

Fort Dearborn Life Insurance Company

New Agent Name: _____

Appointing Agent: Douglas B. Mitchell

Appointing Agent Contracted? If Yes, give Agent Code # _____
If No, please attach contracts and license(s)

New Agent Commission Level: _____ State(s) to be licensed in: _____
(Attach license copies)

Appointment Checklist

- Complete and Sign General Agent/Producer Request For Appointment
- Complete and Sign Form W-9
- Complete and Sign Producer's Commission Contract
- Complete and Sign Amendment to Producer's Commission Contract
- Include a copy of Resident State Life License

please return to:
FAX - 1-404-348-4356
Ogletree Financial
2272 Moores Mill Road
Suite 209
Auburn, AL 36830
Email: doug@ofslife.com
www.ogletreefinancial.com

COMMUNICATION AUTHORIZATION

Beginning July 1st, 2005, FCC regulations require us to obtain a written consent from all our clients enabling us to utilize fax or email communications. Without express written consent, we will not be allowed to send you any form of communication by fax or email. The following authorization acknowledges that Oak Tree Life and Annuity Brokerage may send fax and/or email communications to the numbers/addresses listed below.

Select the method(s) of communication you will allow. (You may select both.)

Fax Fax Number: _____

Email Email Address: _____



x _____
Authorized Signature Date

This authorization will remain in effect and have no expiration date, unless revoked in writing.



Fort Dearborn Life Insurance Company

General Agent/Producer Request for Appointment Form

Please select one:

- Producer is currently appointed with FDL List State(s): _____ FDL Agent # _____
- Producer was previously appointed with FDL List State(s): _____
- This is a new Request for Appointment with FDL

Producer Identification: Producer/Broker General Agent NMO TPA Other: _____

PLEASE PRINT - All questions must be completed

Full Legal Name: _____
First Middle Last

Business Name: _____

[Note: Please list all business names utilized]

(Check Box for desired mailing address)

Resident Address _____
Street City State County Zip + 4

Resident Phone: () _____ FAX: () _____

Business Address _____
Street City State County Zip + 4

Business Phone: () _____ FAX: () _____

Email Address: _____

Social Security #: _____ Date of Birth _____

Drivers License Number: _____ State of Drivers License _____

Corporation Tax ID #: _____ Name Principals: _____

Partnership Tax ID #: _____

Commissions:

Send To: Residence Address Business Address

LICENSE INFORMATION - ATTACH CURRENT COPY OF LICENSE AND APPROPRIATE STATE FORMS.

(License(s) must be provided in order to receive commissions)

Products:

- Group Life Health 401(k) [Series VI & Variable License]
- Group LTD Life 403(b) (transfers only)

Resident State License Number(s): _____

Requested RESIDENT Appointment (Appt.) for:

State: _____ Type: _____ License #: _____

Requested NON-RESIDENT Appt. for: **Requested NON-RESIDENT Appt. for:** **Requested NON-RESIDENT Appt. for:**

State: _____ State: _____ State: _____

Type: _____ Type: _____ Type: _____

License #: _____ License #: _____ License #: _____

If more space is needed, please attach additional information.



LICENSE INFORMATION - continued

Evidence of Errors and Omissions Insurance (Please provide)

Copy of Application, policy face page and evidence that it is in-force

PRODUCER QUESTIONS - If your answer is "Yes" to any of the questions below, please write details on a separate sheet and attach. FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.

1. Are you now being sued or have you ever been sued or had a judgment rendered against you? Yes No
2. Have you ever filed for bankruptcy or sought protection from your creditors? Yes No
3. Have you ever been charged, convicted, or pled guilty or nolo contendere ("no contest") to:.....
 - a. Any felony? Yes No
 - b. Any misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument? Yes No
4. Has any federal or state regulatory agency ever:
 - a. censored you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument? Yes No
 - b. found you made false statement(s) or omissions or been dishonest, unfair, or unethical? Yes No
 - c. found you have been involved in a violation of investment, real estate, or insurance related statutes or regulations? Yes No
 - d. found that you were a cause in an investment, real estate, or insurance agency or business having its authorization to do business denied, suspended, revoked or restricted? Yes No
5. Are you now or have you ever been prevented from engaging in any activities related to securities, insurance, annuities, real estate, or any other type of financial instrument? Yes No
6. Have you ever been discharged or permitted to resign because you were accused of violating investment, real estate, or insurance related statutes, regulations, rules of industry standards of conduct? Yes No
7. In the last five years, have any agent or broker contracts which you held with investment, real estate, or insurance companies or agencies been canceled for cause? Yes No
8. In the last five years, has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or refused renewal? Yes No
9. Has any insurance company ever paid a claim on a bond taken out on your behalf? Yes No

CREDIT / INVESTIGATIVE REPORT NOTICE and RELEASE FORM

As part of the application procedure, Fort Dearborn Life Insurance Company ("the Company") may have an investigative consumer report prepared. The investigative report may consist of an investigative consumer report, criminal record reports, insurance department inquiries, and interviews with third parties such as former employers, financial sources, or others. These reports may include information as to my character, general reputation, personal characteristics, and mode of living. Upon my written request to the home office of the Company, the Company will provide me with additional detailed information as to the nature and the scope of this investigation. Should a report have an adverse effect on my application, the Company will notify me in writing and identify the name and address of the reporting agency that prepared the report. I have received a copy of a notice of my rights under the Fair Credit Reporting Act.

I hereby authorize the Company to conduct all such inquiries and obtain these investigative reports. I authorize all persons, firms, and entities having information about me to give the Company all information that it requests. I release from liability all persons, firms or entities supplying such information to the Company, and I agree to hold the Company harmless from and indemnify it from any liability which it may incur as a result of conducting any of the inquiries contemplated herein. The Company may provide to its affiliate companies all information it receives during its investigation. The Company may provide to its affiliate companies or third parties, including agencies that assume my debit balance, any financial, business, legal or tax information regarding me that is not part of the investigative report that it receives from third parties or its affiliate companies. I authorize the Company to provide information concerning any past-due debts owed the Company to the credit reporting services to which it subscribes. These authorizations shall remain in effect for two (2) years after the date I sign this application.

I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of my agent's contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract.

Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer identification number.

Signature of Applicant: _____ Date: _____

Signature of FDL Sales/Marketing Representative Day Mitchell Date: _____
Oglethorpe Financial



Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
OR								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

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

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

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

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

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



**FORT DEARBORN LIFE INSURANCE COMPANY
PRODUCER'S COMMISSION CONTRACT**

UNDER THIS AGREEMENT effective this ____ day of _____, 20 __, by and between Fort Dearborn Life Insurance Company ("FDL") and _____ (the "Producer"). FDL, based on the representations made on the Appointment Request Form which is incorporated herein by reference, appoints the Producer and the Producer accepts such appointment subject to the terms and conditions set forth in this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date stated above.

Fort Dearborn Life Insurance Company **Producer**

← Agent Sign

A Duly Authorized Officer

NOW, THEREFORE, in consideration of the mutual promises exchanged herein, the parties agree as follows:

- 1. **Commissions.** Upon submission and acceptance of a completed and signed application and correct premium FDL agrees to pay the Producer the commission as set forth in the Table of Commissions under the Producer Agreement Addendum attached and incorporated herein. Commissions shall be paid based on the accepted Premium and shall be payable so long as the Producer is the Producer of Record for the account. FDL reserves the right to unilaterally change the rate of commission paid on any products under this Agreement at any time.

If for any reason FDL refunds a premium, the Producer shall repay upon demand the commissions received on such premium. If the Producer submits an application for a policy which FDL in its sole discretion considers to replace in whole or in part a policy previously issued by FDL, the amount of the commissions paid thereon, if any, shall be determined by FDL. Any commissions due to a Producer hereunder shall be subject to reduction or offset for any indebtedness of the Producer. In the event that the Producer becomes indebted to FDL for any reason, FDL shall have a first and prior lien against any and all commissions due or that may become due.

- 2. **Payment Procedure.** Commissions shall be paid on a threshold basis as follows:

Amount of Commission	Frequency of Payment
\$ 0.00 - \$ 10.00	Semi-Annually
\$10.01 - \$ 50.00	Quarterly
\$50.01 - \$250.00	Monthly
\$250+	Semi-Monthly

For example, if the Producer generated \$30 of commissions in one month and \$30 in the next month, the Producer will be paid at the end of the second month because the \$50.01 threshold had been reached.

FDL may, at its sole discretion, pay commissions more frequently as is feasible administratively.

**PLEASE REFER TO REVERSE SIDE FOR FURTHER EXPLANATION OF TERMS AND
CONDITIONS**

**AMENDMENT
FORT DEARBORN LIFE INSURANCE COMPANY
PRODUCER 'S COMMISSION CONTRACT**

Effective as of _____, 20___, Fort Dearborn Life Insurance Company ("FDL") and _____ ("Producer") agree to add the following provisions to the Fort Dearborn Life Insurance Company Producer's Commission Contract dated _____ to which this Amendment is attached.

1. STATUS.

A. Felony Conviction. The Producer represents and warrants that the Producer has not been convicted of a felony and the Producer will report any future felony convictions to FDL immediately. Any felony conviction entered against the Producer involving dishonesty or breach of trust shall be grounds for immediate termination of this Contract.

B. Government Business. The Producer hereby represents and warrants that neither the Producer nor its employees have been: (1) charged with a criminal offense involving government business, (2) listed by a federal government agency as debarred, (3) proposed for disbarment or suspension, or (4) otherwise excluded for federal program participation. The Producer acknowledges and agrees that it has a continuing obligation to notify FDL in writing within seven (7) business days if any of the above-referenced representations change. The Producer further acknowledges and agrees that any misrepresentation of its status as it pertains to government contracting shall be grounds for immediate termination of this Contract at the sole discretion of FDL.

2. COMPLIANCE WITH PRIVACY LAWS. Producer acknowledges that FDL, as a financial institution as defined under the Gramm-Leach Bliley Act (GLB) and to the extent it is a hybrid covered entity under the Health Insurance Portability and Accountability Act (HIPAA) and under other privacy laws and rules, has certain obligations regarding privacy. Producer acknowledges that by its relationship and the duties it performs under this Contract, it may be subject to the same laws and rules. Producer hereby agrees that the following shall govern it in regards to GLB and agrees to execute such documents as may be required by FDL and to cooperate with FDL in its compliance efforts with federal and state laws and rules on privacy.

A. During the course of the parties' relationship, whether or not in writing, a Party (the "Owner") or its agent may make available to the other Party ("Recipient") or its agent certain non-public personal information as such term is defined in the NAIC Model entitled "Privacy of Consumer Financial and Health Information Regulation." ("NPI"). Such NPI shall be:

- 1) held confidentially, except to the extent permitted under any written agreement between the parties, as permitted under the Privacy Policy and Practices of FDL as communicated in writing to Producer, or as permitted by law. Provided, however, that, no disclosure shall occur until Producer first notifies FDL as soon as possible after receipt of such legal order to disclose; and
- 2) protected from unauthorized access with the degree of security as required by the NAIC Model entitled "Privacy of Consumer Financial and Health Information Regulation" or the law enacted by Producer's state of domicile and the states in which Producer does business, whichever is applicable; and
- 3) used for the purposes authorized by FDL in its Contract with Producer, the primary purpose of which is to facilitate services on behalf of FDL.

B. Producer agrees that while FDL is generally deemed to be the sole owner of NPI, such NPI may on occasion be jointly owned. In that situation Producer agrees that, Producer may have independent obligations under the privacy laws and agrees to abide by such obligations.

C. Producer agrees that any use, furnishing, disclosure, dissemination, publication, or revealing in any way of NPI to any person, organization, firm or government agency contrary to law or to this Contract shall obligate Producer to indemnify and hold FDL, its affiliates and subsidiaries, their officers, directors, employees, agents and representatives harmless from any damages, litigation, liability, or claimed liability, claims, and any expenses, including reasonable attorney's fees, and incidental expenses resulting from any such gross negligent use, furnishing, disclosure or revealing of NPI, whether occurring during the term of this Contract or thereafter, except to the extent any such loss or damage was caused or contributed to by FDL.

This Amendment shall supercede any provisions in any agreements which the parties may have to the extent this Amendment conflicts with such agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment.

**FORT DEARBORN LIFE
INSURANCE COMPANY**

PRODUCER

BY: _____ **BY:** _____

DATE: _____ **DATE:** _____