



Required Paperwork:

1. Complete the following (8) pages
2. Copy of Insurance License
3. Commission Advancement Application (available upon request)
4. Anti-Money Laundering Training Requirements*
 - AML training was completed via LIMRA on ___/___/___ : or,
 - AML training was completed via an independent program (completion certificate attached).
 - I understand that once my contract has been processed by the home office I will also be required to complete the carrier specific training on the LIMRA website.

*If you have not met your AML training requirement or need to complete the carrier specific training, please visit sunderlandgroup.com for the LIMRA training link.

Remit Paperwork to:



Fax: 800.293.9897
E-mail: licensing@sunderlandgroup.com
Mail: 2102 Great Northern Drive
Fargo, ND 58102

Questions Call
800.373.9807

LIBERTY BANKERS LIFE INSURANCE COMPANY

NEW AGENT DATA SHEET

Name _____ Male () Female () Home Phone () _____

Home Address ** _____ City _____ State _____ Zip _____
 (**NOTE: Home Physical Address must be provided in order to run background check)

Business Address _____ City _____ State _____ Zip _____

Social Security Number _____ | _____ | _____ Date of Birth _____ | _____ | _____ Spouse's Name _____

Business Phone () _____ Fax Phone () _____

Email Address: _____

LICENSE DATA	Currently Licensed No Yes If yes, complete following: a. State of Resident License _____ b. Resident License No. _____ c. Licensed for Life Only Life and A & H Other d. Business will be conducted as Individual Partnership Corporation e. Partnership/Corporation Name _____ Tax ID# _____
---------------------	---

PLEASE REMEMBER TO ENCLOSE A COPY OF YOUR CURRENT LIFE LICENSE

LICENSE QUESTIONS		YES	NO		YES	NO
	Are you indebted to any Insurance Company, Agency of Manager? (Including debit balance)	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been fined or had a license to Solicit insurance refused, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a defendant in any suit or legal action. or the subject of any regulatory action?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>
				<i>NOTE: If the answers to any of these questions is YES, you must attach a letter of explanation</i>		

PREVIOUS INSURANCE EXPERIENCE	DATES EMPLOYED	INSURANCE COMPANY NAME CITY & STATE	LATEST MONTHLY EARNINGS	CURRENT DEBIT BALANCE

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, grant permission to the Company or any of its General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report and by signing this form I am authorizing the Company to do so. I also understand that any information obtained by the Company will be made available to me upon my written request.



SIGNATURE

DATE

Recommended by: _____

3. Wherever used, the singular number shall include the plural and the plural the singular where the context requires, and the use of any gender shall be applicable to all genders.


GOVERNING LAW AND JURISDICTION

This Agreement shall be subject to, interpreted and governed by, the laws of the State of Oklahoma, and each party hereto agrees that the venue for any litigation shall be in Oklahoma City, Oklahoma.

WITNESS the following signatures:

APPLICANT

(name of corporation if licensing)

BY:  _____
(signature of principal "corporate" or individual)

(print name)

MASTER GENERAL AGENT

name of Master General Agent

BY: _____
(signature of principal "corporate" or individual)

(print name)

**LIBERTY BANKERS
LIFE INSURANCE COMPANY**

BY: _____
(signature of authorized employee)

(effective date)

(agent number)



P.O. Box 341989, Austin, Texas 78734 1(800)604-8002

Agent Name: _____ Agent Number: _____

Address / City / State / Zip: _____

Phone Number: _____ Social Security or Tax ID Number: _____

I hereby request that until I notify Liberty Bankers Life Insurance Company otherwise, each commissions payment, commencing with the next payment due, shall be paid by Electronic Fund Transfer (EFT) to:

Name of Financial Institution: _____

Address / City / State / Zip: _____


Phone Number: _____

For credit to my (please choose one) Checking Savings

ABA Routing Number: _____ **Account Number:** _____

Please Attach a Voided Check or Deposit Slip Here

I authorize Liberty Bankers Life Insurance Company to make deposits to the bank account noted above. I shall deem receipt by said Financial Institution of such credit entries as receipt by me. In the unlikely event of a deposit error, I authorize the Company to make adjustments to correct the error. This authority is to remain in full force and effect until Liberty Bankers Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Liberty Bankers Life Insurance Company a reasonable opportunity to act.

Agent Signature:  _____ Date: _____



**COMPLIANCE POLICY
STATEMENT OF UNDERSTANDING**

I acknowledge having access to a copy of the “*Conduct and Compliance Guide for the Producer*” for Liberty Bankers Life Insurance Company, Winnfield Life Insurance Company, Mid-Continent Preferred Life Insurance Company, American Reserve Life Insurance Company and The Capitol Life Insurance Company (“Companies”).

I acknowledge that I have read and understand the contents of the “*Conduct and Compliance Guide for the Producer*” and understand that if I do not comply with its provisions, it will be a violation of my contract and may result in, without limitation, the cancellation of my contract(s) with Companies.

I acknowledge that Companies insist upon strict adherence to all applicable state, federal, and military regulations regarding the solicitation and sale of life insurance and annuities and I understand that I am individually accountable for my own actions.

I acknowledge that I must be professional in my sales presentations and that I must accurately and completely describe the insurance product being offered and help the purchaser understand the terms and conditions of the insurance product being offered.

I acknowledge that this agreement does not alter or amend my contract(s) with Companies or create an employment relationship with Companies. This agreement does not change the at-will relationship between Companies and me. The contract(s) between Companies and me may be terminated at any time by either party upon notice, as set forth in the contract(s).



Signature

Print Name

Date

**PLEASE MAIL OR FAX A SIGNED COPY OF THIS DOCUMENT TO THE
MARKETING DEPARTMENT AT THE ADDRESS BELOW**

Liberty Bankers Life Insurance Company
P. O. Box 22069
Waco, Texas 76702-2069

(Fax) 254-751-0115

Liberty Bankers Life Insurance Company

1605 LBJ Freeway, Suite 710
Dallas, Texas 75234
(469) 522-4400 / FAX (469) 522-4401

GENERAL AGENTS COMMISSION SCHEDULE (life)

This Compensation Schedule forms a part of your Agreement and is subject to all provisions thereof. Compensation will be paid via Master General Agent on premiums earned by the Company from applications procured by You on which the Company has issued a policy and while this Compensation Schedule is in effect. Compensation shown is expressed as a percentage of premium earned by the Company.

<u>Product</u>	<u>1st Year</u>	<u>2nd & 3rd Year</u>	<u>Life Time</u>
PermaLife (WL)	100%	7.00%	4.00%
Simplified Issue Market PermaLife (SIMPL)	100%	7.00%	4.00%
Modified WL	100%	7.00%	4.00%
PermaTerm 20	100%	7.00%	4.00%
PermaTerm 20 with No Loss" Option (RPU)	100%	7.00%	4.00%
PrimeTerm 70	100%	7.00%	4.00%
Waiver of Premium Rider	(Same as associated base plan)		
Child Rider	(Same as associated base plan)		
Accidental Death & Dismemberment w/Common Carrier Rider	(Same as associated base plan)		
Accelerated Living Benefit Rider	(Same as associated base plan)		

For all life policies, compensation will be paid at the same rate as the policy on Table Ratings through table 8. No compensation will be paid on the premium rating in excess of table 8 or on Flat Extras.

*Base renewal commissions for Years 2, 3 and 4 on policies issued in the previous 4 years will be adjusted quarterly according to the "Commission Advance & Renewal Bonus Program" based on each agent's level individually. In no event, will commissions on policies sold prior to September 1, 2009 be reduced to lower than prior commission schedules. However, on policies issued prior to September 1, 2009, You may receive higher renewal commissions based on the "Commission Advance & Renewal Bonus Program".

FINANCING, VESTING AND MINIMUM COMPENSATION

If the Company via Master General Agent advances monies to You and/or your downline against anticipated compensation under this Compensation Schedule, You agree to pay the Company, upon demand the aggregate amount of all such monies so advanced, less any compensation due You and at the option of the Company, interest upon the unpaid balance of all such monies so advanced at a rate not greater than the current prime lending rate of the Chase Bank of Texas, Dallas, Texas.

In practice, the Company will pay Commissions daily with weekly reports to the General Agent. The amount of advanced commissions will be adjusted quarterly according to the "Commission Advance & Renewal Bonus Program" for the entire hierarchy.

Basic Advance Formula:

1. The Company will advance 100% of the first nine months of Commissions on "monthly bank draft" mode only.
2. The Company will retain 10% or 20% (as requested) of such advance in a salvage account;
3. The Company will deduct any Commission "charge backs" due to lapses or other terminations occurring during the first year, first from the salvage account, and then from the current payable Commissions;

If Your Contract is terminated without cause, compensation in the form of first year and renewal commission is fully vested on policies procured and delivered by You. If Your Contract is terminated without cause, no further compensation will be payable to You on any policy that is lapsed due to non-payment of premium more than 31 days from the due date even though any such policy is subsequently reinstated.

The minimum commission check issued by the Company is \$25.00. Amounts less than \$25.00 will be accumulated and paid when the total is at least \$25.00. After termination without cause, no further compensation will be paid if the total amount of compensation is less than \$100 in any calendar year subsequent to the year in which Your Contract terminated.

Commission Advance and Bonus Program (Applicable to Entire Hierarchy)

You and Your appointed Agents may qualify to receive advanced commissions. The amount of the advance and reserve is based on each agent's own "Product Blended" Persistency. In addition, any agent at the Gold level is eligible to qualify for a *renewal bonus*. Agent's "Product Blended" Persistency will be reviewed quarterly. Newly appointed agents will have their persistency reviewed after the 7th month.

CATEGORIES:

GOLD: An agent with a 13th month "Product Blended" persistency rate of 75% > qualifies for a 9 month commission advance (with appropriate salvage account) AND for policies issued in the previous 4 years, their renewal commissions in years 2, 3, and 4 will be "BONUSED" up by 50%. This agent is eligible to qualify for incentive trips!

SILVER: An agent with a 13th month "Product Blended" persistency rate of 65% - <75% qualifies for a 9 month commission advance (with appropriate salvage account). This agent is eligible to qualify for incentive trips!

BRONZE: An agent with a 13th month "Product Blended" persistency rate of 58% - <65% **may**, at the Company, the MGA and GA's discretion, qualify for a 6 month commission advance (with appropriate salvage account). For policies issued in the previous 4 years, their renewal commissions for years 2, 3, & 4 will be adjusted down by 50%. This agent is not eligible to qualify for incentive trips.

Agent Level	Persistency Requirement "Product Blended"	Advance Option	Renewal Bonus Plan*
Gold	75% & UP	75% Advance (9 mos) 10% or 20% Reserve	150%
Silver	65% - <75%	75% Advance (9 mos) 10% or 20% Reserve	100%
Bronze	58% - <65%	50% Advance (6 mos) 10% or 20% Reserve	50%

Product Blended Persistency: Calculated on a 13-month basis (by company actuary) and reviewed quarterly. A minimum of 58% persistency is required for an agent to maintain his appointment.

Advance Option: Program start date for Advance Option is September 1, 2009 with the 1st level changes effective March 1, 2010.

***Renewal Bonus:** Base Renewal Commissions for years 2, 3 and 4 on policies issued in the previous 4 years will be adjusted for the entire hierarchy accordingly. Program start date for Renewal Bonus for Gold & Silver levels is September 1, 2009 and for Bronze September 1, 2010.


OTHER COMPENSATION

Compensation on any plan of insurance not listed will be determined by the Company. No compensation will be payable on premiums waived on any type of insurance or annuity under the provisions of a disability clause or a payor insurance clause.

WITNESS the following signatures:

APPLICANT

(name of corporation, if licensing)

BY: 

(signature of principal "corporate" or individual)

(print name)

GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

MASTER GENERAL AGENT

(name of corporation, if licensing)

BY: 

(signature of principal "corporate" or individual)

(print name)

LIBERTY BANKERS LIFE INSURANCE COMPANY

BY: _____
(signature of authorized employee)

(effective date)

(agent number)