



**GLOBAL ATLANTIC FINANCIAL GROUP  
PRODUCER APPOINTMENT KIT**

PRODUCER: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please complete the attached packet and sign in ALL places indicated. When all signatures are in place, please attach the following items;**

- A copy of your current state license
- A copy of your current E&O
- A 'voided' check to be used for the EFT of your commissions

**WHEN YOU HAVE THIS PACKET COMPLETE – PLEASE SEND IT TO US USING  
ONE OF THE FOLLOWING;**

**Email:**                    [contracts@donboozer.com](mailto:contracts@donboozer.com)

**Fax:**                        1-888-543-0886

**Snail Mail:**            Don Boozer & Associates  
2524 Lillian Miller Parkway  
Suite 115  
Denton TX 76210

**Phone:**                    1-800-543-0886

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Producer Contracting Instructions



Policies Issued by:

**Accordia Life and Annuity Company**

P.O. Box 305030, Nashville, TN 37230-5030

Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976

Thank you for your interest in Accordia Life and Annuity Company.  
Please make sure the following forms have been completed before submitting to your recruiter.  
Remember that the contracting process is not complete until all paperwork has been received and approved.

## REQUIRED DOCUMENTS

- Independent Producer Contract Appointment Application and Agreement (Form 61010)
- Signed Independent Producer Contract (Form 16142)
  - If signing on behalf of a corporation or partnership, include title.
- Include copy(s) of current license(s), individual and corporate
- Anti-Money Laundering Training Certification  
(Required for all vendors other than LIMRA.)
- State Specific Training Requirements (if applicable)
- Contract Transmittal Form (to be completed by Recruiter)  
(Not required for agents contracting with Accordia Life and Annuity Company of New York.)

## OPTIONAL DOCUMENTS

- Electronic Funds Transfer (EFT), Authorization for Direct Deposit (ACH Credits) (Form 14216)
- Assignment of Commissions (if applicable) (Form 17966)  
(A W-9 must be attached for the entity to whom the commissions are being assigned.)

**Additional documentation may be required based on the type of distribution(s) you wish to become contracted with.**

**Return all paperwork to your recruiter. Your recruiter will then forward your paperwork to Accordia Life and Annuity Company for contracting.**

# Independent Producer Contract Appointment Application and Agreement



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## 1. COMPANY

**Check all Accordia company(ies) with which you wish to apply for an Independent Producer Contract:**

- Accordia Life and Annuity Company
- First Allmerica Financial Life Insurance Company:
- General Agent
  - Associate General Agent
  - Agent

## 2. NEW BUSINESS

**New business pending or submitting new business with this appointment application.**

|              |               |                       |
|--------------|---------------|-----------------------|
| Owner's Name | State of Sale | Application Sign Date |
|--------------|---------------|-----------------------|

## 3. APPLICANT INFORMATION (NOTE: \*= Required field)

|   |  |                |           |
|---|--|----------------|-----------|
| *Last Name  | *First Name  | Middle Initial |           |
| Former Name(s)  | *Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                |           |
| *Social Security Number                                   | County (Required for FL agents only)                                     | *Date of Birth |           |
| *Resident Address   | *City  | *State         | *Zip Code |
| *Primary (Mailing) Address <i>(P.O. Box not accepted)</i> | *City  | *State         | *Zip Code |
| *Business Address   | *City  | *State         | *Zip Code |
| Residence Phone   | *Business Phone  | Fax            |           |
| *Email Address  | *National Producer Number (NPN#)   |                |           |

## 4. ERRORS & OMISSIONS COVERAGE (Required for Appointment)

(Errors & Omissions certificate not required if this section is completed.)

Are you currently covered by Errors and Omissions coverage?

Yes  No

If yes, what type of policy are you covered under?

Individual  Corporate

|   |                     |                 |
|---|---------------------|-----------------|
| Provide E&O coverage carrier (required) | Policy # (required) | Expiration Date |
|---|---------------------|-----------------|

NOTE: You are required to maintain Errors & Omissions (E&O) insurance coverage at all times with policy limits of at least \$1,000,000 per claim/\$1,000,000 annual aggregate, or such other limits as we may require from time to time.

This application is incomplete without all pages.

# Independent Producer Contract Appointment Application and Agreement



## 5. QUESTIONNAIRE

Respond to all questions for you personally and on behalf of any organization over which you have exercised or currently exercise control.

If you answer "yes" to any questions (c) through (j), then you must attach an explanation and related documents (e.g. orders, settlement agreements, SEC. 1033 waiver, etc.).

- a. Have you ever applied for a contract with any of the Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company (or predecessor) companies?  Yes  No

If yes, then list the Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company companies and agent codes:

- b. Do you hold a securities license?  Yes  No

If Yes, who is your broker/dealer:

CRD#

- c. Have you ever had your insurance license, securities license, or other fiduciary license suspended or revoked, or have you ever had an application for an insurance license denied by an insurance department? (other than for noncompliance with continuing ed. Or renewal fee requirements)  Yes  No

- d. Have you ever had a complaint filed, a regulatory inquiry/ investigation, an arbitration, or been sued by an insurance department, NASD, state securities office, attorney general or any other regulatory agency?  Yes  No

- e. Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?  Yes  No

- f. Are you presently involved in any litigation or are there unsatisfied judgments or liens (including state or federal tax liens) against you?  Yes  No

- g. Have you been charged with or pled guilty to, nolo contendere to or been found guilty of any felony or of any misdemeanor, or, are you now under indictment?  Yes  No

If you were convicted of any felony involving dishonesty or a breach of trust, then you must provide us with proof of written consent from the State Insurance Commissioner to work in the insurance business. (See 18 U.S. Code Sec. 1033).

- h. Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?  Yes  No

- i. Have you ever been discharged from any employment or had an agent contract terminated for reasons other than low production?  Yes  No

- j. Have you filed for bankruptcy in the last 7 years?  Yes  No

**Note: Any post initial application for contracting adverse actions that may be taken against you in regard to questions (c) through (j) must be reported to the Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company Legal Department within 5 days of such change.**

## 6. ANTI-MONEY LAUNDERING TRAINING ACKNOWLEDGEMENT (select one)

I have completed Anti-Money Laundering (AML) training online via LIMRA

I have completed Anti-Money Laundering (AML) training via another insurance company or a third party provider submitted to the requirements of the USA PATRIOT Act. I have provided suitable proof of the alternate training.

I have not yet taken the Anti-Money Laundering (AML) training, but I am aware that I must submit proof of training prior to solicitation of new business or within 30 days of appointment

This application is incomplete without all pages.

# Independent Producer Contract Appointment Application and Agreement



## 7. RECRUITER / CORPORATION / CONTACT INFORMATION

### Recruiter Information

|  |               |             |
|--|---------------|-------------|
| Recruiter Corporate or Individual Name |               |             |
| Recruiter Phone                        | Recruiter Fax | Recruiter # |

### Corporation Information

|                            |               |
|----------------------------|---------------|
| Corporation Name           | Tax ID Number |
| Names on Corporate License |               |
| Corporate Address          |               |

### Contact Information

For contracting questions, please contact:

|               |         |
|---------------|---------|
| Name          | Phone # |
| Email Address |         |

FOR FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY GENERAL AGENTS ONLY:

Commissions Paid:  One Check to GA  Separate Checks to GA

## 8. DECLARATION AND AUTHORIZATION

By my signature below, I acknowledge that I have read the attached copy of the Independent Producer Contract and I understand this Application will form and become a part of my Contract. I agree to be bound by all of the terms and conditions of the attached Contract including any schedules, supplements, and amendments. I agree that, if appointed, any misrepresentation of facts herein provided will be grounds for termination of the Contract for cause at the sole discretion of Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company. I am not appointed to represent Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company listed above until and unless this Application is accepted by the companies. Upon acceptance of my application, the Contract shall consist of this Application, the Independent Producer Contract attached hereto, and any changes thereto the Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company make from time to time, as posted on the agent website or as Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company may notify me in writing. I represent and warrant that all information and answers to questions are true and complete.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

|                                |                   |
|--------------------------------|-------------------|
| Independent Producer Signature | Date (mm/dd/yyyy) |
|--------------------------------|-------------------|

This application is incomplete without all pages.

# Independent Producer Contract Appointment Application and Agreement



## 9. CONSUMER REPORT AUTHORIZATION

### Authorization and Release for Use of Consumer Reports

In making this application for an Independent Producer Contract, I understand that a credit report and consumer investigation may be prepared. I understand that such reports may be prepared whereby information about me is obtained through personal interviews with neighbors, friends, or others with whom I am acquainted. These reports include information as to my character, reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation performed in preparing such reports. I understand that the Company may disclose to upline agent(s) and/or recruiter(s) any reports referred to in this Authorization, including any information obtained in the future on my sales or other activities and including any information relating to any termination of my contract with the Company and I authorize the Company to disclose any such information. The Vector One network will be checked for any reported outstanding producer debt with previous employers. I hereby authorize the Company to procure a credit report and/or consumer investigative report, and release the Company from all liability in connection from procuring and using such reports. This authorization and release, in original or copy, shall be valid for this and any other reports or updates.

### For California, Minnesota, and Oklahoma Residents Only

Pursuant to the laws and regulations of the states of California, Minnesota, and Oklahoma, you are hereby notified that a consumer credit report will be obtained through:

|                            |                           |                              |
|----------------------------|---------------------------|------------------------------|
| Business Information Group | Vector One                | NAIC                         |
| PO Box 541                 | PO Box 12368              | 2301 McGee Street, Suite 800 |
| Southampton, PA 18966      | Scottsdale, AZ 85267-2368 | Kansas City, MO 64108-2662   |

Pursuant in connection with this application. The Vector Insurance Network will be checked for any reported outstanding debt with previous employers. Please indicate below whether or not you wish to receive at no charge to you a copy of these reports.

Yes  No

Accordia Life and Annuity Company

First Allmerica Financial Life Insurance Company

I also authorize the Company to share with the Company affiliates and/or subsidiaries with which I may contract now or in the future any credit reports and consumer investigation reports that may be obtained. I also authorize the Company to continually obtain credit reports and consumer investigation reports in the future without prior approval by me and without notice by the Company for as long as I may be contracted with the Company.

|                        |              |
|------------------------|--------------|
| Signature of Producer  | Date         |
| Social Security Number | Printed Name |

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# Independent Producer Contract



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Producer (*printed name*): \_\_\_\_\_ Contract Date: \_\_\_\_\_

This Contract is made between the Accordia Company affiliate(s) listed on your Producer Contract Application for which you applied and its predecessors, successors and/or assigns (“we” and “us”) and the person, firm or corporation named above.

## 1. Appointment

We hereby appoint you to act as our independent producer, subject to the terms and conditions stated below, to procure applications for the insurance products described in the attached addendums. You are authorized to solicit only those insurance products where the products have been approved for sale by the respective state insurance authority and you have been properly licensed. You agree to comply with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc. that we publish from time to time. You agree to make reasonable efforts to determine the insurable needs and interests and/or financial objectives of the customer based upon relevant information obtained from the customer and enter into transactions that assist the customer in meeting their insurable needs and interests and/or financial objectives including, but not limited to, conducting an insurance suitability analysis as may be required by law or Company practice. You may not apply as an owner of any insurance policy on the life of a prospective customer, nor list yourself as beneficiary of any such policy, unless you have a legitimate insurable interest in the life of the proposed insured as determined by appropriate law and by us. You may not make any representations, promises or warrants regarding product benefits or values not specifically stated in the insurance contract. This includes any statements that insurance current contract dividends or interest, or any contract values based on current dividends or interest, are guaranteed. This also includes any statements regarding the future projected values of any insurance product. You agree to notify us upon receipt of any customer complaint you or any of your sub-producers receive concerning you or any of your sub-producers, or us or any of our products in accordance with any complaint handling policy, procedure or guideline as we may publish from time to time. You also agree to give your full and complete cooperation in responding to any customer complaint or inquiry and will promptly respond, in writing, if and when we so request. You may not give any legal, investment or tax advice on our behalf.

## 2. Independent Contractor

You are our independent contractor. Nothing contained in this Contract may be construed to create an employer-employee relationship between you and us. You are free to exercise independent judgment as to the time, place and manner you may perform the acts you are authorized to perform under this contract; but from time to time we may set forth certain rules, policies, guidelines and operating procedures with respect to the conduct of business by which you must abide. You have no authority, express or implied, to act in any manner or by any means for or on behalf of us in any capacity other than that of an independent contractor, and you have no authority to act in any manner except as herein expressly set forth. No authority may be implied from the authority expressly granted herein. All applications for insurance contracts must be acceptable to us in our sole discretion and our right of acceptance or rejection is absolute and unrestricted. For commissions paid on all premiums, you are an independent contractor and are responsible for withholding and reporting any and all taxes, such as federal, FICA, state withholding and any local self-employment taxes on your commissions.

## 3. Authority over Producers

You are our independent contractor. You have authority to recruit and recommend to us individuals to be appointed as our producers. No recommendation or application for appointment or contract will be effective until approved by us at our home office. You may designate producers on whose production you are to receive compensation from us, in a form that is acceptable to us. You are responsible for the activities of any such producers on whose production you are entitled to receive and/or have received compensation from us (referred to as “your producers”). You are responsible for providing proper and adequate supervision and training of your producers, and for such producers’ compliance with the terms and conditions of their contracts with us and with all applicable governmental statutes, regulations, rules, regulatory opinions, decisions and other laws in conducting insurance business, and with our rules, policies, guidelines, operating procedures, etc. that we publish from time to time. You are responsible for all tax reporting that may be required with respect to your producers, including any withholding and reporting such as federal, FICA, state withholding and any local self-employment taxes.

## 4. Company’s Exclusive Authority

Only we have the authority to change any of the terms, rates or conditions of our contracts or policies. You, on your own

behalf or on behalf of your producers, have no authority personally or on our behalf to make, modify or waive any of the terms or conditions of any insurance contract; to bind us by making any promise or by accepting any representation or information not contained in an application for an insurance contract; or to incur any obligation or liability for which we shall be responsible. We may at our discretion:

- a. Modify or amend any insurance contract;
- b. Set maximum and minimum limits on the amount for which any insurance contract may be issued;
- c. Modify the conditions under which any insurance contract may be sold;
- d. Discontinue or withdraw any insurance contract from your state(s);
- e. Cease doing business in your state(s);
- f. Establish rules governing the commissions to be paid on any insurance contract which has been reinstated, converted or has replaced an existing insurance contract;
- g. Determine the amount of commissions to be paid on insurance contracts not enumerated herein;
- h. Make charges for rejected, undelivered or reissued insurance contracts;
- i. Audit the sales and marketing business practices of you or any of your producers, which may include onsite audits.

## **5. License**

Subject to rules we may establish from time to time, we may pay license appointment fees required by the state in which you have your principal place of business.

## **6. Receiving Premiums**

You have the authority to collect the first premium only and shall promptly remit that premium to us. We do not accept premium payments collected in the form of cash, money order, traveler's checks, third-party checks or "blank" (counter) checks. You may not commingle policyowner premiums with your personal funds or with your agency funds, and premium payments may not be remitted from personal or agency accounts (except on policies you personally own or except as specifically otherwise agreed in advance in writing). All monies received by you for or on behalf of us must be made payable to us, and you are not authorized to endorse or cash checks, drafts, money orders or financial instruments made payable to us. With respect to an application for a life insurance contract, if you collect an initial premium payment at the time of application you are to provide a completed Conditional Receipt Agreement to the customer with a copy to us along with the premium payment.

## **7. Advertising**

You are responsible for knowing all laws, regulations and standards relating to the marketing and sale of insurance contracts in all states where you are licensed and/or conducting business.

Any sales promotion, sales material or other advertising material you use in connection with the solicitation and/or sale of our products must be submitted to us for our prior written approval of each specific item, pursuant to our published Advertising Guidelines.

## **8. Delivery of Policies**

Insurance contracts must be delivered promptly and those not delivered within our required, published delivery period must be returned to us promptly.

## **9. Return of Premium/Chargebacks**

At any time, we may reject, decline, cancel, rescind, or modify applications for insurance contracts for any reason and at our sole discretion, and we may return the premium or any portion thereof to the customer. At any time, we may cancel or rescind any insurance contract for any reason and at our sole discretion and we may return the premium or any portion thereof to the contract owner. You are not entitled to any compensation with respect to any returned premiums, or on any insurance contracts that are rescinded, declined or canceled by us for any reason. Upon our written demand, you will return to us any commission or other compensation paid to you and/or your producers on insurance contracts that are rejected, canceled, rescinded, not taken, or modified, and/or on returned premiums. Any such compensation that is not returned to us upon our written demand will become an indebtedness of yours. With respect to insurance contracts which are canceled within the "free look" period, we will chargeback to you the entire commission and/or other compensation paid on such insurance contract. You will return to us within five (5) days of written demand any commissions and/or other compensation due to us with respect to this paragraph.

## **10. Other Company Policies, Procedures and Guidelines**

You are responsible for reviewing, understanding and complying with all of our policies, procedures and guidelines which we publish from time to time, which are located on our producer extranet website. You acknowledge and agree to review these policies, procedures and guidelines upon confirmation of your appointment with us and to review them periodically throughout the term of your appointment. You will abide by, and will ensure that all of your sub-producers abide by all such policies, procedures and guidelines that we may establish from time to time, including, without limitation, our Premium Finance Guidelines, our Market Conduct and Compliance Practices and the requirements of federal and state law or regulation. You acknowledge and agree that all such policies, procedures and guidelines may be revised or discontinued by us at any time and from time to time, in our sole discretion and without prior notice to you.



You are required to maintain Errors and Omissions (E & O) insurance coverage at all times with policy limits of at least \$1,000,000 per claim/\$1,000,000 annual aggregate, or such other limits as we may require from time to time. You must provide us with satisfactory evidence of such E & O coverage as we may reasonably request from time to time, but at a minimum annually. You acknowledge and agree that the Company may withhold all commissions and/or other compensation due to you pursuant to this Contract until you provide satisfactory evidence of the minimum E & O coverage limits described above. You must provide us with notification within ten (10) days of any cancellation, change of policy provisions or carrier, or other termination of such E & O coverage. Failure to maintain said E & O coverage may result in your suspension or termination of your contract.

### **11. Privacy of Customer Information**

We may from time to time provide you with certain non-public personal financial and health information on our customers for the purpose of performing services for us or functions on our behalf. You are expressly prohibited from disclosing or using a customer's non-public personal financial and health information other than to carry out the purposes for which we disclosed the information. Subject to applicable state or federal law provisions, such purposes include the joint marketing and/or marketing services of our products in the ordinary course of our business to carry out the joint marketing and/or marketing services of our products. You will keep all information strictly confidential. You will comply with all federal and state requirements regarding the disclosure of medical information, including but not limited to the provisions of HIPAA. You will maintain adequate privacy systems and safeguards to protect the confidentiality of such customer information, consistent with current law.

### **12. Contract Non-Assignable**

Any assignment or pledge of your commissions under this Contract must have our prior written consent, and is subject to our prior security interest and right of offset. All other rights under this Contract are personal to you and may not be transferred or assigned by you.

### **13. Compensation**

Compensation, fees and bonuses, if any, will be paid in accordance with the commission schedule provided to you, as modified from time to time, for production by you or your producers. Amounts payable to you on sales by your producers will be reduced by the amount payable to such producer(s), so that you will receive only the override on such sales. We reserve the right to revise the Commission and/or Service Fee rate levels set forth in the commission schedule at any time and from time to time, at our sole discretion. You must obtain your commission statements and production reports by accessing our producer extranet website. If commissions are payable to you by an upline producer under a "zero comp" or "license only" arrangement, you agree that we have no obligation to pay any compensation directly to you and you agree to indemnify and hold us harmless from all losses and expenses, including attorneys fees, resulting from any claim by you for such compensation, notwithstanding anything contained herein to the contrary.

We may amend from time to time the terms and conditions for payment of Compensation as set forth on any supplement. We will give you written notice of any such amendment. No amendment will reduce the Compensation paid to you on business sold by you or your producers prior to the effective date of the amendment. To the extent you are required by any state or federal law to disclose to a consumer your compensation earned, you will abide by any and all such requirements in a timely manner. You shall not discount or offer to discount premiums and you shall not engage or offer to engage in the direct or indirect rebating of compensation that is paid or payable in connection with the sale or purchase of our insurance products whether or not permitted under applicable state law.

No compensation or other fees will be paid on premiums waived under the provisions of any policy procured by you or any of your sub-producers.

### **14. Indemnity and Indebtedness/Right of Set-Off**

You agree to indemnify and hold us harmless for any losses, claims, liabilities, lawsuits, costs or expenses we incur (including attorneys' fees and costs) as a result of any acts or omissions by you or your producers. This indemnity and hold harmless will extend to any indebtedness you or your producers incur (including the costs of collection and attorney's fees including, but not limited to, commission chargebacks as described in paragraph 9 of this Contract). You agree to pay any debit balance owed to us when due, and any debit balance(s) of your producers remaining after completion of any debt collection we may undertake. You grant to us a first priority security interest in all compensation payable to you to the extent of any indebtedness or other obligation you or your producers owe to us, and we will have the right of offset against any such compensation or any other monies paid or owed to you. Any amount not fully paid within thirty (30) days of demand will bear interest at the rate of 6.75% per year, as amended from time to time upon notice to you

### **15. Termination**

This Contract may be terminated with or without cause by either you or us immediately upon written notice to the last known address of the other party. This Contract is terminated automatically without cause upon your death if it is an individually signed (non-corporate) contract, or if you are a partnership, LLC or corporation, upon any event legally or contractually causing the dissolution of that entity. We may terminate this Contract "for cause" immediately upon written notice to your last known address. "For Cause" shall include, but not be limited to, the following:

- a) you withhold, embezzle or misappropriate any money or other property belonging to us, to a policyowner or to an insured;
- b) you subject us to a liability;
- c) you fail to comply with the laws, rules or regulations of any federal, state or other governmental agency or body having jurisdiction over you or us, or with our rules and operating procedures, including without limitation those rules and procedures set forth in our Compliance Guide and our OFAC and AML policies and procedures;
- d) you commit a material breach of this Contract;
- e) you commit any fraud or material misrepresentation of fact including but not limited to misrepresentation of any fact on the Application for Contract;
- f) you fail to pay any indebtedness to us upon demand;
- g) you are, or have ever been, convicted of or plead guilty or nolo contendere (“no contest”) to any felony or to any crime involving dishonesty, breach of trust, or violation of any federal law;
- h) you are not a duly licensed insurance agent;
- i) you engage directly or indirectly in rebating of commissions payable or paid in connection with the purchase of insurance contracts; or
- j) you engage in any effort to systematically replace the policies or contracts written with us by you or your producers.

Upon termination for cause, no further compensation will be payable hereunder. Except as otherwise provided, first year and renewal commissions will be fully vested as premiums are applied. Upon termination with or without cause, no further service fee commissions or performance and persistency bonus payments, if any, will be payable, and supplies and all other property and materials, including marketing materials and company business cards, furnished by us will be returned to us within ten (10) days. In addition, any bonus plan and finance plan payments, if any, will cease upon any termination of this contract, unless agreed to otherwise by us in writing.

Following termination with or without cause, we may withhold any compensation or other monies payable to you for a period not to exceed 365 days.

## **16. Suspension**

We retain the right, with or without prior notice, to place you and/or any of your sub-producers on suspension and/or suspend the processing of any submitted insurance or annuity applications as a result of (i) any suspected or alleged misconduct; (ii) any violation, breach, suspected violation or suspected breach of any provision hereof; or (iii) any complaint issued or disciplinary action taken, by any state or federal insurance agency or department, the Financial Industry Regulatory Authority, Inc., or any other governmental or quasi-governmental entity. During the period of suspension, suspended agents may not take any action to solicit or procure applications for our products, directly or through agents, brokers or employees. Furthermore, during the period of suspension, suspended agents will not be entitled to qualify for any reward, incentive or other promotional programs including, but not limited to, conference credits, previously awarded to them or awarded during the period of suspension. The period of suspension will not exceed three (3) months or such longer period as we may deem appropriate for the investigation of such violation or suspected violation. We reserve the right to terminate you or any of your sub-producers at any time during the period of suspension and the duration of the suspension will count towards any requirement that you or your sub-producer receive notice of termination, including the notice requirements set forth in Section 15 above.

## **17. Arbitration**

You and we agree that any disputes arising out of or relating to this Contract will be arbitrated in accordance with the Rules of the American Arbitration Association and the Federal Arbitration Act. Notwithstanding this, you and we agree that only the Company has the right to waive the provisions of this paragraph, at its sole and absolute discretion. Arbitration may not be initiated unless the party requesting arbitration has given the other party at least 30 days prior written notice of its intent to initiate arbitration and a detailed description of the basis of the dispute. A single arbitrator (or, in any matter in which the amount in controversy exceeds \$100,000, a panel of three arbitrators) shall interpret this Contract in accordance with Iowa law without resort to conflicts of laws rules and shall conduct proceedings in accordance with the Federal Rules of Civil Procedure. Any punitive damages awarded by the arbitrator(s) shall not exceed two times compensatory damages awarded. Any award of the arbitrator shall be deemed final and judgment upon such award may be entered and enforced in any Iowa District Court and transferred to any other jurisdiction. Such arbitration will be held in Des Moines, Iowa.

## **18. Non Interference**

**As a condition of, and material inducement to the consideration set forth herein**, you agree you will not, for a period of two (2) years following termination of this Contract, directly, indirectly, or through others, induce or urge any policyowner, after termination of this Contract, to lapse, exchange, surrender or otherwise terminate any policy, or induce or urge any employee or member of our field force to terminate any relationship with us. In the event this provision is violated and without limitation of our other remedies, all your rights to Compensation under this Contract will immediately cease and you will be liable for any damages we suffer. You further agree that money damages for your breach of this provision will be inadequate and that we are also entitled to seek injunctive relief to prevent further breaches of this provision. We may seek that injunctive relief, coupled with any claim by us for damages, in any state or federal district court in Des Moines, Iowa, and you agree that those courts

have personal jurisdiction over you for the purpose of such actions, which shall not be subject to the Arbitration provisions of this Contract.

**19. Contract Binding on Principals**

In the event that you are contracting with us as a corporation, partnership, LP, LLC., or other business entity, it is further agreed and guaranteed by the principals of said business entity that all terms and conditions of this Contract shall be binding on them severally and jointly in the same manner as upon the entity named as the producer.

**20. Consent to Electronic Agreement & Notice**

In the event that you enter into this Contract by electronic means through our website, you hereby agree and consent that this Contract shall be legally binding upon your estate, heirs, executors, administrators, personal representatives, successors and assigns. You hereby waive any and all defenses that this Contract was not in writing or properly executed as may be required by the Statute of Frauds or any other similar law, rule or regulation. You hereby agree that we fulfill our obligation to deliver to you any document, statement, notice, or other communication if sent via electronic delivery. Documents sent by electronic delivery will contain all the information as it appears in the printed hardcopy version as prepared and distributed by the originator, with the possible exception of graphic insertions such as photographs or logotypes. Electronic delivery may be in the form of an email, an electronic mail attachment, or in the form of an available download from our website. You represent that you will download the relevant document promptly after receiving notice of its availability. Should you experience any difficulty opening a document electronically delivered by us, you will promptly advise us in order to allow us to make the required delivery by other means. Failure to advise us of such difficulty within forty-eight hours after delivery shall serve as an affirmation that you were able to receive and open said document.

**21. Entire Agreement**

Except for compensation payable with respect to business sold under any previous contract between you and us, this Contract supersedes any previous agreements between you and us. This Contract sets forth the entire agreement between you and us and may not be altered or modified except in a writing signed by you and our authorized officer. Notwithstanding the foregoing, we reserve the right to amend this Contract at any time, effective on a prospective basis only. Such amendment will be effective at such time as we display new Contract provisions at our agent website or when we notify you of such changes. Your continuation of the relationship created hereby will be deemed to be your acceptance of such changes. You may request the most current edition of this Contract by calling or writing us.

Except for our right to amend this Contract from time to time as stated above, for purposes of providing notices required or permitted by this Contract, waiving any right under this Contract, or amending any term of this Contract and notwithstanding any law recognizing electronic signatures or records, "a writing signed," "in writing" and words of similar meaning, shall mean only a writing in a tangible form bearing an actual "wet" signature in ink manually applied by the person authorized by the respective party, unless both parties agree otherwise by making a specific reference to this section.

No forbearance or neglect by us to enforce any term, condition, or provision of this Contract shall be construed as a waiver of any of its rights or privileges hereunder or affect its rights arising from any default or failure of performance by you. You agree that a declaration of invalidity or unenforceability of any particular provision or provisions of this Contract will not in any manner affect any other provision and that you will comply fully with all remaining provisions contained herein.

The provisions of any supplemental addendums, amendments or schedules attached hereto, including the Producer Contract Application signed by you and attached hereto, are incorporated in this Contract in their entirety by this reference, as if fully set forth herein.

This Contract shall be governed by the laws of the State of Iowa, without regard to principles of conflicts of law. In addition, the parties to this Contract agree that if the provisions of Paragraph 17 of this Contract (Arbitration) are waived by the Company, or are otherwise unenforceable, the parties agree that the Iowa District Court for Polk County and/or the United States District Court for the Southern District of Iowa shall have exclusive jurisdiction over any and all disputes that may arise from or with respect to this Contract, consent to such subject matter and personal jurisdiction in Iowa, and agree that proper venue exists therein.

This Contract is executed below and upon our approval of the attached Application for Contract.

\_\_\_\_\_  
Producer Signature

**FOR GLOBAL ATLANTIC HOME OFFICE USE ONLY**

|  |
|--|
|  |
|--|

\_\_\_\_\_  
COMPANY OFFICER NAME AND TITLE

Policies Issued by:

**Accordia Life and Annuity Company**

P.O. Box 305030, Nashville, TN 37230-5030

Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976



**FirstAllmerica**

P.O. Box 305030, Nashville, TN 37230-5030

Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976

## Company Rules on Anti-Money Laundering

Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company does not support, and will not knowingly assist in any activity that facilitates money laundering or funding of terrorist or criminal activities.

Agents play an important role in our anti-money laundering program. Regulations require that Accordia Life and Annuity and First Allmerica Financial Life Insurance Company and our distribution force collaborate in preventing money laundering by detecting and reporting suspicious transactions.

Please be advised that pursuant to contractual obligations with the Company, marketing organizations and agents are required to conform to all applicable federal, state, and local laws in conducting business as well as Company rules and regulations. All marketing organizations and agents must also comply with the Company's anti-money laundering procedures which include:

- The collection of customer information to detect and report suspicious transactions;
- The verification of the identity of the customer (including the owner, insured, annuitant, beneficiaries, and beneficial owners);
- The communication of suspicious activity to Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company;
- The training of agents; and
- Cooperation with testing of the anti-money laundering program.

**The Anti-Money Laundering Compliance Officer has the sole responsibility for responding to any inquiry regarding the subject matter of any suspicious activity report (SAR). An agent or broker must not, under any circumstances, disclose the fact that a SAR has been filed or considered, or the contents of a SAR, to the subject of a SAR or to any third party.**

Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company and its producers share an important responsibility to comply with Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company's anti-money laundering program and all applicable anti-money laundering laws. The Anti-Money Laundering Compliance Officer is responsible for auditing compliance to the program. **A failure to do so will constitute grounds for discipline up to and including termination of appointment to sell Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company products. In addition, violation of anti-money laundering laws may expose those responsible to substantial penalties and legal action under federal law.**

Please refer to the Producer Guide to Anti-Money Laundering and the Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company Market Conduct and Compliance Guide for further information on agent obligations under our anti-money laundering rules.

Maureen Henderson has been appointed as the Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company Anti-Money Laundering Compliance Officer. She or her designee is responsible for monitoring agent compliance with these procedures. Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company's Agency Contracting Department is responsible for the administration of AML requirements for all new agents and you may contact Agency Contracting at [contracting@gafg.com](mailto:contracting@gafg.com).

Maureen Henderson  
SVP and Chief Compliance Officer  
215 10th Street, Suite 1100  
Des Moines, IA 50309

### **CONFIDENTIAL**

Agency Contracting Department  
[contracting@gafg.com](mailto:contracting@gafg.com)  
877 462 8992

Electronic Funds Transfer (EFT)  
 Authorization For Direct Deposits (ACH Credits)  
 (For Agents Use Only)



Policies Issued By:  
**Accordia Life and Annuity Company**  
 P.O. Box 305030, Nashville, TN 37230-5030  
 Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976

**FirstAllmerica**  
 PO Box 305030, Nashville, TN: 37230-5030  
 Customer Contact Center – Tel 877 462 8992 Fax 800 262 6976

**1. TYPE OF REQUEST** *(Select One):*

New Request     Change Request

**2. INFORMATION ABOUT THE AGENT**

The EFT information provided will be applied to all agent numbers but will not cancel or change any Assignment of Commissions currently in place.

|                        |                          |               |                                   |          |
|------------------------|--------------------------|---------------|-----------------------------------|----------|
| First Name             | Middle Initial           | Last Name     | Date of Birth <i>(mm/dd/yyyy)</i> |          |
| Social Security Number | Contact Telephone Number | Email Address |                                   |          |
| Street Address         |                          | City          | State                             | Zip Code |

**3. INFORMATION ABOUT THE CORPORATION** *(if assigning commissions)*

|                  |                           |
|------------------|---------------------------|
| Corporation Name | Tax Identification Number |
|------------------|---------------------------|

**INSTRUCTIONS**

This form is used to request direct deposit of your commissions into your bank account. Please provide all information requested on this form. Missing or incomplete information may delay the processing of your request.

**4. BANK INFORMATION**

I (we) hereby authorize Accordia Life and Annuity or First Allmerica Financial Life Insurance Company to initiate credit entries as follows:

Account Name (as it appears on the account):

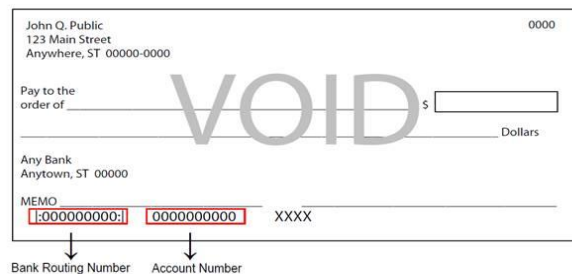
Bank Name:

Routing / Transit / ABA Number (Bottom left of check):

Account Number (Bottom center of check):

Type of Account:  
 Checking – Please attach a voided check for the listed account.  
 Savings – Please attach a deposit slip for the listed account.

If you are unsure about the correct way to complete the form, please reference the sample check information below.



**5. YOUR CONFIRMATION**

I acknowledge that:

- 1) This request is to remain in full force and effect until Accordia Life and Annuity or First Allmerica Financial Life Insurance Company has received written notification of termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on the notification.
- 2) I authorize Accordia Life and Annuity or First Allmerica Financial Life Insurance Company to make interim payments by check to the address of record unless payments are currently being sent to an alternate address. If payments are currently being sent to an alternate address, I understand that the payment(s) will be mailed to that address until the direct deposit begins.
- 3) Funds will be released on the next cycle and may take 2-3 business days to reach your account. This processing time is dependent on your bank.
- 4) If attached voided check is to an entity other than the agent, we will deposit into that account with tax liability going to the agent's Social Security Number.
- 5) If the Agent intends to assign to a corporation, the attached check must be for the Corporation and an Assignment of Commissions Form must be completed; taxing liability will go to the Corporation's Tax Identification Number.

Authorized Signature

Date (mm/dd/yyyy)

Substitute  
Form **W-9**

**IMPORTANT TAX DOCUMENT**  
**Request for Taxpayer**  
**Identification Number and Certification**

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

Requester's name and address (optional)

**Accordia Life and Annuity Company**  
P.O. Box 305030 • Nashville, TN 37230-5030  
Customer Contact Center –  
Tel: 877 462 8992 Fax: 800 262 6976

Please list all account number(s) here if known

For Office Use only

**Please print name and address below if different from the one printed on this form.**

Name (as shown on your income tax return)

Business name, if different from above

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

City, state, and ZIP code

Check appropriate box:  Individual/Sole proprietor  Corporation  
 Partnership  Other ▶ .....  Exempt from backup withholding

**Part I Taxpayer Identification Number (TIN)**

If you are not sure of what number you are to provide in this section, refer to the IRS instructions for form W9, which can be obtained from the IRS or your tax advisor.

Enter your TIN in the appropriate box. The TIN provided must match the name given above to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, you may need to refer to IRS instructions for form W9, as noted above. For other entities, it is your employer identification number (EIN). If you do not have a number, contact the IRS or your tax advisor.

**Note.** If the account is in more than one name, refer to IRS instructions for form W9, as noted above for guidelines on whose number to enter.

Social security number  
| | | + | | | | | | |

or

Employer identification number  
| | | + | | | | | | |

**Part II Certification**

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. 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 IRS instructions for form W9, which can be obtained from the IRS or your tax advisor)

**Sign Here**

Signature of U.S. person ▶

Date ▶

**Purpose of Form**

Please be advised that we must provide information to the IRS regarding payments made to you during the year. In order for us to report the required information to the IRS, we need your Taxpayer Information Number (TIN). This is a Substitute Form W-9, the form we use to obtain TINs from our Policy Owners.

Please complete this W-9 form by filling in your name, your business's name (if required), your address, and your social security number or employer identification number in the appropriate spaces, if different from the pre-printed information. Also, please check the appropriate box to indicate your business's operating form. If you are a sole proprietor (i.e., if your business is not incorporated) you must provide your name as well as your business's name. If you are an LLC, please note that in the "Other" category. Please sign and date the form as well.

Please note, if you do not furnish us with the correct TIN, the IRS may subject you to a \$50 penalty as well as backup **withholding at the rate of 28% on any future payments we make to you.**

Please return the form to us at our address noted above within two weeks of receiving this form.

**DO NOT SEND THE COMPLETED FORM TO THE IRS.**

Thank you.

Email: \_\_\_\_\_

# Assignment of Commissions



Policies Issued By:

**Accordia Life and Annuity Company**

P.O. Box 305030, Nashville, TN 37230-5030

Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976

**INSTRUCTIONS**

Commissions are paid directly to you by default using Check Pay or EFT (Electronic Funds Transfer). Use this form to assign commissions to a business entity.

- Payment options have the choice of either EFT (Electronic Funds Transfer) or Check Pay.
- EFT will generate each period and be in your bank account within approximately two business days.
- Check Pay will generate a check on the first business day of every month and will include the prior month's commission balance due

|  |  |
|--|--|
| <p><b>Default Option:</b><br/>Commissions generate to your Social Security Number (SSN) and are paid directly to you by either check or to the bank listed on your EFT form (14216).<br/>a. You will receive a 1099Misc.</p> | <p><b>Assignment of Commissions to a Business Entity:</b><br/>Commissions generate to a business entity Tax Identification Number (TIN) and pay to the business entity.<br/>a. By electing this option, you instruct Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company to assign all commissions AND tax liability to the business entity per the terms below.<br/>b. The business entity will receive a 1099Misc.</p> |
|--|--|

This form is effective for all life insurance applications submitted by the Agent to Accordia Life and Annuity Company or First Allmerica Financial Life Insurance Company (the "Company") beginning on the date this form is executed but not before the date the Company receives this form. Once Company takes receipt of this executed form, Agent and Company have created an agreement wherein Agent instructs Company to pay all appropriate commission amounts directly and solely to business entity. This assignment shall be subject to the terms and conditions of the Agent's contract. Agent specifically agrees that such payment will discharge Company's payment obligation as set out in the Agent's contract or any other payment contract.

This agreement will terminate under the following circumstances: (1) Company takes receipt of appropriate written notification from Agent requesting an assignee change combined with an explicit release of the assignment of commissions from the business entity rendering this agreement null and void; (2) Company takes receipt of appropriate written notification from Agent requesting an assignee change because business entity has ceased to exist; (3) Company, in its sole discretion, terminates this agreement; or (4) dissolution of Assignee. In all circumstances, Agent and business entity agree to allow Company sufficient time to process the termination request.

Agent hereby irrevocably releases any and all interest in and to any commissions and hereby indemnifies and holds the Company harmless from any and all claims, demands or causes of action arising out of any resulting payment of any such Commissions, including any and all attorney fees, costs and expenses arising out of the defense of any such claim, demand or cause of action. The terms of this agreement shall be governed by, and construed in accordance with, the laws of the State of Iowa.

Please complete and send this form ONLY if you are choosing Assignment of Commissions to a Business Entity.

**Assignment of Commissions**

By signing this form, I certify that my title is current, accurate, and that I am authorized to act on behalf of the entity listed below.

|   |         |                                 |
|---|---------|---------------------------------|
| Business Entity Name                      |         | Tax Identification Number (TIN) |
| Business Entity Address                   |         |                                 |
| Business Entity Authorized Signature<br>X | Title   | Date (mm/dd/yyyy)               |
| Agent Name (Please Print)                 | Agent # | Profile Code                    |
| Agent Signature<br>X                      |         | Date (mm/dd/yyyy)               |