

Sun Life Assurance 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)

WRITING AGENT CHECKLIST

- Complete and Sign Appointment Application (Pg. 5 of 6)
- If Requesting Direct Deposit: Complete Direct Deposit Authorization Form and attach **void check** (Pg. 6 of 6)
- Review and Sign General Agent Agreement (Pg. 3 of 3)
- Complete and Sign Form W-9
- Complete and Sign Pre-Contracting Inquiry Release
- Include a copy of your Resident State 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 prefer. (You may select both.)

Fax Fax Number: _____

Email Email Address: _____

⇒ _____
Authorized Signature Date

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

Appointment Application

Sun Life Assurance Company of Canada (U.S.)



1. Hierarchy Information



MGA	Douglas B. Mitchell - Ogletree Financial	
Co-MGA (if applicable)		
GA		

2. Personal Data (Individual and Entity if applicable)

Please PRINT clearly.

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (m/d/y)
Entity Name (if applicable)		
Social Security Number	Taxpayer ID (if entity)	
Business Address		
Residence Address		
Business Phone	Residence Phone	
Fax Number	E-mail Address	

3. States in Which I Would Like to Sell Fixed Annuity Products (including Fixed Index Annuity)

Please PRINT clearly.

Resident State #	License #	Type	Exp. Date (m/d/y)
Non-Resident State #	License #	Type	Exp. Date (m/d/y)
Non-Resident State #	License #	Type	Exp. Date (m/d/y)



Attach a copy of all current resident and, if applicable, non-resident licenses of the states in which you wish to be appointed.

Attach applicable state required appointment documents.

4. Broker Dealer N.A.S.D. Affiliation

Please PRINT clearly.

Name	CRD Number	
Address (Number and Street)		
City	State	ZipCode

If no NASD affiliation, please check here

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5. Producer Appointment Questionnaire



If any of the following questions are answered with a yes, please attach a full explanation and include applicable documentation.

- | | yes | no |
|--|--------------------------|--------------------------|
| 1. Have you ever filed a bankruptcy petition or been declared bankrupt or insolvent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any insurer you represented, including Sun Life Assurance Company of Canada (U.S.) and/or any of its affiliated companies, ever terminated your agent's or producer's contract or appointment for any other reason than low production? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any federal or state regulatory or supervisory agency ever taken any disciplinary action against you, including suspension or revocation of any of your licenses or other monetary or non-monetary sanction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have Errors & Omissions (E&O) coverage? (coverage is mandatory) | <input type="checkbox"/> | <input type="checkbox"/> |

E&O Coverage Carrier	Policy Number
Exp. Date (m/d/y)	

- | | | |
|--|--------------------------|--------------------------|
| 5. Has a bonding company denied, paid on, or revoked a fidelity bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been a party to any Errors & Omissions claim in the last five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. a. Do you engage in any other business under your own name or any other (D/B/A) name? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you or have you at any time in the past 5 years been a partner, officer or director of any other business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you currently have any open state or federal levy tax lien, or garnishments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been convicted of or pled guilty or nolo contendere to, or are you currently charged with: (1) felony; or (2) any crime involving insurance or investments, fraud, dishonesty, false statements or omissions, wrongful taking of property, perjury, or forgery; or (3) a violation of any federal or state law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you currently party to any litigation or the subject of any investigation, or any judgments pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you in debt or do you have any unsatisfied obligations to any insurance company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you aware of any complaint, investigation, or proceeding that is pending, which could result in a change to any answer provided above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use any advertisements or other sales materials, including seminars, direct mail, print, or other media, or any sales tracks, which are intended to solicit or lead to solicitation of insurance or annuity products, other than materials that are approved proprietary materials of an insurance company or its NASD broker-dealer affiliate? | <input type="checkbox"/> | <input type="checkbox"/> |

6. Producer Acknowledgement



In accordance with my appointment with Sun Life Assurance Company of Canada (U.S.), a member of the Sun Life Financial group of companies ("the Company"), I acknowledge that my authority resulting from such appointment, if any, shall be expressly limited to the solicitation of applications for approved products of the Company.

In connection therewith, I agree not to:

- (i) make, alter, or discharge the Company's policies or modify any forms relating thereto;
- (ii) make any endorsements on policies; waive forfeitures; quote premium rates other than those published by the Company; guarantee or alter published dividend scales or interest rates;
- (iii) misrepresent orally or in writing, including by means of any illustration or comparable document, the terms and conditions of any insurance policy, annuity or other product offered by or distributed through the Company;
- (iv) incur any expense or create any liability or debt for which the Company would be responsible or bind the Company in any way without the written consent of an authorized officer of the Company;
- (v) conduct any business in the name of the Company, directly or indirectly, other than the solicitation, sale and servicing of the Company's policies;
- (vi) issue, use, modify or allow to be published circulars, advertisements, illustrations or other materials relating to the Company or its policies and services unless such publication has been approved in writing by an authorized officer of the Company;
- (vii) demand or accept any remuneration in connection with or incidental to the solicitation, sale and servicing of the Company's products, except from the Company;
- (viii) *become or allow any producer to become the primary delivery address for policy holder communications;*
- (ix) send out any material or mailers in connection with the Company that has not been pre approved by the Company;
- (x) pay any premium to the Company on behalf of any applicant or policyholder;
- (xi) engage in any conduct which violates applicable laws, rules, and regulations in any jurisdictions.

I agree to abide by the principles, policies, procedures, and rules which the Company has or may establish from time to time, including but not limited to those described in the Company's Market Conduct Guide for Individual Life and Annuity Producers, and all updates and amendments as may be made from time to time (the "Producers' Market Conduct Guide"), whether published in print or located on the Company's producer website at www.sunlife-usa.com. I also acknowledge and agree that it is my obligation to obtain and review the current version of the Producers' Market Conduct Guide for this purpose, and all updates and amendments.

I agree to obtain and keep in place professional insurance coverages, including errors and omissions, in an amount as required by the Company from time to time, and will provide the Company with thirty (30) days advance written notice of any cancellation, termination, or material alteration of, or any reduction in, such coverage. Upon Company's request, Company shall have the right to inspect or obtain a copy of the original policies of insurance.

I agree to receive ongoing Anti-Money Laundering Training as described in the Company's Market Conduct Guide for Individual Life and Annuity Producers, and to provide the Company with documentation of the completion of such training upon request from the Company.

Direct Deposit Authorization Form for Commission Payments

Sun Life Assurance Company of Canada (U.S.)



If Direct Deposit is desired, please return the completed form:

Sun Life Financial
P.O. Box 9133
Wellesley Hills, MA 02481
Fax: 781-304-5307

1. Direct Deposit Information



Please PRINT clearly.

General Agency/Agent Name		Contact Person	
Address (Number and Street)			
City		State	Zip Code
Phone Number		Fax Number	

Please PRINT clearly.

Bank Name		Telephone Number	
Address (Number and Street)			
City		State	Zip Code
Bank Account Number		Bank Routing Number	



Please note: There may be up to a one-week delay once all required information is received. A VOIDED CHECK IS REQUIRED FOR ACCURACY. WE WILL NOT PROCESS THIS REQUEST WITHOUT A VOIDED CHECK.

- I authorize and request Sun Life Assurance Company of Canada (US), to effect deposits of compensation owed to me pursuant to any effective compensation agreement and/or schedule by initiating credit entries to the bank account indicated above. I authorize and request said bank to accept any credit entries initiated by Sun Life and to apply those entries to my account without responsibility for corrections of the entries, except where covered by the New England Automated Clearing House Operating Rule governing these transactions.
- In the event that Sun Life causes an incorrect amount to be credited to the bank account indicated above, I authorize Sun Life and said bank to correct the prior payment by either crediting any underpaid amount or debiting any overpaid amount, as necessary.
- I understand that I may terminate this agreement at any time by giving Sun Life written notice and that direct deposits will end no more than 30 days after Sun Life receives the written notice.

2. Authorization for the Direct Deposit Commission Program

Please PRINT clearly.

Company		
Name	Title	
Signature	Date (m/d/y)	

Agent Sign →

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General Agent under Master General Agent Agreement



Hierarchy Information



MGA	Douglas B. Mitchell - Ogletree Financial
Co-MGA (if applicable)	

General Agency Agreement between Sun Life Assurance Company of Canada (U.S.) (hereinafter referred to as "the Company"), a Delaware corporation, and

Please PRINT clearly.

GA
Address

The Company and General Agent agree as follows:

1. General Agent desires to enter into an agency agreement with the Company and to have the General Agent and its Agents appointed as agents of the Company for the purpose of selling insurance or annuity plans (hereafter "Contracts") for which a compensation schedule is attached to this Agreement.
2. General Agent may select persons, who are to be appointed as Agents of General Agent and as agents of the Company, to solicit applications for the Contracts in conformance with all applicable laws. The appointment of any Agent is subject to the approval of the Company.
3. All solicitations for the Contracts will be made only by General Agent and duly authorized Agents who possess the required licenses and appointments and are soliciting sales of the Contract in a state where the Company is authorized to sell such Contracts. General Agent will pay compensation only to such Agents. Continued solicitation for the Contracts shall be contingent upon the continuing qualification of such Agents by possession of the required licenses and appointments. General Agent acknowledges and agrees that it, and not the Company, shall be responsible for paying any compensation to Agents, unless otherwise agreed in writing between such Agent(s) and the Company.
4. General Agent shall have the responsibility to supervise all Agents appointed under this Agreement and shall indemnify and hold the Company harmless from any damage or expenses incurred by the Company on account of any act or omission by General Agent or its Agents in connection with the solicitation, distribution, or servicing of Contracts, or on account of any breach of this Agreement by General Agent.
5. General Agent shall review all applications for the Contracts and promptly forward them to the Company together with any purchase payments received with such applications without deduction for any compensation. The Company has the right to reject any application for a Contract and return any purchase payment made in connection therewith.
6. General Agent will offer and sell the Contracts only in accordance with the terms and conditions of this Agreement and will make no representations not included in any supplemental material approved by the Company. General Agent shall comply with any written policies, rules and regulations of the Company and shall comply with all applicable laws and regulations in the performance of this Agreement. General Agent shall not use, or permit its Agents to use, sales material or advertising with regard to the Contracts or the Company without the prior written approval of the Company. The Company provides neither standard sales literature nor direct sales support to General Agent and Agents. Such literature and support is the responsibility of the Master General Agent designated above.
7. General Agent is performing the acts covered by this Agreement in the capacity of independent contractor and not as an employee of the Company. The Company shall not be liable for any obligation, act or omission of General Agent or its Agents.

General Agent under Master General Agent Agreement



15. The foregoing represents the entire agreement between the parties and no party shall be bound by any other promise, agreement, understanding or representation unless it is made by an instrument in writing and signed by both parties.

Limitations on Authority

General Agent under Master General Agent shall have only the authority expressly granted in this Agreement and agrees not to:

- a. endorse, deposit, cash, or otherwise negotiate any check drawn to the Company's order, or to open any bank account in the Company's name, or to sign the Company's name in any circumstances, or to have any checks or promissory notes printed with "Sun Life Assurance Company of Canada (U.S.)" thereon.
- b. endorse, deposit, cash or otherwise negotiate any check drawn by the Company to the order of any payee other than the agent.
- c. place the Company under any legal obligation which is not within the express authority granted by the Company in the General Agency Agreement, or elsewhere in writing.
- d. accept risks of any kind, to make, modify or discharge contracts, to extend the time for paying the premium, to waive forfeitures or any of the Company's rights or requirements, to bind the Company by any statement, promise or representation; to agree with any applicant to any extra premium for extra risks or to collect any moneys other than as may be provided in the General Agency Agreement.
- e. advertise or publicize the Company's name by using it in any advertising or publicity medium, including newspapers, magazines, television or radio broadcasts, or other means unless the content of such advertising or publicity has first been submitted to, and approved and authorized by the Company in writing.
- f. sign as a witness to any person's signature on any application or other paper relating to the company's business (such as health certificates, amendments, questionnaires, etc.) unless that signature is written in the agent's presence.
- g. sign the name of another person, such as an applicant, insured, policy owner, beneficiary, assignee or otherwise, whether or not such person consents thereto.
- h. keep custody of a policy, for a period longer than is necessary for purposes of analysis, record organization and review for servicing (rather, all policies and contracts must be delivered to the respective owner in an expedient manner and in conformance with applicable law).
- i. be the assignee, owner or beneficiary of any policy issued by the Company, other than a policy on the agent or on a member of the agent's family.
- j. represent the Company in any manner whatsoever before any State Insurance Department, or official thereof, or any Governmental Agency; such matters must be submitted to the home office for the attention of a Company officer. and
- k. affix stamps or labels on policies, policy envelopes or literature of the Company in such a way as to obliterate or modify in any way the printed matter thereon.

Sun Life Assurance Company of Canada (U.S.) Edward J. Ronan	Sun Life Assurance Company of Canada (U.S.) Mary M. Fay
Authorized Officer X <i>Edward J. Ronan</i>	Authorized Officer X <i>Mary M. Fay</i>
Title Vice President, Distribution Support Services	Title Vice President, Annuities

Name of General Agent under Master General Agent	
Authorized Signatory	
X Title	Date (m/d/y)

Agent Sign →

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, 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. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 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 4.)

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 obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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

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

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Pre-Contracting Inquiry Release



In connection with my appointment as a Producer with Sun Life Assurance Company of Canada (U.S.) ("the Company"), I understand that the Company will obtain an investigative consumer report on me. The Company may also obtain updates to this investigative consumer report from time to time. This background inquiry will include, among other things, reviews of companies I have associated with, former supervisors, consumer credit, criminal convictions, motor vehicle records, court records, and insurance department files. It will also include information as to my character, work habits, performance and experience along with reasons for leaving previous employers. Further, I understand that the Company may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences and those of any business entity with which I have been associated. The name and address of the investigative consumer reporting agency which will provide the report to the Company is:

Business Information Group, Inc.
 P.O. Box 130
 Southampton, PA 18966
 Tel. 800 260-1680

I understand that upon written request I will be given a list of the areas, which will be researched and included in the investigative consumer report into my background.

I have received and understand the attached summary of my rights under the federal Fair Credit Reporting Act.

I authorize any party or agency contacted by Sun Life Assurance Company of Canada (U.S.) or its representatives to furnish the above mentioned information directly to the Company or its representatives and to rely on a copy of this Release as if it were the original. I hereby consent to the Company or its representatives obtaining the above information about me directly from any source.

Name	
Drivers License Number	
Current Address	
Previous Address (if at current address less than 5 years)	
Producer's Signature	Date (m/d/y)

Agent Sign
 ↑

(X)

California Residents:

Pursuant to the California Investigative Consumer Reporting Agencies Act, you have a right to request a copy of the investigative consumer report from the agency named above. In addition, the Company will send to you a copy of the report within three (3) days of our receipt of the report if the following check box is selected:

I have received and understand the attached summary of Section 1786.22 of the California Investigative Consumer Reporting Agencies Act outlining my rights under California law in connection with the investigative consumer report.

Minnesota and Oklahoma Residents:

Under Minnesota and Oklahoma law, you have a right to request a copy of the investigative consumer report from the agency named above. Select the following checkbox if you would like to receive a copy:

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