reimburse us.

D. Governing Law

This Agreement is an Illinois contract and will be construed in accordance with the laws of Illinois.

E. Waiver

Our forbearance or failure to exercise any rights, or to insist upon strict compliance herewith, will not constitute a waiver of any of your obligations under this Agreement.

F. Corporate Notification

If you are a corporation, you will immediately notify us of any changes in the ownership, officers, or directors of the corporation.

G. Mandatory Binding Arbitration

Except as otherwise provided in this Agreement, all claims, disputes, and other controversies arising out of or in any manner relating to this Agreement, or any other agreement executed in connection with this Agreement, or to the performance, interpretation, application or enforcement hereof, including but not limited to breach hereof (in each case, "Dispute"), shall be submitted to binding, non-appealable arbitration and such arbitration shall be governed by the Uniform Arbitration Act, 710 ILSC 5/1.

Either party may within one (1) year from the date of the alleged breach or occurrence resulting in the Dispute, make a demand for arbitration by filing a demand in writing with the other party and serving the same by depositing it in the U.S. Mail, certified mail, return receipt requested. GTL and GA shall each choose, within sixty (60) days after demand arbitration is made, a former officer or executive of an insurance company as its arbitrator and the two appointed arbitrators shall choose a third arbitrator possessing the same qualifications. If either party fails to appoint an arbitrator within sixty (60) days after the written demand for arbitration is made, the party who has appointed an arbitrator may petition the Circuit Court, Cook County, Illinois for an order compelling the non-complying party to appoint its arbitrator. All reasonable costs incurred as a result of obtaining the count order compelling appointment of an arbitrator shall be paid by the non-complying party.

All arbitration hearings conducted hereunder, and all judicial proceedings to enforce any of the provisions hereof, shall take place in Cook County, Illinois. The hearing before the arbitrators of the matter to be arbitrated shall be at the time and place within said County as is selected by the arbitrators. Notice shall be given and the hearing conducted in accordance with the Uniform Arbitration Act.

The decision of any two arbitrators with respect to a Dispute shall be binding and conclusive and nonappealable and shall be submitted to the court for confirmation with the same effect as a judgement.

Each of the parties hereby irrevocably waives punitive, exemplary, consequential and other non-compensatory damages in connection with any arbitration award with respect to any Dispute.

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

H. Miscellaneous

"Policy" means any policy; certificate or other evidence of insurance coverage.

X ENTIRE AGREEMENT

This Agreement, including any attached schedules, supplements, amendments, or other agreements incorporated herein by reference, represents the entire Agreement between you and us. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, signed by you and one of our officers; provided, however, current schedules and supplements may be in a form of written notice from us to you which expresses by its terms an intention to modify prior schedules and/or supplements.

XI EFFECTIVE DATE

This Agreement will be effective as of the Effective Date shown below, if you have been duly licensed in the appropriate jurisdictions, and if it is executed by you and at least one of our officers. The initial term of this Agreement shall be for one (1) year from the Effective Date and shall automatically renew for additional one year terms unless it is terminated as stated above.

To be completed by
GENERAL AGENT

To be completed by
GUARANTEE TRUST LIFE
INSURANCE COMPANY

_____
(Print Name on License)

BY: _____ SIGN HERE
GA Signature

BY: _____

_____
Title

VICE PRESIDENT
Title

_____
Date

_____
Effective Date

GUARANTEE TRUST LIFE INSURANCE COMPANY

U.S. PATRIOT ACT AND ANTI-MONEY LAUNDERING REGULATIONS

GENERAL AGENT / PRODUCER TRAINING

05/02/06 -0001

Table of Contents

1. Introduction to the U.S. Patriot Act

2. GTL Policy

3. Implementation

5. Non-Compliance Liability

6. Agent Acknowledgement

TRAINING INSTRUCTIONS

1. Read all information contained in this Guide
2. Read and Complete the Acknowledgement Form (xyz)
3. Send Acknowledgement Form to GTL

Fax: 847-699-0895

Mail: Guarantee Trust Life Insurance Co.
ATTN: Licensing Department
1275 Milwaukee Ave.
Glenview IL, 60025

I. USA Patriot Act Introduction

Section 352 of the USA Patriot Act, amending the Bank Secrecy Act, requires GTL to establish written formal anti-money laundering (AML) programs and file suspicious activity reports (SARs) with the federal government.

Guarantee Trust Life Insurance Company, and its subsidiary (collectively GTL) has adopted and is firmly committed to its AML compliance policies and procedures dated May 2, 2006. It is the policy of GTL to prohibit and actively prevent money laundering.

Before we proceed, the following definitions are included to provide a better understanding of money laundering.

Definitions:

Money laundering is defined as the participation in any transaction that seeks to conceal or disguise the nature or origin of funds that have been received from illegal activities. Generally, the money laundering process consists of the following three stages:

Placement

Introduction of cash originating from criminal activities into financial or non-financial institutions such as insurance companies.

Layering

Separating the proceeds of criminal activity from their source through the use of layers of complex financial or non-financial transactions. These layers are designed to hamper the audit trail, disguise the origin of funds and provide anonymity.

Integration

Placing the laundered proceeds back into the economy in such a way they re-enter the financial system as apparently legitimate funds.

Financial institutions and/or insurance companies may be used at any point in the money laundering process.

Covered Products

The final rule only applies to products that possess features that make them susceptible to being used for money laundering and meet the definition of "Covered Products". Covered Products have features such as cash surrender values that potentially pose money laundering and terrorist financing risks.

GTL has completed an assessment of the money laundering risks associated with the type of Covered Products being marketed and determined that currently only the company's whole life products would be subject to AML policies and procedures.

The company will periodically evaluate the type of products being marketed to determine if additional products should be subject to GTL's AML program.

II. GTL Policy

GTL is firmly committed to complying with all applicable AML laws, regulations and government guidance and to prevent the use of its covered products by money launderers. To reaffirm this commitment, GTL has developed Policies and Procedures. All agents that are involved in soliciting the suspect products are required to comply with the following policies and procedures.

- To comply fully with applicable AML laws, regulations and government guidance, including insured's identification, transaction reporting, suspicious activity reporting and record keeping requirements.

- Not to conduct business with insureds who are known to be involved in illegitimate business activities and whose income, funds and assets are known to be derived from illegitimate sources;

- Not to conduct business with insureds and entities that are included in Presidential Executive Orders, on the Treasury Department's Office of Foreign Assets Control's ("OFAC")* lists of sanctioned countries, governments and specially-designated nationals, narcotics traffickers and global terrorists or terrorist organizations, or on the lists issued pursuant to applicable non-U.S. economic sanction programs;

- To the extent practical and reasonable, to adhere to GTL's customer acceptance and Know Your Customer ("KYC") policies and procedures, including enhanced due diligence policies and procedures for insureds and products, that pose a high risk of money laundering;

- To be alert to unusual or suspicious transactions or insured activities, e.g., activities that do not appear to make good business or investment sense or that there are inconsistent with an insured's normal transactions, or that may be indicative of requirements of possible money laundering or other illegal activity;

- To seek advice and refer unusual and suspicious activity immediately in accordance with GTL's procedures for reporting such activity;

- To ensure that appropriate action is taken once unusual or suspicious activity is referred, including by filing reports of suspicious activity to appropriate government authorities, and

- To cooperate fully with law enforcement authorities consistent with applicable privacy and other laws and regulations.

III. Agent / Broker Responsibility:

As an insurance producer, you have direct contact with customers and are in a substantial position to gather information and detect suspicious activity. GTL relies upon your observational skills to identify activities that may be part of a money laundering scheme. Agents are responsible for obtaining and providing complete and accurate information in all applications and other documentation required for issuance of a covered product or transaction involving a covered product.

- Agents and Brokers should be aware of "suspicious activities" with respect to a Covered Product, and
- Communicate such suspicious activity to the Compliance Officer for completion and filing of a Suspicious Activity Report (SAR).

The federal rules state a transaction totaling $5,000 or more is suspicious if any of the following apply:

- The transaction involves funds derived from an illegal activity;
- The transaction is designed to evade any regulations under the Bank Secrecy Act, or
- The transaction has no business or apparent lawful purpose and GTL knows of no reasonable explanation for the transaction after examining all of the available facts.

Some common red flags of a suspicious transaction include:

- Customer uses false ID.
- Two or more customers use a similar ID.
- Customer that alters a transaction after ID is requested.
- Customer changes or alters the spelling of their name.
- Customer without a local address who appears to reside locally because they are a repeat customer.
- Currency exchanges just under the $1,000 threshold.
- Cash sale or money orders or traveler's checks of just under $3,000.
- Two or more customers apparently working together to break a transaction into two or more transactions to avoid reporting requirements.
- Customers using two or more locations or cashiers in the same day.
- Customers offering bribes or tips.
- Customer admitting to illegal conduct.
- Customer who makes large transactions not consistent with the Customer's occupation or business practice.

- The purchase of an insurance product inconsistent with the customer's needs; unusual payment methods, such as cash, cash equivalents (when such a usage of cash or cash equivalents is, in fact, unusual);

- Early termination of a product, especially at a cost to the customer, or where payment is made by, or the refund check is directed to a third party;

- The transfer of the benefit of a product to an apparently unrelated third party; or a customer who questions or seems concerned about the early termination features of the product;

- A customer who is unwilling or reluctant to provide identifying information when purchasing a product, or who provides minimal or seemingly fictitious information; and

- A customer who borrows the maximum cash value available soon after purchasing the product.

Possible Situations Concerning Red Flags:

A. When asked personal questions, the customer exhibits unusual concern regarding GTL's compliance with government reporting requirements and the Company's AML policies, particularly with respect to his or her identity, type of business and assets; is reluctant or refuses to reveal any information concerning business activities; or furnishes unusual or suspect identification or business documents.

B. After you provide the client a needs base analysis, the client applies for coverage that is inconsistent with their financial situation. The prospective client is unconcerned about the death benefit, features, or any surrender fees associated with the GTL policy, but is overly interested in the time it takes GTL to refund or redirect premium payments to a third party.

C. After the your you ask for identification the client provides you a poor photocopy of a foreign passport. When you ask for a phone number the client provides you a number to his/her cell phone. After attempting to call the number you find that it is disconnected or not in service. Any other attempts to contact the customer are unsuccessful.

Important Note:

DO NOT investigate potential money laundering situations yourself. Your responsibility is to be aware of the possible "Red Flags" and report suspicious activity to GTL's Compliance Officer. Agents are not responsible for maintaining records pertaining to meetings with customers or suspicion of potential money-laundering activities.

Reporting Procedure:

If an agent suspects there is the potential for money laundering with a client, the agent should follow these steps:

1. Immediately inform your direct supervisor/manager.

2. Contact the GTL compliance officer at (800) 338-7452 or (800) 323-6907.

3. Communicate immediately, as the GTL must refer issues to the United States Treasury Department and resolve within 30 days of identification of a potential money-laundering report.

4. Do not complete or initiate any transactions between the prospective client and GTL until you receive notification from GTL.

Consequences of Non-Compliance

The Office of Financial Accounting (OFAC) has the authority to impose both corporate and personal fines of up to $1 million and 12 years in jail, civil penalties of up to $250,000 per incident, as well as the forfeiture of funds or other property involved in the violation.

Possible Liabilities:

Personal: Civil fines from $25,000 – $100,000

Criminal: fines from $250,000 and 5 years in jail (Maximum fine of $500,000 and 10 years in prison)

Professional: Damage to personal/professional reputation

Over the past several years, OFAC has imposed millions of dollars in civil penalties involving U.S. financial institutions, including insurance companies. The majority of the fines resulted from the institution's failure to block illicit transfers when there was a reference to a targeted country or person or entity on the SDN list involved in the transaction. According to OFAC, mitigating factors in civil penalty procedures include self-disclosure to OFAC, the use and sophistication of interdict software, training of employees, AML prevention and detection processes and procedures, and other compliance initiatives.

Agent Acknowledgement

I have read and understand all policies set forth by this manual. I understand that my position as an agent/ broker is the first line of defense against those that attempt to defraud GTL and violate the rules established by the U.S. Patriot Act. I understand my responsibilities as an agent for GTL, and will comply with the reporting procedures that GTL has created to the best of my abilities. Additionally, I understand the possible consequences of my failure to comply with the aforementioned procedures. I will provide GTL with all information concerning activities that I have identified as suspicious and will comply with the following procedures:

1. Identification "Red Flags"
2. Reporting Suspicious Activity
3. Failure to Comply

Name (Please Print):_____

Signed:_____ SIGN HERE

Agent Code:_____

Date:_____

_____

ADVANCED COMMISSIONS FINANCE AGREEMENT

General Agent

This instrument set forth the agreement between the undersigned General Agent, hereinafter referred to as the “GA” and Guarantee Trust Life Insurance Company, hereinafter referred to as the “Company,” relating to the payment by the Company to the GA commissions before they are earned (“advances”). Commissions are payable in accordance with the provisions of the General Agent Agreement between the GA and the Company relating to the sale of the Company’s insurance products.

1. In accordance with the terms hereof, advances of commission will be made to the GA on a regular basis as policies are issued pursuant to the terms of the GA’s agreement with the Company relating to the sale of the Company’s insurance products. The amount of such advances shall be determined by the Company. Maximum advance per policy is $2,500.00 (subject to change). Advances on “Bank Draft” mode of payment only. No advance on monthly, quarterly or semi-annual payment modes. These advances against future commissions shall automatically be continued to be solely at the Company's discretion. Such advances of future commissions shall be considered loans to the GA by the Company and are subject to the terms hereof.

2. Advance history will be reviewed annually for persistency, policy placement and the over all health of the agent’s commissions account. Advance privilege can be revoked at any time by the Company.

3. Advance approval based on minimum of $250K Projected New Annualized Premium.

4. The acceptance by the GA of any advance commission payment from the Company shall be conclusive evidence that such advance commissions are owed to the Company until paid or earned pursuant to the terms of this Agreement and the GA Agreement.

5. In consideration for the making of advances to the GA against future commissions, the GA hereby assigns and pledges all right, title and interest to all commissions payable to the GA pursuant to the terms of its General Agent Agreement with the Company, or any other monies payable to the GA thereunder, as collateral security for the repayment of any outstanding advance balances of the GA owned to the Company. The GA hereby agrees that any advanced amount may be at any time deducted and withheld by the Company from commissions earned by the GA under the terms of the General Agent agreement, until such time as any and all advanced amounts owed to the Company by the GA are paid in full.

6. The GA hereby agrees that if an advance of commissions on an issued policy is made to the GA, and the underlying policy is terminated during the period for which advances have been made, any remaining balance due on the advance for such policy shall be deducted from future commissions advanced or earned commissions payable to the GA. Notwithstanding the foregoing, the GA agrees that repayment of any such advance commissions against a terminated policy shall be made immediately by the GA if requested by the Company.

7. In all events, the GA hereby agrees to pay immediately upon demand by the Company any balance due and owing on the balance of any advanced commissions upon termination of the GA's General Agent Agreement with the Company or termination of GA's representative's agent with the Company.

8. For any advanced commission amounts that are not repaid in accordance with the provisions of this Agreement, the GA hereby agrees to pay interest at the rate of EIGHTEEN PERCENT (18%) per annum compounded monthly until such amount is paid in full to the Company.

9. The GA warrants and represents that none of the commissions payable to the GA by the Company are subject to any prior assignment, claim, lien or security interest, and that the GA is authorized to make such assignment as collateral security in accordance with the terms of this Agreement. The GA hereby agrees to execute all financing statements required for the Company to perfect its security interest in the collateral pledged hereunder. The GA hereby represents and warrants that it shall take all action necessary to secure the lien right of the Company on the receivables pledged herein such that the Company may, in the event of default by the GA, directly pursue as the GA’s assignee, the amounts owed by the GA’s agents and sales representatives, or such other monies payable to the GA by other insurance companies.

10. If commission advances owed to the Company, or its designee, as a result of the terms of this Agreement are not repaid by the GA when due pursuant to the terms hereof, of if an agreement is not reached with the Company for the repayment of said obligations within thirty (30) days after the due date, the GA hereby agrees to pay all costs of collection, including, but not limited to, attorney fees and the costs of suit.

11. If any amounts owed to the Company are not paid as required hereunder, the GA hereby agrees that the Company may initiate suit against the GA in the jurisdiction of the Company's choice. The GA hereby expressly consents to the service of process in the jurisdiction if a suit is brought by the Company against the GA for amount owing hereunder.

12. There will be no advances allowed on monthly direct bill business.

If the foregoing sets forth the terms of the Agreement between the Company and the GA, please execute one copy of this Agreement and forward the selected copy to the Company.

General Agent

Dated: _____ _____

Signature of the General Agent

_____

Print or type name of General Agent

GUARANTEE TRUST LIFE INSURANCE CO.

Dated: _____ By:_____

Its: _____

REQUESTED ISSUE ADVANCE RATE: _____%

GTL | GUARANTEE TRUST LIFE

Automatic Deposit Payment Plan Authorization Form

With Guarantee Trust Life Insurance Company's ("GTL") Automatic Deposit Payment Plan ("Plan") agents will receive their commission checks automatically deposited into their designated bank account. The amount of your deposit will be reflected on the electronic statement generated for you. Benefits of enrollment include:

Access to your money faster - The time involved with mailing a check is eliminated

A reduction in paper work - Once you are on the Plan, your deposits are handled electronically

How to Enroll in the Automatic Deposit Payment Plan

Simply complete the Authorization for Direct Deposit Form below. Should your banking information change, you must notify the company's home office in writing. Such notification should include the name of your new bank as well as your new routing and account numbers, as applicable, and your agent number. For more information about the Plan, call our Commission Accounting Department at 800-323-6907.

Completed forms may be faxed to 847-699-0636, mailed to our home office at 1275 Milwaukee Avenue Glenview, Illinois 60025, or emailed to commissions@gtlic.com.

AUTHORIZATION FOR DIRECT DEPOSIT*

AGENT FIRST & LAST NAME:	BANK NAME:	BANK CITY STATE:
AGENT NUMBER:		
AGENT ADDRESS:	BANK ROUTING NUMBER:	
	BANK ACCOUNT NUMBER:	

Please Attach a Voided Check or provide Bank Verified Account Information with this Authorization

As a convenience to me, by my signature below, I request and authorize you to electronically deposit commissions and/or advances payable to me, by the company, in my bank account at the financial institution named above, which shall be substantiated by a voided check or the provision of verified bank account information to GTL. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to my account in accordance with applicable law.

Please check one:

☐ I hereby certify that I conduct business under a "DBA" and that it is NOT a separate legal entity. I acknowledge all earnings will be recorded to me for tax purposes and not to the "DBA."

☐ I hereby certify that I do not conduct business under a "DBA."

I further acknowledge and agree that my rights in respect to each payment shall be the same as if it were deposited by me and personally signed by me. I also agree to notify GTL within thirty (30) days of the deposit date if there is any discrepancy with my deposit or if my response regarding "DBA" status changes. I acknowledge that this will enable GTL to comply with Federal Banking laws and that failure to notify GTL may result in the loss of my deposit.

x_____ SIGN HERE _____/_____/_____

Signature Date

Authorization Form for Release of File Copies of Criminal History

I hereby authorize Interstate Background Research, Inc. acting on behalf of Guarantee Trust Life Insurance Company (GTL) to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice, agency, or any law enforcement agency.

This request is valid for one (1) year from the date signed.

Part A: To be completed by AGENT:

Agent Social Security Number: _____-_____-_____

Agent Date of Birth: _____/_____/_____ *Gender: _____

Agent Full Name: _____

Agent Street Address: _____

Agent City, State and Zip Code: _____

Date of this Request: _____/_____/_____

Signature of Agent: _____ SIGN HERE **SIGN HERE

THANK YOU

*This request for your date of birth does not indicate discrimination; and the request in itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.

Form crim_rel_ga rev 7/11/2018

You have now completed the necessary GTL contracting paperwork. Please print and submit your paperwork via email, fax or mail. Please make sure to attach your most up to date license(s).

Email address: agency@gtlic.com
Fax #: (847) 699-0895
Mailing address: Guarantee Trust Life Insurance Company
ATTN: Marketing Dept.
1275 Milwaukee Avenue
Glenview, IL 60025

Upon review and approval of your individual and/or corporate request for appointment, you will receive a welcome letter indicating your agent and/or agency code(s). Retain the welcome letter along with the GTL General Agent Agreement. Contact the GTL Marketing Department at (800) 323-6907 with any questions.

The pages that follow represent the GTL Agent Agreement. Please read and retain for future reference.

Welcome to GTL!

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

GENERAL AGENT AGREEMENT

THIS AGREEMENT is entered into by and between **GUARANTEE TRUST LIFE INSURANCE COMPANY** (herein referred to as "we", "our", "us", or "GTL") and the corporation, partnership, or individual named below as **GENERAL AGENT** (herein referred to as "you", "your", "yours", or "GA"), effective as of the Effective Date written below. In consideration of the mutual covenants in this Agreement, it is agreed that:

I PRIOR AGREEMENTS

A. This Agreement will supersede any prior agreement between us and you as to new business issued through you after the Effective Date.

B. If such prior agreement is in existence, it is hereby canceled, except that on any business already issued, any commission and service fees payable thereunder will, subject to all liens and assignments, continue to be paid in accordance with its terms and commission schedules.

C. Nothing herein shall be construed to effect or waive any prior claim, whether for money or otherwise, that we may have against you.

II AUTHORITY

A. Solicitation

1. You are authorized to solicit and procure, personally or through Representatives or Solicitors, provided required licenses and/or registrations are in force, applications for insurance issued by us, as may be provided in Schedules to this Agreement or by other written supplement to this Agreement. You are further authorized to deliver issued policies, to collect initial premiums, and to service the business. All checks or money orders received by you in payment of premium must be made payable to the order of GTL.

2. We may refuse to process any application or issue or amend any policy and/or certificate application. We will not be required to specify the cause for such action.

B. Representatives and Solicitors

We appoint you to solicit and to recommend for appointment appropriately licensed and/or registered Representatives and Solicitors, subject to our practices and procedures. Representatives are defined as any person or entity having an agreement with us that is authorized to legally solicit insurance in a state, including but not limited to, brokers and independent producers. Solicitors are the same as Representatives except that their agreement is with you.

1. You will be responsible for confirming that each Representative and Solicitor under you is properly licensed and/or registered in each jurisdiction in which they do business.

2. Agreements with Representatives shall be made directly with us in writing on our forms and will not become effective until approved and executed by us. You will have no authority to modify or amend any such agreement. We may, at our option, refuse to contract with any

proposed Representative and we may terminate any agreement with any Representative with or without cause. Unless you or the Representative has been terminated for cause, this will not affect your right to receive override commission for any business produced by the Representative prior to the termination. After a Representative has had an agreement with us for one year, you will not maintain rights to: (i) any terminated Representative or any policies of insurance produced by that Representative after termination; or (ii) any Representative or any policies of insurance produced by that Representative after your termination.

3. Agreements with Solicitors must be made directly between you and the Solicitor. We will not be a party to such agreement. We may, however, cancel any Solicitor's appointment with us at any time without stating cause.

4. Your working with a Representative or Solicitor will be deemed acceptance of your supervisory responsibilities with respect to such Representative or Solicitor and you shall be wholly responsible for the acts and omissions of each Representative or Solicitor. You unconditionally guarantee the full and prompt payment of any Debit Balance (as defined in Section V) of any Representative or Solicitor when due as required in Section V or upon a Representative's bankruptcy or insolvency proceedings. You acknowledge that we are not required to attempt to collect any Representative's or Solicitor's Debit Balance.

5. We may, from time-to-time, authorize you to market for us, non-insurance products. You and your Representatives and Solicitors will not represent such non-insurance products as insurance.

6. Agreements we have with your Representatives made prior to the Effective Date of this Agreement may remain in force. Payment of commission for insurance solicited by these Representatives under any of these prior agreements will be made pursuant to such agreements and the applicable current commission schedule.

C. Relationship

You will be free to exercise your own judgment as to the time and manner of performing the service authorized by this Agreement, subject to such rules and regulations as may be adopted from time-to-time by us, respecting the conduct of business. You will be an independent contractor, and nothing contained herein shall be construed to create the relationship of employer and employee between you and us.

D. Responsibility

You will be responsible for you and your Representatives and Solicitors:

1. For abiding by all applicable local, state, and federal laws and regulations and abiding by all rules, guidelines and requirements established by us from time to time in conducting business under this Agreement;

2. For maintaining accurate records and accounting for all transactions under this Agreement, and for making those records and accounting available to us whenever requested by us;

3. For payment of all expenses, fees and taxes incurred in the performance of this Agreement;

4. For transmitting all monies collected by you; or by your Representatives and Solicitors if sent to you; for us, and such money will be considered as funds held in trust by you and, therefore, you will be liable to us for all such monies;

5. To us for, and to hold us harmless from, all expenses, costs, causes of actions, and/or damages resulting from or arising out of any unauthorized or illegal act by you, or your employees, or any Representatives or Solicitors assigned to you;

6. For not directly or indirectly contacting or communicating or meeting with any GTL policyholder by you or your Representatives or Solicitors for the purpose of rewriting, canceling, lapsing or replacing any GTL policy with insurance coverage of another insurance carrier. This provision will survive termination of this Agreement.

E. Limitation of Authority

Your authority will extend no further than is stated in this Agreement. Without limiting the foregoing, you have no authority to make, alter, or discharge any insurance policy or extend any provision thereof, to waive or extend any policy obligations or conditions, to receive premiums except the first, to extend the time for payment of premiums or otherwise, to enter into any agreement directly or indirectly, providing for the financing of premiums, to waive any contractual forfeiture or guarantee premiums, dividends or interest, or to incur any debt or liability against us, or to otherwise bind or commit us except as authorized here.

III MINIMUM REQUIREMENTS

We reserve the right to establish from time-to-time minimum requirements for production, placement, claim loss ratio, and/or persistency to maintain this Agreement. Such requirements will be delivered to you in writing. Termination of this Agreement for failure to meet such requirements will be considered a voluntary termination and not, in and of itself, termination for cause.

IV COMMISSIONS

A. You will receive full compensation for your services the selling and renewal commission, service fees, and other compensation in accordance with the current Commission Schedule(s) attached to and made a part of this Agreement. Commission will be paid on all policies produced by you or by your Representatives or Solicitors. We reserve the right to change or amend the Commission Schedule(s), however, any changes or amendments will apply only to applications received by us after the applicable effective date of the changed or amended Commission Schedule(s).

B. If you should fail to pay to us any amount due under this Agreement on or before the 30th day after such amount becomes due, you shall pay to us, as an administration fee, any renewal commissions that become payable. Your right to receive any renewal commissions shall terminate.

C. Pursuant to our agreements with them, commission payable by us directly to Representatives assigned to you will be deducted from commission otherwise payable to you.

D. Commission for policies produced by Solicitors will be paid to you. We will not pay commission to Solicitors directly.

E. Commission payable to you for policies not included in the current Commission Schedule(s) will be determined in accordance with our practices in effect at the time.

F. Commission is payable only for premiums paid to us and accepted by us. Should more than one organization and/or individual claim entitlement to commission, such commission will be divided as we determine. In no event will we be liable for more than one gross commission or service fee.

G. Subject to Section V, selling and renewal commission, service fees, and other commission for premiums paid in advance will not be payable until the regular due date of such premiums.

H. If any premiums are refunded for any reason, you will promptly refund any commission received on account of such refund.

I. We reserve the right to postpone payment of commission until you are owed a minimum of twenty-five dollars ($25.00).

J. All calculations regarding commission will be made on the basis of our records. Should you disagree with our records, you must notify us in writing of your disagreement within 60 days from the date of receipt of your statement. If you do not do so, our decision as to amounts due under this contract will become final.

K. As security for your obligations to us under this Agreement, you hereby assign and transfer to us and grant us a security interest in any and all commissions and other amounts payable by GTL to you. General Agent agrees that it is the owner of these amounts and will keep these amounts free of all liens, claims, security interests or other encumbrances.

L. We may offset any debt or other liability owed by you, or any Representatives assigned to you, to us against any commission due to you.

V ADVANCES AND LOANS

GTL may, at its discretion, make one or more advances to you in anticipation of future commission payable to you under this Agreement. All advances and other like amounts, including but not limited to, commissions paid on lapsed, terminated or refunded policies; purchased leads; or retained commissions (all herein referred to as "Debit Balance") shall be deemed loans to you and shall be reflected as such in your account on the books of GTL. General Agent agrees to repay the Debit Balance as follows:

A. The outstanding Debit Balance may bear interest at 12% per year (or the highest rate allowed by law). Interest shall be calculated for the actual number of days elapsed.

B. Debit Balance plus all accrued interest shall become immediately due and payable on the earlier of termination of this Agreement or demand by us.

C. The Debit Balance plus accrued interest may be prepaid without penalty. You acknowledge and agree that you have read and understand the disclosures in Exhibit A.

VI PAYMENTS AFTER TERMINATION

If this Agreement is terminated other than for cause under Section VII C. of this Agreement, then your selling and renewal commission are vested subject to the following:

A. We will continue to pay your commission, if any, as provided in Section IV of this Agreement, so long as your total commission for the preceding year is in excess of the amount shown in your Commission Schedule.

B. You will have no vested rights in service fees or other compensation.

C. We will pay your vested commission to you or your legal representative.

D. You have satisfied all obligations to us, including but not limited to those in Section IV. K. and Section V.

E. Commission will be reduced by a service charge of 5% of premium.

VII TERMINATION

In the event of termination of this Agreement, you will account for and remit to us any amounts held for us, or due us, and shall return all undelivered policies, advertising materials or any of our property you have in your possession.

A. Voluntary Termination

This Agreement may be terminated by us or you, without stating cause, by written notice personally delivered or mailed to the last known address of the other party, at least 30 days, or such longer period required by applicable law or regulation, before the effective date of termination. Any notice of termination will be deemed given on the day mailed or personally delivered.

B. Automatic Termination

This Agreement will be terminated automatically without notice by:

1. Your death, if you are an individual; or

2. The death of any partner, if you are a partnership; or

3. The dissolution of the corporation or disqualification to do business under applicable law, if you are a corporation; or

4. Revocation or termination of your license in any applicable jurisdictions; or

5. You becoming unable to pay your debts as they mature, making an assignment for the benefit of your creditors or becoming a subject of bankruptcy, insolvency, or similar proceedings.

C. Termination for Cause

This Agreement will be terminated for cause, as of the day we mail notice to you at your last known address, if you directly or indirectly:

1. Commingle or misappropriate any money or other property belonging to us;

2. Fail to deliver any policies issued and given to you for delivery;

3. Fail to deliver to us any receipts or other property belonging to us;

4. Violate any of the laws or regulations regulating the sale or solicitation of products covered under this Agreement, or violate any company procedures whether before or after termination;

5. Commit any dishonest act in connection with the sale or solicitation of insurance products; or

6. Violate any terms of this Agreement.

We may give you notice of termination for cause even after voluntary termination or automatic termination.

In the event this Agreement is terminated for cause, no further commission is due you under this Agreement.

VIII ADVERTISING AND MARKET CONDUCT

A. You will not print, publish, distribute, use, or permit any Representative or Solicitor assigned to you to print, publish, distribute or use any advertisement, sales material, illustration or any other document or software of any kind concerning:

1. The products solicited under this Agreement; or

2. Guarantee Trust Life Insurance Company, our products, procedures or standing without our prior written consent.

B. You will not alter, modify or use advertising or other materials prepared by us without our prior written consent.

C. You will comply with and cause each of your Representatives and Solicitors to comply with all of our company procedures and rules concerning advertising and market conduct, including but not limited to our Advertising Policy, Advertising Submission Form, Advertising Checklist, Marketing Guidelines and Code of Ethical Market Conduct.

D. You shall, and shall cause each Representative and Solicitor to forward applications for insurance solicited under this Agreement to us as soon as possible, but not later than 10 days after the date of such applications. Policies issued by us shall be delivered promptly to the policyholder.

E. You and your Representatives and Solicitors shall engage in any training program as requested by us.

IX GENERAL PROVISIONS

A. Changes

We may at any time and from time-to-time:

1. Modify, amend, or fix minimum and maximum production limits for any policy form or contract;

2. Modify or amend the conditions or terms under which any policy form or contract may be sold;

3. Discontinue or withdraw any policy form or contract from any state or any area;

4. Cease doing business in any state;

5. Modify the terms of this Agreement.

Notification of modification of this agreement shall be delivered to you at your last known address. Any modifications referred to in this paragraph shall be prospective only.

B. Assignment

You may not assign or transfer this Agreement or any benefit thereunder without our prior written consent. We do not assume any responsibility for, or guarantee the validity or sufficiency of, any assignment by granting our consent, nor will any assignment become operative until any indebtedness owed by you to us, created prior to or subsequent to such assignment, is liquidated.

C. Service of Process

You will send us, by certified mail within 48 hours of its receipt, any paper served upon you in connection with any complaint, proceeding, hearing, or action against us. If failure on your part to comply with this provision causes us additional loss or expense, you will reimburse us.

D. Governing Law

This Agreement is an Illinois contract and will be construed in accordance with the laws of Illinois.

E. Waiver

Our forbearance or failure to exercise any rights, or to insist upon strict compliance herewith, will not constitute a waiver of any of your obligations under this Agreement.

F. Corporate Notification

If you are a corporation, you will immediately notify us of any changes in the ownership, officers, or directors of the corporation.

G. Mandatory Binding Arbitration

Except as otherwise provided in this Agreement, all claims, disputes, and other controversies arising out of or in any manner relating to this Agreement, or any other agreement executed in connection with this Agreement, or to the performance, interpretation, application or enforcement hereof, including but not limited to breach hereof (in each case, "Dispute"), shall be submitted to binding, non-appealable arbitration and such arbitration shall be governed by the Uniform Arbitration Act, 710 ILSC 5/1.

Either party may within one (1) year from the date of the alleged breach or occurrence resulting in the Dispute, make a demand for arbitration by filing a demand in writing with the other party and serving the same by depositing it in the U.S. Mail, certified mail, return receipt requested. GTL and GA shall each choose, within sixty (60) days after demand arbitration is made, a former officer or executive of an insurance company as its arbitrator and the two appointed arbitrators shall choose a third arbitrator possessing the same qualifications. If either party fails to appoint an arbitrator within sixty (60) days after the written demand for arbitration is made, the party who has appointed an arbitrator may petition the Circuit Court, Cook County, Illinois for an order compelling the non-complying party to appoint its arbitrator. All reasonable costs incurred as a result of obtaining the count order compelling appointment of an arbitrator shall be paid by the non-complying party.

All arbitration hearings conducted hereunder, and all judicial proceedings to enforce any of the provisions hereof, shall take place in Cook County, Illinois. The hearing before the arbitrators of the matter to be arbitrated shall be at the time and place within said County as is selected by the arbitrators. Notice shall be given and the hearing conducted in accordance with the Uniform Arbitration Act.

The decision of any two arbitrators with respect to a Dispute shall be binding and conclusive and nonappealable and shall be submitted to the court for confirmation with the same effect as a judgement.

Each of the parties hereby irrevocably waives punitive, exemplary, consequential and other non-compensatory damages in connection with any arbitration award with respect to any Dispute.

DISCLOSURE STATEMENT

EXHIBIT A

MEANING OF WORDS: The words "you", "your" and "yours" mean each and all those who sign the General Agent Agreement as borrower. The words "we", "our" and "us" refer to Guarantee Trust Life Insurance Company, its successors and assigns, and the word "Loan" means all advances on your commissions and any other amounts that we may lend to you pursuant to the General Agent Agreement between you and us.

PRINCIPAL BALANCE COMPUTATION METHOD: We figure the FINANCE CHARGE on your account by applying the periodic rate to the amount you owe as of the date of the calculations (including any new loans and subtracting any payments or credits).

FINANCE CHARGE: The FINANCE CHARGE begins to accrue beginning on the date each loan is made. We calculate the FINANCE CHARGE for the actual number of days elapsed, using a monthly periodic rate of 1%, or an ANNUAL PERCENTAGE RATE of 12%. There is no "free period" or time period within which any loan may be repaid without incurring a FINANCE CHARGE.

WHEN PAYMENTS ARE DUE: The principal balance and accrued FINANCE CHARGES will be immediately due and payable, without notice or demand (except as provided in subsection (iii) below), on the earlier of (i) the date you would otherwise become entitled to receive any compensation or other payments under the General Agent Agreement from time to time to the extent of such compensation, in which case we may exercise our right of set-off or recoupment in accordance with the General Agent Agreement; (ii) the expiration or earlier termination of the General Agent Agreement; or (iii) demand by us.

OTHER CHARGES: In the event that you fail to pay us any amount on or before the 30th day after such payment became due, you shall pay to us all administration fee, to the extent permitted by applicable law, in the amount of any renewal, commissions that would otherwise have become due to you. You shall also reimburse us, to the extent permitted by applicable law, for all reasonable costs and expenses (including, without limitation, legal fees and expenses and internal administrative expenses) that we pay or incur in connection with (i) the collection, before and after judgment of the principal balance of the Loan, (ii) the enforcement of the General Agent Agreement, or (iii) any attempt by any creditor or assignee of yours to collect any amount from us.

SECURITY INTEREST: The Loan is secured by all compensation or any other amounts which may now be due or hereafter come due to you under the General Agent Agreement or any other contract between you or any of your affiliates and us.

YOUR BILLING RIGHTS
KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us In Case of Errors or Questions About Your Monthly Statement

If you think your Monthly Statement is wrong, or if you need more information about a transaction on your Monthly Statement, write to us on a separate sheet of paper at the address listed on your Monthly Statement. Write to us as soon as possible. We must hear from you no later than 60 days after we send you the first Monthly Statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, please give us the following information:

Your name and account number.
The dollar amount of the suspected error.
Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your Monthly Statement automatically from your savings or checking account, you can stop the payment on any amount you think is wrong. To stop the payment, your letter must reach us three business days before the automatic payment is scheduled to occur.

Your Rights and Our Responsibilities After We Receive Your Written Notice

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the Monthly Statement was correct.

After we receive your letter, we cannot try to collect any amount in question or report you as delinquent. We can continue to bill you for the amount in question, including finance charges. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your Monthly Statement that are not in question.

If we find that we made a mistake on your Monthly Statement, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must notify anyone we report you to that you have a question about your Monthly Statement. We must tell you the name of anyone we report you to. We must inform anyone to whom we have previously reported you, if the matter has been settled between us.

Guarantee Trust Life Insurance Company
ADVERTISING POLICY

As part of our continuing efforts to ensure that all advertisements, sales materials, and illustrations promoting Guarantee Trust Life Insurance Company's products are unambiguous, honest and fair, we require all of our licensed distributors to be familiar with, and adhere to the following rules. Lack of compliance may be grounds for termination of appointment or contract.

I. **Distributors cannot generate or use any advertising or sales material which bears the name or logo of GTL and/or promotes any of our specific policies without securing GTL's Compliance Department's prior written approval of content, form, and method of dissemination.**

II. Advertisements and sales materials include, but are not limited to:

A. Printed and published material, social media, sales aids, leaflets, booklets, brochures, audio visual material and descriptive literature used in direct mail, newspapers, magazines, radio and television scripts, telephone scripts, presentation summaries, projections, billboards, websites, email communications and similar displays intended to promote the purchase, modification, or reinstatement of a policy.

B. Material used for the recruitment, training, and education of distributors.

III. Advertisements and sales materials must be truthful. Content must be sufficiently clear so as not to mislead or deceive.

A. The use of statistics, illustrations and statements which may be factually correct are not acceptable if their impact misleads or deceives.

B. Information required to be disclosed must not be minimized, rendered obscure, presented in an ambiguous manner, or intermingled with text so as to be confusing or misleading.

C. The tendency to mislead or deceive will be determined by the overall impression the advertisement or sales material creates on a person with little knowledge of insurance matters.

IV. The accompanying Advertising Submission Form must be used prior to submitting advertising or sales material to GTL for approval.

V. Illustration software provided by GTL must not be altered in any manner, except under written instruction.

Please review this policy carefully. You must adhere to it at all times.

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, IL 60025

ADVERTISING SUBMISSION FORM

TO: _____ DATE: _____
Line of Business Manager

FROM: _____
Name Agency

REVIEW CHECKLIST for ADVERTISING and ADVERTISING POLICY BEFORE SUBMITTING to GTL.

This form must accompany every advertisement submitted to GTL for approval as required by General Agent Agreement.

Intended Use of Advertising:

Product Name and Form/Plan Number: _____

- ☐ Print Media Ad
- ☐ Telemarketing
- ☐ Sales Presentation
- ☐ Contact Letters
- ☐ Broadcast Media
- ☐ Other

STATES WHERE ADVERTISEMENT WILL BE USED: _____

_____

DATE ADVERTISEMENT WILL START TO BE USED: _____

AGE OF INTENDED MARKET: _____

Home Office Use:

	INITIALS	APPROVED	DISAPPROVED (EDITS SHOWN)	DATE
LOB/Marketing:	_____	_____	_____	_____
Regulatory Compliance:	_____	_____	_____	_____

Checklist For Advertising Material

This Checklist is for your use as a worksheet in preparing advertisements for Home Office approval. Items on the Checklist are based on the most commonly applicable state laws and rules governing the advertising of insurance products. Compare your advertising with the sections on this worksheet applicable to your piece. Check "Yes," "No" or "NA" (not applicable). Make changes to statements marked "No" before sending the advertisement to the Home Office for approval.

Corporate Identity and Logo

Yes	No	NA	
☐	☐	☐	Our full name, ***Guarantee Trust Life Insurance Company***, is used in the first reference.
☐	☐	☐	Initials are used only in the place of the Company name if mentioned parenthetically in the first reference.

Accuracy and Truthfulness

Yes	No	NA	
☐	☐	☐	No aspect of this piece could be considered untrue, deceptive, or misleading based on the information included ***or*** omitted.
☐	☐	☐	This piece, when examined as a whole, cannot lead a person of **average** intelligence to any false conclusions. This conclusion is based on the literal meaning of the words, impressions from nonverbal portions of the piece, and from materials and descriptions omitted from the advertising piece.
☐	☐	☐	All important or required information appears in a type size that is easy to read and is not mixed in with information that could confuse the reader.
☐	☐	☐	Absolute words such as "all," "will" and "shall" are not used.
☐	☐	☐	Words such as "free," "no cost" and "no extra cost" are not used unless actually true and then only if explained.

Comparisons, Ratings and Competition References

Yes	No	NA	
☐	☐	☐	Specific commercial ratings are not the focus of this piece.
☐	☐	☐	Any reference to a commercial rating is clear in describing the scope and extent of the rating (A.M. Best, B++, Very Good must all be used together).
☐	☐	☐	All statistical information is recent, relevant, and the source and date are identified.
☐	☐	☐	References to the competition are factual and not disparaging.

Testimonials, Endorsements, Analyses and Illustrating

Yes	No	NA	
☐	☐	☐	There is no use or implication of an endorsement or testimonial by a person or organization without their approval.

Identity of Insurer and Product

Yes	No	NA	
☐	☐	☐	The name of the insurer is clearly identified.
☐	☐	☐	The policy type and name are clearly and accurately identified including form number.
☐	☐	☐	No combination of words is used which could mislead prospective insureds into believing the solicitation is connected with a governmental agency or program unless true and supportable.

HOME OFFICE USE

____	____	____	The piece is identified with a unique form number assigned by Guarantee Trust Life Insurance Company.

Code of Ethical Market Conduct

At Guarantee Trust Life Insurance Company, we strive to provide our customers with quality service. In order to maintain high standards of honesty, fairness, and integrity, we have developed a Code of Ethical Market Conduct which serves as a guidepost for our conduct in the insurance marketplace.

Market Conduct at GTL

"Market conduct" refers to actions made when providing service to our customers: employees, general agents, and policyowners.

GTL maintains high customer service standards. Honesty, fairness, and integrity are characteristics that employees and general agents are expected to display when dealing with customers. GTL has developed a Code of Ethical Market Conduct to help employees and general agents determine what type of behavior is expected of them. The Code of Ethical Market Conduct consists of six Principles which are described below.

Principle One:

Guarantee Trust Life Insurance Company will conduct business according to high standards of honesty and fairness. We will render to our customers the services which, in the same circumstance, we would demand for ourselves.

Principle Two:

Guarantee Trust Life Insurance Company will provide competent and customer-focused sales and service.

Principle Three:

Guarantee Trust Life Insurance Company will engage in fair competition.

Principle Four:

Guarantee Trust Life Insurance Company will provide advertising and sales materials that are clear as to purpose, and honest and fair as to content.

Principle Five:

Guarantee Trust Life Insurance Company will provide a means for fair and expeditious handling of customer complaints and disputes.

Principle Six:

Guarantee Trust Life Insurance Company will maintain a system of supervision that is reasonably designed to achieve compliance with these Principles.

These principles encourage us to ensure that employees and general agents have the information they need to follow the laws and regulations that pertain to their area. Our general agents also should make efforts to ensure that each customer fits the profile of the market for which the product is designed.

To provide competent sales and service, employees and general agents must adhere to our Code of Ethical Market Conduct. In addition, employees and general agents must have knowledge about GTL's products and their functions. General agents must also be licensed or otherwise qualified under state law.

We are committed to competition as the most effective and efficient means of providing products and services to our customers. Competition is also the most efficient regulator of activities. To maintain and enhance competition in the marketplace for our products, we should ensure that employees and general agents, through education and action, promote an awareness of the concept of a fair marketplace. Our general agents should not replace existing insurance policies without first providing the customer with the information he or she needs to make an informed decision about replacement.

GTL will use only sales and solicitation materials based upon the principles of fair dealing and good faith and that have a sound factual basis.

In order to resolve any complaints and disputes that may arise concerning GTL's market conduct, efforts should be made to identify, handle, and resolve all complaints fairly and objectively.

All GTL employees are provided with information about GTL's Code of Ethical Market Conduct. Policies and procedures have also been developed for auditing and monitoring our general agents' market activities and sales practices.

Market Conduct Violations

All GTL employees and general agents should comply with the Code of Ethical Market Conduct at all times. Violation of this Code is considered serious and will be handled accordingly. Any violations of market conduct should be reported.

For More Information...

If you have any questions or need more information about market conduct at GTL, please contact the Government Affairs Department.

Guarantee Trust Life Insurance Company thanks you for your cooperation.

http://www.gtlic.com

Guarantee Trust Life Insurance Company
Supplemental Health Insurance Marketing Guidelines

GTL markets the following individual supplemental health insurance products. These guidelines are provided to assist agents in correctly representing GTL products. Products listed may not be available in all states. Please consult the latest State product availability chart on GTLink.

Hospital Indemnity Insurance – GTL's hospital indemnity insurance products are intended to supplement an individual's primary health insurance plan. Limited and fixed indemnity benefits are payable under this type of product. ***It is not a substitute for major medical coverage and does not satisfy the minimum essential coverage requirement of the Affordable Care Act.*** Effective as of January 1, 2015, clients will be required to attest to having other health insurance coverage that is minimum essential coverage at the time of application for Hospital Indemnity Insurance, or other fixed indemnity-type coverage.

Hospital Indemnity insurance products are not Medicare Supplement coverage and do not fully supplement any federal Medicare health insurance. If your client is eligible for Medicare, they may review the *Guide to Health Insurance for People with Medicare* available from GTL.

Specified Disease / Cancer -Only / Critical Illness Insurance– GTL's specified disease, cancer-only, or critical illness insurance products are intended to supplement an individual's primary health insurance plan for diseases or illness, such as cancer, heart-attack, stroke, or certain other covered conditions. Depending upon the coverage, benefits are payable either on a fixed indemnity, monthly indemnity, or lump sum basis. ***These insurance products are not a substitute for major medical coverage and do not satisfy the minimum essential coverage requirement of the Affordable Care Act.*** These policies carry waiting periods and/or pre-existing condition limitation clauses, which should be fully explained to your clients.

Short-Term Nursing Home and Short-Term Home Health Care Insurance - This insurance provides coverage for short-term care in a nursing home or an assisted living facility. Short-term home health care is also available. Agents should make it clear to their clients that ***this product is <u>not</u> long-term care insurance. Coverage is provided for less than one year with benefits restoring on a limited basis.*** This policy includes an elimination period. Benefits are payable when a client becomes unable to perform 2 of 6 activities of daily living or has a cognitive impairment. These terms are not understood by all individuals. It is important your client understand when benefits become payable under this type of insurance product.

For all products listed above, agents must comply with all state replacement requirements and buyers guides, where applicable. Agents should review all GTL provided product brochures and outlines of coverage carefully. We encourage you to call or write our Life and Health Sales Department at 1-800-323-6907, or agency@gtlic.com should you have any questions.

Guarantee Trust Life Insurance Company
Life Insurance Marketing Guidelines

GTL markets the following individual Life Insurance product(s). These guidelines are provided to assist agents in correctly representing GTL products. Products listed may not be available in all states. Please consult the latest State product availability chart on GTLink.

Ten or Twenty-Year Term Life Insurance – This insurance offers a renewable 10 or 20-year term period. GTL's current term life product, Critical Provider, includes an accelerated death benefit rider, which provides for the advance payment of some or all of the death benefit under the term life policy upon the occurrence of a qualifying event. The life policy death benefit and premiums will be reduced if an acceleration of death benefit is paid under the rider.

A clear explanation should be provided to your client at the time of solicitation that this is a term life insurance policy with an accelerated benefit rider which will accelerate the payment of benefits for covered critical illness / conditions and depending upon the amount accelerated, the amount of the life policy benefits will be reduced to the remaining face amount.

For all products listed above, agents must comply with all state replacement requirements and buyers guides, where applicable. Agents should review all GTL provided product brochures and sales material carefully. We encourage you to call or write our Life and Health Sales Department at 1-800-323-6907, or agency@gtlic.com should you have any questions.