



**50 Derby Street
Hingham, MA 02043
800-322-6342
www.dmi.com**

RBC Insurance (Liberty Life Insurance Company) General Agent Licensing

Attached is the RBC Insurance (Liberty Life Insurance Company) Appointment Kit. Included is a detailed checklist of what needs to be completed and returned to DMI:

Send completed RBC (Liberty Life Insurance Company) forms along with the following documents via fax to DMI at 781 740-9778

1. State insurance license(s)
2. Proof of Errors and Omissions coverage
3. Certification of AML training
4. Void Check

If you have any questions regarding the completion of this paperwork, please call DMI at 1-800-322-6342

THANK YOU!



Contracting Checklist

Appointment with RBC Insurance (Liberty Life Insurance Company)

Please note that missing or incomplete documents may extend the contracting process.

- Hierarchy form showing the agent/agency and the requested compensation level(s).
- Please be sure to check the box next to the appropriate line(s) of business.
- Include a commission schedule for the requested compensation level(s).
- Producer/Marketing Organization Agreement signed and dated by the agent and NMO (or top level signing officer).
- Entity/Individual Appointment Certification for Override Commissions form (if applicable) signed and dated by the Principal of the agency.
- Producer Application signed and dated by the agent
- All questions must be answered. If any are answered "yes," please provide a statement of explanation.
- Consent and Authorization form signed and dated by the agent.
- Authorization for Automatic Pay Deposit form (if applicable) signed and dated by the agent.
- Voided check must be attached. We will not accept deposit slips.
- Assignment of Commission form (if applicable) signed and dated by the agent and a witness.
- If Agent/Agency is requesting an appointment in NM, please include a copy of the NM license.
- Remember to review the Producer Solicitation Chart to find out when you may begin soliciting the Company's products.



PRODUCER / MARKETING ORGANIZATION AGREEMENT

Liberty Life Insurance Company PO Box 1389 Greenville, SC 29602-1389 Phone: 1.800.234.5514 Fax 1.864.609.3118

Name: Address: Check one: [] Producer/Agent [] Marketing Organization

This agreement is between LIBERTY LIFE INSURANCE COMPANY, a South Carolina corporation (the "Company") and the above named producer or marketing organization ("You"). The parties agree as follows:

Authority. (a) The Company authorizes You to perform the following acts, provided they are performed in accordance with the Company's rules and procedures and applicable law:

- (1) solicit and submit applications for the insurance products set forth in the Commission Schedules to this agreement (the "Products")... (2) collect initial premium payments for Products solicited by You through checks... (3) promptly deliver contracts for Products ("Contracts")... (4) service Contract owners; and (5) recruit and recommend licensed agents for appointment with the Company.

(b) You may exercise this authority only in jurisdictions in which the Company is licensed to transact business, the Products are available, and You are licensed and appointed with the Company. The Company may appoint other agents in this same territory. In all respects, Your relationship with the Company in Your performance of acts under this agreement is that of an independent contractor and not an employee. You have no power or authority to represent the Company other than as expressly granted by the Company in this agreement. You have no authority to and shall not attempt to:

- (1) alter, modify, waive or change any of the terms, rates, or conditions of the Company's policies, contracts, or forms or extend the time for paying any premiums to the Company or bind the Company by making any promises about any policy benefits; (2) receive any money due or to become due to the Company, except in exchange for a printed receipt as authorized by the Company; (3) pay, offer, or permit any rebate of premium as an inducement to any person to purchase any Company product.

Duties. You shall fully comply with all applicable local, state, and federal laws, rules, and regulations governing its activities under this agreement. When acting on behalf of the Company, You shall adhere to the terms, policies, and procedures set forth in the Company's publication, "Terms and Conditions for Doing Business with RBC Insurance in the U.S.", which is hereby incorporated in this agreement and may be amended by the Company at any time. The Company shall notify You of any such amendment. You shall not advertise, create, use, or publish the Company's name, logos, trademarks, rates, products, or services without the Company's prior written consent. Your use of the Company's service marks, trademarks, and trade names does not confer a license or ownership rights to You.

Compensation. (a) The Company shall pay You compensation in accordance with the Commission Schedules. The Company may revise the Commission Schedules at any time upon written notice to You. Any change to the Commission Schedules does not apply to Contracts effective before the effective date of the change. The commissions payable under this agreement are compensation in full for all services performed and all expenses incurred by You. The Company may charge back commissions received by You in accordance with the Commission Schedules. You shall repay to the Company unpaid chargebacks attributable to You and your agents. In addition to any other available remedies, the Company may apply any compensation payable to You against any debt owed by You to the Company. The Company may charge interest up to the legal rate on any debt owed by You to the Company. All payments toward a debt owed to the Company will be applied first to interest and then to principal. You shall pay all costs and expenses incurred by the Company in recovering any amount owed by You, including attorney's fees and court costs, if any. The amount of these costs and expenses are to be added to the principal balance of Your debt to the Company. The terms of this subsection are to survive termination of this agreement.

(b) No assignment of commissions or other compensation under this agreement is valid unless it is made in accordance with applicable state insurance laws and regulations and unless the Company authorizes and acknowledges it in writing. The Company assumes no responsibility for the validity or sufficiency of any assignment made by You.

Indemnification. (a) "Indemnifiable Losses" means the aggregate of Losses and Litigation Expenses. "Litigation Expense" means any court filing fee, court cost, arbitration fee or cost, witness fee, and each other fee and cost of investigating and defending or asserting a claim for indemnification under this section, including, without limitation, in each case, attorneys' fees, other professionals' fees, and disbursements. "Loss" means any liability, loss, claim, settlement payment, cost and expense, interest, award, judgment, damages (including punitive damages), diminution in value, fines, fees and penalties or other charge, other than a Litigation Expense. "Third Party Claim" means a claim, action, suit, or proceeding brought by a third party against the Company.

(b) You shall indemnify the Company against all Indemnifiable Losses arising out of or relating to the actual or alleged:

- (1) inaccuracy of any of Your representations in this agreement;
- (2) breach by You of any warranty or covenant in this agreement;
- (3) violation of any applicable insurance law or regulation by You and/or Your employees; and
- (4) any negligent, reckless or intentional act or omission of You and/or Your employees and independent contractors.

(c) The Company shall promptly notify You in writing of any claim, event or fact that may give rise to a claim by the Company against You based on this agreement, stating the nature and basis of the claim, event or fact and the amount, to the extent known, provided that the failure to notify You will not relieve You from any liability under this section, except to the extent that You are damaged as a result of the failure to give that notice. The Company has the sole right to control the defense of the Third Party Claim. After sending You notice of a Third Party Claim, the Company may contest the Third Party Claim as it determines or make a reasonable payment, settlement, or compromise of the Third Party Claim. You shall pay for the reasonable Litigation Expenses incurred by the Company in defense of a Third Party Claim. Reasonableness for purposes of Litigation Expenses and payments, settlements, or compromises is to be determined by all of the circumstances surrounding the claim, including without limitation the nature of the claim, the amount of the claim, and the jurisdictions involved. This indemnification is in addition to any liability You may otherwise have. The terms of this section are to survive termination of this agreement.

Damages; Remedies. Except for a breach of the confidentiality covenants of this agreement, neither party is liable to the other for any special, indirect, or consequential damages arising out of or related to this agreement. Any remedy provided in this agreement is cumulative and not exclusive of any and all other rights and remedies available at law or in equity. The terms of this section are to survive termination of this agreement.

The Company's Property. All materials supplied to You by or on behalf of the Company, in whatever form, including without limitation, manuals, forms, supplies, sales brochures, software, policyholder records, or lists of policy owners or insured persons belong to the Company. You shall not share that property, or any copies or derivatives of that property, or divulge the information contained within it to any third party without the prior written consent of the Company. Upon termination of this agreement, You shall promptly deliver that property to the Company. While You are in possession of that property, You shall not use that property for any purpose except its performance under this agreement.

Books and Records. You shall keep the records related to business produced under this agreement as may be required by the Company and as required under applicable laws and regulations. You shall make all accounts, correspondence, or other records pertaining to Your performance and Your agents' performance under this agreement available for inspection by the Company or its representative during business hours.

Errors and Omissions Coverage. You shall maintain, at Your own expense, errors and omissions insurance with deductibles and minimum limits as published from time to time by the Company, covering Your activities under this agreement. You shall deliver to the Company a certificate of insurance evidencing the above insurance coverage upon the Company's request.

Term; Termination. (a) This agreement is to continue until terminated as provided in this section. The Company, You, or the marketing organization (if any) that recommended Your appointment with the Company may terminate this agreement upon 30 days written notice to the other party or parties.

(b) This agreement terminates upon Your dissolution or liquidation, Your death (if You are a natural person), or (if You are a partnership) the death of any partner of the partnership. Either party may terminate this agreement upon written notice to the other party if the other party:

- (1) becomes bankrupt or insolvent;
- (2) is disqualified or suspended to do business under any applicable state or federal law where that party's ability to perform its duties under this agreement is materially impaired;
- (3) commits an act of fraud, dishonesty, misrepresentation or conversion of funds relating to this agreement;
- (4) commits a material breach of this agreement; or
- (5) commits a material violation of any federal, state, or local law or regulation applicable to insurance business.

(c) If this agreement is terminated under the paragraph (a) of this section, the Company shall continue to compensate You for Contracts issued as a result of applications submitted prior to the date of termination. If this agreement terminates under the paragraph (b) of this section, commissions will immediately cease and the Company will not be liable to You for further compensation under this agreement.

No Waiver. No provision of this agreement may be waived, except in writing executed by the party against whom the waiver is sought to be enforced. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this agreement, and no course of dealing between the parties, operates as a waiver or estoppel of any right, remedy, or condition. A waiver made in writing on one occasion is effective only in that instance and only for the purpose that it is given and is not to be construed as a waiver on any future occasion or against any other person.

Severability. If any provision of this agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions of this agreement remain in full force, if the essential terms and conditions of this agreement for each party remain valid, binding, and enforceable.

Governing Law. The laws of the State of South Carolina (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this agreement and the relationship of the parties.

Assignment. You shall not assign Your rights or delegate Your performance under this agreement without the express written consent of the Company. Any purported assignment of rights or delegation of performance in violation of this section is void. If You validly assign Your rights in accordance with this section, a contemporaneous delegation is deemed to have occurred and that assignee is deemed to have assumed Your performance obligations in favor of the Company, except if in either instance there is evidence to the contrary.

Notices. The parties shall provide all notices, requests, demands, or other communications under this agreement (each being a "Notice") in writing to the last known address of the party on file with the other party, if different from the address appearing in this agreement. If a Notice is delivered by mail, it is deemed to have been received upon the earlier of receipt or five days after being deposited in the mail.

Entire Agreement. This agreement, the attached schedules, and any attached addenda constitute the final agreement between the parties. It is the exclusive expression of the parties' agreement on the matters contained in this agreement. All prior and contemporaneous negotiations and agreements between the parties on the matters contained in this agreement are expressly merged into and superseded by this agreement. The provisions of this agreement may not be explained, supplemented, or qualified through evidence of trade usage or a prior course of dealings. The parties may amend this agreement only by a written agreement of the parties, except that the Commission Schedules may be revised as stated in this agreement.

This agreement is effective on the date signed by the Company.

PRODUCER / AGENT / MARKETING ORGANIZATION

TOP LEVEL SALES ORGANIZATION

X _____
 Printed Name: _____
 Title: _____
 Date: _____

X _____
 Printed Name: _____
 Title: _____
 Date: _____

LIBERTY LIFE INSURANCE COMPANY

By: _____ Date: _____



ENTITY/INDIVIDUAL
APPOINTMENT CERTIFICATION FOR OVERRIDE COMMISSIONS
(SELLING, SOLICITING AND NEGOTIATING)

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389
Overnight address: 2000 Wade Hampton Blvd, Greenville, SC 29615-1064

1.800.234.5514
Fax: 1.864.609.3118 or 609.4889

As a part of your appointment with RBC Insurance, we need to obtain some additional information about your organization and how it interacts or doesn't interact with clients who purchase life insurance and annuity products. Currently, the following states require any entity or individual that receives override commissions from the sale of life insurance and annuity products to be licensed: Alabama, Florida, Georgia, Kentucky, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, Nevada, Pennsylvania, South Carolina, South Dakota, Utah, Virginia and West Virginia. In the remaining states, an entity or individual must be licensed to receive override commissions from the sale of life insurance and annuity products ONLY when the agency* is involved in the actual sale, solicitation or negotiation of life insurance and annuity products in that state.

**Please note that a principal officer must also be appointed in these remaining states.*

WHAT IS SELLING, SOLICITING AND NEGOTIATING?

The NAIC (National Association of Insurance Commissioners) in the Producer Licensing Model Act (PLMA) and those states adopting the PLMA define these terms as follows:

Sell - to exchange a contract of insurance by any means, for money or its equivalent, on behalf of any insurance company.

Examples:

- To indicate that requested coverage is or will be bound or issued
- To bind coverage

Solicit - attempting to sell insurance or asking or urging a person to apply for a particular kind of insurance from a particular company. Example:

- To disseminate information as to rates secured by reference to a published or printed list or computer database of standard rates

Negotiate - the act of conferring directly with or offering advice directly to a purchaser or prospective purchaser of a particular contract of insurance concerning any of the substantive benefits, terms or conditions of the contract, provided that the person engaged in that act either sells insurance or obtains insurance from insurers for purchasers. Examples:

- To explain, discuss, or interpret coverage, analyze exposures or policies, or give opinions or recommendations as to coverage
- To discuss the effect of age, health or other risk-related conditions of the prospective policyholder
- To counsel, urge or advise any prospective purchaser to buy a particular policy or to insure with a particular company

An excellent guideline for determining whether an unlicensed person/business entity is selling, soliciting or negotiating is provided in Arizona Bulletin 2001-14. This bulletin was issued by the Arizona Department of Insurance after the state's adoption of the NAIC Producer Licensing Model Act. The commission section of this bulletin provides the following:

"...An example of permissible commission sharing would be if an insurance producer rents office space from an unlicensed entity for which rent is based on commissions received (as long as the unlicensed entity does not sell, solicit or negotiate). Insurance producers are encouraged to broadly interpret the definitions of 'sell,' 'solicit,' and 'negotiate' provided in A.R.S. §20-281 before sharing commissions with a person that does not hold an Arizona insurance producer license."

RBC Insurance will appoint your organization only where it is required. Please complete the information on the back of this form and return along with appointment paperwork.

Please complete the information on this page as it pertains to you or your sales organization.

YES, we have licensed agents in these states and they sell, solicit or negotiate (as defined by the NAIC) under our entity name

- | | |
|---|---|
| <input type="checkbox"/> All states | <input type="checkbox"/> Missouri |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Montana |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Nebraska |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> New Hampshire |
| <input type="checkbox"/> California | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Maine | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Michigan | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Minnesota | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Mississippi | |

We have licensed agents in these states, but they DO NOT sell, solicit or negotiate (as defined by the NAIC) under our entity name

- | | |
|---|---|
| <input type="checkbox"/> All states | <input type="checkbox"/> Missouri |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Montana |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Nebraska |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> New Hampshire |
| <input type="checkbox"/> California | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Maine | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Michigan | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Minnesota | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Mississippi | |

CERTIFICATION BY BUSINESS ENTITY/INDIVIDUAL TO SELL, SOLICIT, OR NEGOTIATE INSURANCE AND RECEIVE OVERRIDE COMMISSIONS

I, _____, designated agent or principal for
Full Name (please print)

_____, hereby
Full Entity/Individual Name (please print)

to the best of my knowledge certify that the information above is accurate.

Signature of Designated Agent or Principal

Date



PRODUCER APPLICATION FOR APPOINTMENT

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389
 Overnight address: 2000 Wade Hampton Blvd, Greenville, SC 29615-1064

1.800.234.5514
 Fax: 1.864.609.3118 or 609.4889

Complete each of the following:

Name of Top Level Sales Organization (i.e., NMO/MGA) _____

To be contracted as: Individual Corporation / Agency / Partnership Both

Application Submitted w/Appointment Form? No Yes App Sign State _____ App Sign Date _____
(App may be submitted with appointment request only in immediate states listed on attached state grid)

Commissions paid to: Individual Agency *(Note: If commissions are paid to the Agency the Agency must be Appointed and attach an Assignment form)*

Personal Information

Agent Name _____ Social Security # _____ - _____ - _____
First, Middle, Last - as it appears on license - please attach current copy

Residence Address _____
Street or PO Box Suite City State Zip Code

Mailing Address _____
Street or PO Box Suite City State Zip Code

Residence Phone (____) _____ Business Phone (____) _____ FAX (____) _____

Date of Birth ____/____/____ E-mail Address _____

Mother's Maiden Name _____ *(Needed for enrollment to access policy information on-line)*

Agency Information (Complete this section if requesting Agency Appointment)

Agency Name _____ Federal Tax I.D. # _____ - _____
(As it appears on company license - please attach current copy)

Business Address _____
Street or PO Box Suite City State Zip Code

Business Phone (____) _____ FAX (____) _____ Company Contact Email Address _____

Qualified Officer for Agency: _____

Licensing & Appointment Information

- Resident State Appointment _____ License Number: _____
Identify State *(Include a copy of your resident license with this form.)*
- Non-Resident State Appointment(s) _____
 Check this box if you are requesting non-resident appointment(s) - List the states for which you are requesting appointments and attach a separate sheet listing all states if necessary. **IMPORTANT:** Include non-resident license copies for all non-resident states you wish to be appointed in.

Additional Information:

| | | YES | NO |
|----|---|--------------------------|--------------------------|
| 1. | Have you ever been convicted of, pled nolo contendere to, or are you currently charged with committing a crime, whether or not adjudication was withheld? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | If you answer yes, you must attach to this application: a) A written statement explaining the circumstances of each incident, b) A certified copy of the charging document, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment. | | |

| | | YES | NO |
|----|--|--------------------------|--------------------------|
| 2. | <p>Have you or any business in which you are or were an agent, owner, partner, officer or director, ever been involved in or fined as a result of an administrative proceeding regarding any professional or occupational license, including but not limited to insurance and securities license?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) A written statement identifying the type of license and explaining the circumstances of each incident, b) A certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <p>Even if disputed by you, has any demand ever been made or judgment rendered against you for overdue monies by an insurer, insured or producer, and/or have you been subject to a bankruptcy proceeding in the past seven years?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, type and location of bankruptcy along with a copy of bankruptcy discharge papers.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <p>Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <p>Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) A written statement summarizing the details of each incident, b) A certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | <p>Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an appointment with Liberty Life Insurance Company, and b) Certified copies of all relevant documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | <p>Have you completed Anti Money Laundering training and if so, when was the last date you completed it?</p> <p>Date of last completion: _____</p> <p>Pre-approved course providers include, LIMRA, RegEd, and Broker Dealer Sponsored courses.</p> <ul style="list-style-type: none"> a) If you answered yes, what course provider did you complete your AML training through? _____ b) If you answered yes and your course completion is through a pre-approved provider above other than LIMRA, attach a copy of the certificate of course completion to this application. c) If course completion is through another life insurance company or course provider other than those approved above, attach a copy of the course outline to this application. Approval is subject to review. | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that I have reviewed this Application for Appointment and that the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. I have reviewed the Terms and Conditions for doing business with Liberty Life Insurance Company including the Contracting and Appointment standards and believe I meet the standards required by the Company. Liberty Life Insurance Company retains sole authority to terminate any appointments subject to applicable laws and regulations.

Dated at _____ this _____ day of _____, 20 _____

SIGNATURE

Name of Applicant *(Please print)*

X

Signature of Applicant



CONSENT & AUTHORIZATION

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389
Overnight Address: 2000 Wade Hampton Blvd, Greenville SC 29615-1064

1.800.234.5514
Fax: 1.864.609.3118 or 609.4889

You have applied to Liberty Life Insurance Company (RBC Insurance®) for appointment to sell insurance as a representative or are currently under contract to sell insurance as a representative for RBC Insurance. In connection with your appointment application, RBC Insurance will obtain one or more consumer reports and/or investigative reports from a consumer-reporting agency for the purpose of evaluating your qualifications for being appointed as an insurance producer with RBC Insurance. Such report may contain information bearing on your credit worthiness, character, general reputation, and personal characteristics obtained from public records sources, references supplied by you, and interviews with your neighbors, friends, acquaintances and previous employers. RBC Insurance may also access school, financial institution, National Insurance Producer Registry, law enforcement and other government agency records pertaining to you. You have the right to receive, upon written request, additional disclosures regarding the nature and scope of the investigation and a summary of your rights under the Fair Credit Reporting Act.

I understand that a consumer and/or investigative report will be obtained as described above, and authorize the release of such information to RBC Insurance without restriction or qualification. Facsimile and photocopies of this authorization may be accepted with the same authority as the original, and I specifically waive any notice from any present or former employer who may provide information based on this authorization. I further authorize RBC Insurance to use my social security number in its files pertaining to me for Income Tax and identification purposes.

These authorizations shall be valid until revoked in writing by the Applicant, or until the Applicant's appointment with RBC Insurance is terminated, or 12 months after the Applicant ceases to receive any commission earnings from or through RBC Insurance, whichever occurs first.

Dated at _____ This _____ Day of _____, 20 _____

SIGNATURE

Name of Applicant *(Please Print)*

X

Signature of Applicant



AUTHORIZATION FOR AUTOMATIC PAY DEPOSIT

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389
Overnight address : 2000 Wade Hampton Blvd, Greenville, SC 29615-1064

1.800.234.5514
Fax: 1.864.609.3118 or 609.4889

Instructions:

1. Complete the authorization form below
2. **Mail the completed authorization form and voided check to the address above along with the appropriate contracting and appointment forms.**

Agent Number _____

Name _____ Social Security No. _____

I hereby authorize RBC Insurance Start Stop Depositing my net earnings on all payrolls into my checking and or savings account *(see below)*.
to:

My net earnings are now being deposited.
Please change my bank, checking and/or savings account number as shown below:

Name of Bank _____

City _____ State _____ Zip Code _____

Bank No. _____ Account No: _____

Checking _____

Savings _____

I understand that all entries initiated are governed by the rules of the Mid-America Payment Exchange and I am bound by those rules. In the event that an entry is incorrectly initiated to my account, I also authorize Liberty Life Insurance Company to initiate a reversing entry. This authorization may be discontinued by my written request or upon termination.

Signature **X** _____ Date _____



ASSIGNMENT OF COMMISSION

Liberty Life Insurance Company PO Box 1389, Greenville, SC 29602-1389
Overnight address: 2000 Wade Hampton Blvd, Greenville, SC 29615-1064

1.800.234.5514
Fax: 1.864.609.3118 or 609.4889

Instructions:

1. Complete the authorization form below
2. Mail the completed form to the address above along with the appropriate contracting and appointment forms.

ASSIGNOR:

(Assigning Commissions)

_____ Agent Name & Agent Number

_____ Tax ID and or Social Security Number

ASSIGNEE:

_____ Name

For good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned, as the Releasor/Assignor designated above, does hereby release all right, title and interest in and to all commissions and other compensation, if any, which are now or may become due and payable to the undersigned by Liberty Life Insurance Company (RBC Insurance), under the Assignment of Commission dated _____, 20____ between the undersigned and the Releasee/Assignee designated above, and further assigns, transfers and sets over to said Releasee/Assignee all right, title and interest in and to all such commissions and other compensation, if any, acquired by the Releasor/Assignor under said Assignment of Commission.

The further assignment made herein is subject to all rights of lien which RBC Insurance may have or be entitled to upon such commissions and other compensation, whether for present or future indebtedness. Any payment of commissions or other compensation by RBC Insurance to the Releasee/Assignee pursuant to this Further Assignment shall fully and completely discharge and release RBC Insurance from any and all rights, claims and causes of action of the Releasor/Assignor for, or related in any way to, said commissions or compensation, and RBC Insurance shall not be bound in any way to see to the application of said commissions or compensation. This Release and Further Assignment of Commission is absolute and irrevocable.

Signed this _____ day of _____ 20 _____ .

X _____
Witness Signature

X _____
Assignor Signature

ACKNOWLEDGMENT:

RBC Insurance acknowledges receipt of a signed copy of this Assignment, which has been filed at its Administrative Office and consents to said assignment, subject to all rights of lien security and indemnification, which it may have.

RBC Insurance

By _____

Date _____

Title _____



Liberty Life Insurance Company
 Mailing address: PO Box 1389 Greenville, SC 29602-1389
 Overnight address: 2000 Wade Hampton Blvd. Greenville, SC 29615-1064

1.800.234.5514
 Fax: 1.864.609.3118 or 609.4889

| State | Immediate | Restricted | Comments |
|-------|------------------------|-----------------|---|
| AK | X | | |
| AL | X | | |
| AR | X | | |
| AZ | X | | |
| CA | X | | |
| CO | X | | |
| CT | X | | |
| DC | X | | |
| DE | X | | |
| FL | X | | |
| GA | | X (Resident) | Georgia adopted new regulatory standards for non-resident agents but did not repeal existing restrictions on resident agent solicitations. Once an agent’s resident appointment is filed and communicated to the agent the agent can solicit. |
| GA | X*** (Non-resident) | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. |
| HI | X | | |
| IA | | X*** | *** Producers in Iowa are considered “ restricted ” for indexed annuity and indexed life sales until the company receives proof that the state-mandated CE requirement has been satisfied. |
| IA | X | | For fixed annuity and life sales only. |
| ID | X | | |
| IL | X | | |
| IN | X | | |
| KS | X *** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. If not appointed prior to solicitation, an appointed agent must submit an authorization letter with the application. |
| KY | X *** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. Producer must suspend solicitations if DOI hasn’t given approval within 15 days of the date the first RBC Insurance application was signed by an applicant. |
| LA | X | | |
| MA | X | | |
| MD | X | | |
| ME | X | | |
| MI | X | | |
| MN | X | | |
| MO | X | | |
| MS | X | | |
| MT | X *** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. |
| NC | | X | State regulation demands that the company return any applications taken prior to appointment – no exceptions. |
| ND | X | | |

| State | Immediate | Restricted | Comments |
|-------|-----------|------------|---|
| NE | X | | |
| NH | X | | |
| NJ | X | | |
| NM | X | | |
| NV | X | | |
| OH | X | | |
| OK | X | | |
| OR | X | | |
| PA | X *** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. |
| RI | X | | |
| SC | X | | |
| SD | X | | |
| TN | X | | |
| TX | X *** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. |
| UT | X | | |
| VA | X *** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. |
| VT | X | | |
| WA | X*** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. |
| WI | X *** | | *** Conditionally Immediate: strict regulatory time frames dictate that any initial application must be forwarded to us within 5 days of date the application was signed by the applicant. |
| WV | X | | |
| WY | X | | |

“**Immediate**” means that a producer may solicit the Company’s products prior to being appointed. If the producer is not appointed prior to solicitation, the producer must submit the appointment paperwork to the Company at the same time the initial life insurance or annuity application is submitted. (Note: Producers in Iowa are considered “restricted” for indexed annuity and indexed life sales, until the company receives proof that the state-mandated CE requirement has been satisfied.) **It is critical that producers meet the Company’s Contracting and Appointing Standards as referenced on page 2 prior to submitting business with the Company.**

Requests for appointments in “Immediate” states (all states except Georgia resident and North Carolina resident and non-resident) prior to the submission of an application will be acknowledged with a welcome letter from our Producer Administration department and an agent number will be assigned. **RBC Insurance does not finalize appointment with the state until the producer’s first application is received. Appointment with RBC is dependent upon a successful background check.**

“**Restricted**” means that a producer may not solicit the Company’s products prior to receiving permission from the Company.

All states are considered “Restricted” for RBC Express Term Call Center Producers. These producers cannot solicit this line of business until they receive confirmation of authority from the Company.

Requests for appointments in “Restricted” states (Georgia and North Carolina resident and non-resident) are required prior to the submission of an application. Please let us know on the contracting paperwork if the producer is licensed and plans to sell RBC Insurance products in these states and we will initiate the appointment for these states immediately. A producer must receive confirmation from our Producer Administration department before taking an application for RBC Insurance products in these states.

For RBC Express Term Producers licensed in other states other than Georgia and North Carolina: These producers will be appointed in at least one state prior to submitting business with the Company. For other states where they may be licensed, they will have “just in time” appointment status.

*** **“Conditionally Immediate”** means that the producer may solicit the Company’s products prior to being appointed. If the producer is not appointed prior to solicitation, he/she must submit the appointment paperwork to the Company at the same time the initial life insurance or annuity application is submitted. Strict regulatory time frames dictate that any initial application must be forwarded to the Company within 5 days of date the application was signed by the applicant. **It is critical that producers meet the Company’s Contracting and Appointing Standards as referenced on page 2 prior to submitting business with the Company.**

If the producer does not forward the application to the home office within 5 days of the date the application was signed by the applicant, the producer runs the risk that the Company will not be able to pay commissions when the policy/contract is issued if regulatory time frames are violated.

“Solicit” or **“solicitation”** means presenting a Company covered life insurance or annuity product to a prospective buyer, with or without a specific quote.