

NEW AGENT CONTRACTING SET UP SHEET

New Agent Data:

Agent's Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

PRODUCT	COMMISSION LEVEL	COMMISSION SCHEDULE CODE
FINAL EXPENSE	%	
EZ TERM (20-30 Year)	%	
CLASSIC SOLUTION	%	
OTHER PRODUCTS _____	%	_____
_____	%	_____
(specify product name)		

Agent Reports to (Manager) _____ Manager Agent # _____

Checklist:

- _____ Completed "Producer History" Sheet (9511-1)
- _____ Contract (9511) signed by Agent and Manager
- _____ Copy of current license or completed license application
- _____ Signed "Consumer Report Notification and Authorization" (Form 9127)
- _____ W-9 or copy of Social Security card (must be legible copy)
- _____ Signed "Compliance Policy Statement of Understanding" (Form 9528-C)
- _____ Appointment Fee Included (Resident & Non-Resident, if applicable). Please make checks payable to the insurance carrier.
- _____ An Anti-Money Laundering course has been taken through our company, another company or LIMRA **within the past two years.**

Comments: _____

Manager Signature: _____ Date: _____

PRODUCER HISTORY

1. WRITING AGREEMENT

Please Print in Black Ink

Agency/Agent	Sex	Date of Birth	City, State of Birth (PR Only)
Designations: <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> CFP <input type="checkbox"/> LUTCF <input type="checkbox"/> RHU <input type="checkbox"/> FLMI <input type="checkbox"/> Other:			
Residence Address	City, State, Zip		County
Business Address	City, State, Zip		Send all mail to: <input type="checkbox"/> Business <input type="checkbox"/> Home
Shipping address (if business is P.O. Box)	City, State, Zip		
Residence Phone	Business Phone	E-mail Address	
Agency Tax Payer Identification Number	Agent Social Security Number	Drivers License (State & Number)	

States Currently Licensed:

2. LICENSING QUESTIONS

- a. Have you ever been appointed with American-Amicable Life Insurance Company of Texas, Pioneer American Insurance Company, Pioneer Security Life Insurance Company or Occidental Life Insurance Company of North Carolina?..... Yes No
- b. To your knowledge, are you presently the subject of any investigation or proceeding by any insurance, securities, or commodities agency, jurisdiction, or organization?..... Yes No
- c. Are you now or have you ever been a defendant in any litigation alleging the violation of any agreement with or provision of any insurance securities or commodities law or regulation?..... Yes No
- d. Has any insurance company within the past 10 years canceled any contract with you for any reason other than the nonproduction of business or at your request?..... Yes No
- e. Have you ever been convicted of a felony or violation of 18 U.S.C. §1033 ? Yes No
 - If yes, list: Date _____ County _____ State _____
 - If a 1033 violation, attach consent letter from appropriate Department of Insurance.
- f. Do you have any judgments or tax liens, bad debts, or collections items of any kind against you?..... Yes No
- g. Are you indebted to any insurance company, general agent, or manager (including debit balances)? Yes No
- h. Have you filed for bankruptcy under any bankruptcy act in the last 10 years? Yes No
- i. During the past 10 years, has any commissioner or any Department of Insurance or any stock exchange suspended, canceled, or revoked any license issued to you, fined you, or ever refused to issue or renew any such license for any reason whatsoever?..... Yes No
- j. Have you ever had any complaints, including but not limited to complaints with an Insurance Department or Insurance Company, filed against you? Yes No
- k. If you currently hold NASD license(s), provide series number(s) _____
- l. Have you taken an Anti-Money Laundering (AML) training course through:
 - LIMRA Date Taken: ____ / ____ Our Company Other Company: _____ ? Yes No
 - m m / y y

If no, you **must** take the Company online AML training course located on the Company website. (See "AML Course Access Instructions" in your Contracting Kit.) **DO NOT SEND IN YOUR CONTRACT WITHOUT AN AML COMPLETION CERTIFICATION. (THE EXCEPTION TO THIS REQUIREMENT IS THAT IF YOU HAVE TAKEN THE LIMRA AML COURSE, YOU MAY SEND IN YOUR CONTRACT AND THE COMPANY WILL VERIFY YOUR COMPLETION OF THE AML COURSE).**

3. EXPLANATION - Please explain any "Yes" answers here; attach additional sheets if necessary.

This is just to advise you that your application for contract will be processed as quickly as possible. Public Law 91-508 requires that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, criminal records, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

_____ Date

_____ Your Signature

AGENCY AGREEMENT

THIS AGENCY AGREEMENT (“Agreement”) is entered into between OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA (“OLIC”), Recommending Agency and the Agency identified in the Producer History (“Agency”).

IN WITNESS WHEREOF, and in consideration of the mutual covenants and agreements contained herein and intending to be legally bound, OLIC, Recommending Agency and Agency agree as follows:

SECTION I - APPOINTMENT, AUTHORITY, AND RESPONSIBILITY

- 1.1** OLIC hereby appoints Agency to represent it in the sale of those insurance policies (“Policy” or collectively “Policies”) listed on the Commission Schedule as it may be amended from time to time. OLIC retains the right to appoint other agencies in the same territory as Agency. Agency is authorized to solicit and supervise the solicitation and procurement of applications for Policies through recruited agencies, those sub-agencies responsible to the person or entity executing this Agency Agreement, or producers, those persons or entities executing a producer Agreement with OLIC recruited and recommended to OLIC by Agency (collectively, the above recruited agencies and producers shall be referred to as “Recruited Agencies”), to forward Policy applications to OLIC for approval or rejection, to collect premiums, and to deliver policies as directed by OLIC.
- 1.2** Agency is an independent contractor. Neither Agency nor its Recruited Agencies shall have authority, other than that expressly granted herein; and no forbearance or neglect on the part of OLIC shall be construed to waive any of the terms of the Agreement or to imply the existence of any authority not expressly given. Neither Agency nor its Recruited Agencies are authorized to:
- (a) make, alter, amend, waive, extend or discharge any Policy or Policy rates, conditions, or provisions;
 - (b) waive or extend the time of payment of any premium due under any Policy;
 - (c) waive any breach, or proposed violation, or misrepresentation on the part of any insured or proposed insured;
 - (d) bind or obligate OLIC to any liability except as expressly provided herein;
 - (e) use any advertising, lead generation or sales materials without prior written consent of OLIC;
 - (f) make any endorsement or attach any instrument by way of illustration or otherwise to the policies of the Company;
 - (g) receive any moneys due, or to become due, to the Company except on receipt signed by the President or Secretary of the company, without first obtaining from the Company permission in writing to do so;
 - (h) incur any indebtedness in the name or on behalf of OLIC.

SECTION 2 - LICENSING AND APPOINTMENT OF RECRUITED AGENCIES

- 2.1** Agency shall recruit and recommend qualified persons or entities for appointment as Recruited Agencies to solicit applications for Policies and shall manage, supervise and train such persons or entities. OLIC shall appoint such Recruited Agencies and retains the right to refuse to appoint any person or entity as its agent and may, without notice and in its sole discretion or upon the advice of Agency, terminate the appointment of any Recruited Agency. OLIC shall have the right to at any time modify or cease to issue any policy or policies, or to withdraw from any territory.
- 2.2** Agency’s authority to represent OLIC shall be contingent on Agency’s conforming to all rules and guidelines as may be stated in this Agree-

ment. OLIC rate books, OLIC compliance manual or any other materials (the “Company Rules”) OLIC provides to Agency. In addition, OLIC shall comply with all federal, state or local laws, rules and regulations (the “Law and Regulations”) where OLIC is doing business. Agency shall pay all federal, state, and other governmental taxes and license fees levied against Agency or its Recruited Agencies by the laws of any government authority wherein Agency does business. Agency shall pay all expenses which it incurs in the performance of this Agreement.

SECTION 3 - PRIVACY

- 3.1** Agency shall hold in strictest confidence all nonpublic personal financial information or nonpublic personal health information related to any insured or policyholder or to any consumer or customer (as such terms are defined under applicable state or federal privacy laws) of OLIC, obtained by Agency in the performance of Agency duties and obligations under this Agreement. Agency shall not disclose or use such information except as necessary to carry out Agency’s duties and obligations under this Agreement or as otherwise required under applicable state or federal law. This provision survives termination of this Agreement.

SECTION 4 - COMPENSATION

- 4.1** OLIC shall compensate Agency in accordance with the Commission Schedule as amended from time to time, for the products indicated on the Commission Schedule, for premiums received and accepted by OLIC on Policy applications written by Agency and its Recruited Agencies.
- 4.2** Compensation due to Recruited Agencies shall be deducted from the compensation paid to Agency and shall be paid direct to Recruited Agencies. Agency shall indemnify and hold OLIC harmless from any liability, loss, cost or expense, including attorney’s fees, incurred by OLIC resulting from or in connection with any claim or action brought by any Recruited agencies with respect to payment or nonpayment of compensation.
- 4.3** OLIC may, upon not less than thirty (30) days notice, change the compensation provided herein with respect to Policies issued after the date of such change.
- 4.4** The right of Agency to receive all compensation on Policies sold pursuant to this Agreement shall be vested in Agency. OLIC shall pay compensation even after termination, subject to exceptions set forth in Section 4.5.
- 4.5** Payment of compensation to agency may be terminated by OLIC notwithstanding Section 4.4 when: (1) the total payable in the preceding calendar year is less than one thousand dollars (\$1,000); or (2) this Agreement has been terminated for reasons set forth in Section 7.2(f); or (3) Agency or its Recruited Agency does any act which would result in termination pursuant to Section 7.2(f) regardless of whether this agreement has already been terminated.
- 4.6** Agency shall assume responsibility for the financial integrity of all Recruited Agencies and all obligations of Recruited Agencies to OLIC which arise after the effective date of this Agreement. Agency shall indemnify OLIC for, and Agency’s account shall be charged the full amount of all such obligations in default.

SECTION 5 - INDEBTEDNESS

5.1 Any of the following transactions, between OLIC and Agency shall be a loan and create a debtor-creditor relationship between OLIC and Agency.

- (a) the refund or return of any premium collected by Agency or its Recruited Agencies for which OLIC has paid a commission;
- (b) any advance made by OLIC to Agency against future compensation for any reason;
- (c) any other loan or debt between OLIC and Agency.

5.2 The indebtedness created by any of the transactions of Section 5.1 above is due and payable on demand and shall create a first lien on any compensation due or to become due Agency. OLIC retains the right to offset such indebtedness against any payment due Agency. Any indebtedness not paid when due shall vest OLIC with the authority and power to seek all available legal and equitable remedies against Agency to obtain repayment of the indebtedness.

SECTION 6 - ASSIGNMENT

6.1 This Agreement shall not be assigned or otherwise transferred by Agency without the prior written approval of OLIC. Any assignee shall be bound by the terms of this Agreement.

SECTION 7 - TERMINATION

7.1 This Agreement shall remain in full force and effect until terminated upon thirty (30) days prior written notice given by either party to the other. Termination of this Agreement shall not affect any duties, obligations, or liabilities incurred prior to termination except as otherwise provided herein. Within thirty (30) days of termination of the Agreement, Agency shall return to OLIC all OLIC materials and shall indemnify OLIC for any cost incurred to secure OLIC's property should Agency fail to honor OLIC's demand.

7.2 This Agreement may be terminated immediately, without notice in the event of and as of the date of the occurrence of:

- (a) bankruptcy, insolvency, receivership, liquidation, or assignment for the benefit of creditors by either party; or
- (b) cancellation, suspension, or revocation of Agency's insurance license by any governmental or regulatory authority having jurisdiction; or
- (c) death or dissolution of Agency; or
- (d) IRS levies; or
- (e) failure to secure OLIC any new paid life insurance during any period of 180 days.
- (f) Agency's breach of this Agreement by:
 - (1) the wrongful withholding of funds belonging to an applicant or OLIC for a Policy or Policies; or
 - (2) the intentional or systematic inducement of insured(s) to lapse, relinquish, or surrender a Policy or Policies; or
 - (3) the intentional or willful failure to comply with the laws, rules, or regulations of any governmental or regulatory authority having jurisdiction; or
 - (4) any default in the performance of any material term or condition of this Agreement.

SECTION 8 - BOOKS, ACCOUNTS, AND RECORDS

8.1 All books, accounts, correspondence, and other records of Agency relating to business transacted pursuant to this Agreement shall, at all times, be open to inspection by OLIC or its designated representative

and OLIC may make copies thereof before or after the termination of this Agreement.

SECTION 9 - AMENDMENT

9.1 This Agreement constitutes the entire contract between the parties and may not be amended or modified without the express written approval of an officer of OLIC and Agency.

SECTION 10 - INDEMNIFICATION

10.1 Agency shall indemnify and hold OLIC harmless from any liability, loss, cost or suit brought against OLIC resulting from or in connection with any unauthorized acts, any error or omission, or any breach of any of the provisions of this Agreement by Agency, Agency's employees or Recruited Agencies.

SECTION 11 - MISCELLANEOUS

11.1 Should Agency or Agency's Recruited Agencies engage, before or after termination of this Agreement, in any act prohibited by Section 7.2(f) (1) or Section 7.2(f) (2), it may result in irreparable injury to OLIC for which there may be no adequate remedy at law and Agency hereby agrees that OLIC may obtain injunctive relief.

11.2 If any provision of this Agreement is deemed void, illegal, or unenforceable, the validity of the remaining portions shall not be affected thereby. Any waiver of the rights of OLIC under this Agreement on one occasion shall not constitute a continuing waiver of any such right.

11.3 This Agreement is performable in, and all sums due from one party to the other are payable in McLennan County, Texas, and all legal proceedings in regard hereto shall be instituted in McLennan County, Texas, and all parties hereto expressly waive any privileges they may have as to venue contrary to this provision. It is further expressly agreed that all provisions of this Agreement and any controversy that may arise thereunder shall be construed according to the laws of the State of Texas.

11.4 If OLIC or Agency should bring a court action alleging breach of this Agreement or seeking to enforce, rescind, renounce, declare, void or terminate this Agreement or any provisions thereof, the prevailing party shall be entitled to recover all of its legal expenses, including reasonable attorney's fees and cost (including legal expenses for any appeals taken and attorney's fees incurred as a result of Bankruptcy proceedings), and to have the same awarded as part of the judgment in the proceedings in which such legal expenses and attorney's fees were incurred.

SECTION 12 - COMPLETELY INTEGRATED AGREEMENT

12.1 This Agreement along with the Schedule of Commissions, and any other supplemental Addendums, contain the entire and complete Agreement between the parties, and each of the parties hereto agree that there are no prior or contemporaneous agreements, promises or representations that are not set forth herein.

SECTION 13 - SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I, _____ certify that:

1. The following is my correct taxpayer identification number or social security number.

Social Security # or Taxpayer Identification #

2. I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, cross out item #2 and attach an explanation.

This Agreement is only effective upon signing by an authorized officer of the Agency, Recommending Agency and OLIC.

GENERAL AUTHORIZATION AND RELEASE

I hereby authorize OLIC to contact any past employer, business associate, business partner, military service, court, law enforcement agency, insurance company, financial institution, or any other person or entity to obtain information about my background, employment, schooling, business activities and experience, character, criminal record, or financial status.

I hereby authorize any of the above person, institutions, or entities to provide the above information to OLIC and waive and release any claims I may have

related to the providing of such information. I also authorize them to rely on a photocopy or facsimile copy of the authorization.

I also acknowledge that OLIC may participate in programs which provide background and financial information on insurance agents, including debit balances. I authorize OLIC to obtain information from these programs and to share any information obtained from other sources with these programs. I also waive and release any claims I may have related to the sharing of such information by OLIC or the programs in which OLIC participates.

This authorization is continuing and remains in effect until revoked by me in writing delivered to an officer of OLIC.

I hereby certify that any representations and warranties made in this Agreement are true. I understand that if any representation or warranty given in this Agreement is found to be incorrect or incomplete, it may be grounds for OLIC to decline my application for appointment or immediate termination at the sole discretion of OLIC.

AGENT SIGNATURE <i>(If a Partnership, all partners must sign.)</i>		
BY: _____	_____	_____
<i>(Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
BY: _____	_____	_____
<i>(Signature)</i>	<i>(Title)</i>	<i>(Date)</i>

AGENT PERSONAL GUARANTEE <i>(If a Corporation, the following must be completed)</i>	
The undersigned individual hereby personally guarantees the full and faithful performance of all duties and obligations of Agency pursuant to the above agreement.	
BY: _____	_____
<i>(Signature)</i>	<i>(Date)</i>
DATE OF BIRTH: _____	SOCIAL SECURITY # _____

RECOMMENDING AGENCY (If Applicable)	
Signature of Recommending Agency _____	
Name (Please Print) _____	
Agent # _____	Commission Schedule Recommended _____

FOR HOME OFFICE USE ONLY (Occidental Life Insurance Company of North Carolina)	
Commission Schedule Number _____	Agent Number _____
Authorization Signature _____	
Title _____	Effective Contract Date _____

CONSUMER REPORT NOTIFICATION AND AUTHORIZATION

Through this document, American-Amicable Life Ins. Co. of TX, Pioneer American Ins. Co., Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, disclose to you that a consumer report or an investigative consumer report, is being obtained from a consumer reporting agency for the purpose of evaluating you for appointment as an agent. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, criminal records, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation and a written summary of your rights as a consumer.

I authorize and request any consumer reporting agency to furnish any and all information in their possession regarding me in connection with my appointment for agent. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written authorized request.

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 this investigation.

I authorize, American-Amicable Life ins. Co. of TX., Pioneer American Ins. Co., and Pioneer Security Life Ins. Co. and Occidental Life Ins. Co. of NC, to share this information with the appropriate people involved in the licensing and contracting process.

Print Name _____

Signature _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

If name changed (through marriage or otherwise), print former name here

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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

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

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

**COMPLIANCE POLICY
STATEMENT OF UNDERSTANDING**

I acknowledge receipt of the **Compliance Manual (Form No. 9528-C)** for **American-Amicable Life Insurance Company of Texas, Pioneer American Insurance Company, Pioneer Security Life Insurance Company, and Occidental Life Insurance Company of North Carolina.**

I acknowledge that I have read and understand the contents of the Compliance Manual and further understand that if I do not comply, in full, with its provisions it will be a violation of my contract and may result in, without limitation, the cancellation of my contract(s) with the before mentioned Companies.

1. I acknowledge the need for strict compliance with all applicable state, federal and military regulations regarding the solicitation and sale of insurance.
2. I understand the Companies will insist upon **strict adherence** to all applicable state, federal and military regulations regarding the solicitation and sale of insurance and understand that I am individually accountable for my own actions.
3. I acknowledge that I must be professional in my sales presentations. I acknowledge that I must accurately and completely describe the insurance product being offered, help the purchaser understand the terms and conditions of the insurance product being sold, and comply with all applicable state and federal regulations. I understand that violations of the Compliance Manual or applicable insurance regulations may result in the immediate termination of my contract with the companies.
4. I understand that I must immediately take the Company anti-money laundering training course, if I have not previously taken a course directly through LIMRA, another represented insurance company, or a competent third party **within the past two years.**
5. I acknowledge that this Agreement does not alter or amend my contract or contracts with the Companies or create an employment relationship with the Companies. This Agreement does not change the at-will relationship between the parties and me. The contract or contracts between the Companies may be terminated at any time by either party upon notice, as set forth in those contracts.

Agent Signature

Agent (Print Name)

Date

PLEASE RETURN A SIGNED COPY OF THIS DOCUMENT TO THE MARKETING ADMINISTRATION DEPARTMENT.

Annualization Plan Supplemental Agreement

This Supplemental Agreement supplements your agent contract with the undersigned, selected Company (ies). It is intended to provide you with an advanced payment of a portion of first year commissions due on business written by you or your agents.

Plan Provisions:

1. Commissions paid under this Supplemental Agreement are an advance of commission from us to you. Such commissions are considered unearned and an indebtedness under the terms of your contract with us until sufficient premiums are paid on a policy to justify the commissions advanced.
2. While this Supplemental Agreement is in effect, we will pay you advanced commissions as a percent of 1st year commission due on the annualized premium. Excess and renewal commissions and service fees will not be advanced.
3. Policies issued on a monthly direct premium mode, policies that have been reinstated, or policies on you, your spouse, your parents, children, brothers, sisters, business associates or employees are not eligible for annualization under this Supplemental Agreement.
4. We reserve the right to declare any policy not eligible for annualization upon notice to you.
5. We may, at our discretion, impose a per Policy maximum to any advanced commission payments.
6. If any Policy included in any advanced commission payment terminates for any reason prior to the end of its first Policy year, any unearned advanced commission for that Policy is repayable to us on demand, and may be deducted at our sole discretion from any commissions which would otherwise be payable to Agent.

Termination Provisions:

1. Continued eligibility for this plan is at our sole discretion. This Supplemental Agreement may be terminated by you, your general agent or us at any time. This Supplemental Agreement shall automatically terminate upon the termination of your contract with us.
2. Upon the termination of your contract, any advanced commissions which have not yet been earned will be treated as an indebtedness under the terms of your contract with us. This provision survives the termination of this Supplemental agreement.

Agent Name _____

Signature of Agent _____

Date _____

As General Agent for the above agent, I agree to assume any indebtedness that may result from this Supplemental Agreement and that such indebtedness will be considered an indebtedness under the terms of my contract with the Company (ies).

General Agent Name _____

Signature of General Agent _____

Commission % _____

Advance % _____

Date _____

Accepted By:

**American-Amicable Life
Insurance Company of Texas**

**Pioneer Security Life
Insurance Company**

**Pioneer American Insurance
Company**

**Occidental Life Insurance
Company of North Carolina**

Signature of Authorized Officer _____

Date _____

Effective on: _____

9518(10/03)

Key Contacts

Company Phone Number.....(800) 736-7311

American-Amicable Life Insurance Company of Texas.....www.americanamicable.com
 Occidental Life Insurance Company of North Carolina.....www.occidentallife.com
 Pioneer American Insurance Company.....www.pioneeramerican.com
 Pioneer Security Life Insurance Company.....www.pioneersecuritylife.com

For the quickest, most effective way to reach someone for assistance in one our service departments; please follow the automated numerical prompts after dialing the 800 number listed above. The following is a list of prompts that can be pressed to reach the various departments:

<u>Department:</u>	<u>Prompts:</u>	<u>Department:</u>	<u>Prompts:</u>
Agent Contracting	1, 1, 3	Marketing Sales Agent Hotline	1, 1, 2
Advanced Commissions	1, 1, 4	Supplies	1, 1, 6
Customer Service/Reinstatements	1, 1, 7	Underwriting/Policy Issue	1, 1, 1
Earned Commissions	1, 1, 5		

Departmental Listing

			Ext	Fax Number
Marketing Sales		(800) 736-7311 Prompt 1, 1, 2		(254) 297-2709
Darren Sliva	Senior Vice-President	dsliva@aatx.com	3466	(254) 297-2140
Rick Weaver	Vice-President	rweaver@aatx.com	3305	(254) 297-2141
Darren Hancock, CLU, FLMI, LTCP	Assistant Vice-President	dhancock@aatx.com	3203	(254) 297-2143
Alisha Honey	Marketing Assistant	ahoney@aatx.com	3505	(254) 297-2146
Angie Funnell	Marketing Assistant	afunnell@aatx.com	3450	(254) 297-2145
Gail Thompson	Marketing Assistant	gthompson@aatx.com	3448	(254) 297-2147
Executive				(254) 297-2710
Lanny Peavy	President & CEO			
Jeanette Stone	Executive Assistant to CEO	jstone@aatx.com	3283	(254) 297-2120
Operations				(254) 297-2756
Joe Dunlap, CLU, ChFC, FLMI	Executive Vice-President Of Operations and Secretary	jdunlap@aatx.com	3525	(254) 297-2130
New Agent Contract Fax				(254) 297-2110
New Business Application Fax				(254) 297-2100

**Not Sure Who to Call? Call Marketing Sales
at (800) 736-7311, Prompt 1, 1, 2!**

			Ext	Fax Number
Administrative Marketing Services (Contracting / Commissions)				
Jeanette Higgins, CLU, ChFC, FLMI	Manager	jhiggins@aatx.com	3258	(254) 297-2764
Arlene Williams	Commission Statements	awilliams@aatx.com	3292	(254) 297-2148
Dorothy Scott	Contracting/Licensing	dscott@aatx.com	3811	
Systems Administration / Agent E-File				
Mike Blanton, CLU, FLMI	Vice-President	mblanton@aatx.com	3257	(254) 297-2764
Vicky Morris	Agent E-File	vmorris@aatx.com	3217	(254) 297-2131
General Services / Supply				
Bill Auldridge	Manager	bauldridge@aatx.com	3315	(254) 297-2155
Kari Springer	Supplies	supplies@aatx.com	3366	(254) 297-2156 (254) 297-2155
Policy Issue				
Policy Issue		policyissue@aatx.com		(254)297-2101
Underwriting				
Underwriting		underwriting@aatx.com		(254) 297-2102
Agent Financing (Commission Advances)				
Mary Farris	Manager	mfarris@aatx.com	3293	(254) 297-2766
Margaret Schroeder	Financing Analyst	mschroeder@aatx.com	3306	(254) 297-2125
Shay Watson	Financing Analyst	swatson@aatx.com	3458	(254) 297-2126
Policy Service				
Dei Casiano	AVP of Policy Service	dcasiano@aatx.com	3361	(254) 297-2105
Julie Long, FLMI	Supervisor	jlong@aatx.com	3800	(254) 297-2167 (254) 297-2168
Anselmo Mondragon	Spanish CSR	espanol@aatx.com	3260	(254) 297-2170
Premium Accounting				
Karen Fulp	Manager	kfulp@aatx.com	3533	(254) 297-2756
Liz Renfro	Monthly Government	erenfro@aatx.com	3545	(254) 297-2166
Tina Kolar	Direct Deposit Allotment	tkolar@aatx.com	3551	
Claims				
Karen Fulp	Manager	kfulp@aatx.com	3533	(254) 297-2756
Barbara Waldrop, ALHC, ACS, FLMI	Sr Claims Examiner	bwaldrop@aatx.com	3828	(254) 297-2166

Officers

Blanton, Michael J.
Vice President,
Systems Administration

Keel, Clara
Product Filing Manager,
Assistant Secretary

Stone, Jeanette L.
Assistant Secretary

Casiano, DeiAnna L.
Assistant Vice President,
Policy Service

Peavy, S. Lanny
President and
Chief Executive Officer

Saucedo, Cynthia L.
Vice President,
Underwriting / New Business

Dragoo, Michael E.
Vice President and
Chief Information Officer

Schaffer, Darla A.
Executive Vice President,
Chief Financial Officer

Weaver, Richard D.
Vice President,
Marketing

Dunlap, Joe W.
Executive Vice President
Operations

Sliva, Darren
Senior Vice President,
Marketing

Hancock, Darren
Assistant Vice President,
Marketing