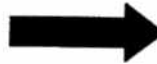




**COLUMBIAN LIFE
INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NY



~~Mail completed contracts to:~~

~~Attn: Ex-Town X
8374 Market Street #444
Lakewood Ranch, FL 34202
Tel Free (888) 467-2755~~

FINAL EXPENSE GENERAL AGENT CONTRACT PACKET

PLEASE PRINT ALL INFORMATION

SUBMITTED BY: Joe Moore # 914800
(MGA/RGA/GA/) submitting this packet

APPLICANT NAME: _____

APPOINTMENT CHECKLIST (Please complete and check all applicable information)

- Completed Prospective Contracting Information Form
- Signed Consent for Investigative Consumer Report
- Summary of your Rights Under the Fair Credit Reporting Act
- Direct Deposit Authorization Form
- Final Expense General Agent Contract*
- Agreement for Advanced Compensation (if applicable)
- Current copy of your license for **each** state you intend to do business in

*** Be sure to complete all pages and signatures in their entirety and return with this sheet**

NOTE: IF YOUR CONTRACTING INCLUDES AN ADVANCE REQUEST, YOUR SUBMITTED BUSINESS WILL NOT BE PROCESSED UNTIL YOUR APPOINTMENT AND ADVANCE HAS BEEN APPROVED.

INSURANCE EXPERIENCE (This information will be kept confidential)

1. Do you currently sell Final Expense Yes No
 If Yes: Name of Primary Final Expense Insurance Company? _____
 Final Expense Annualize Premium for last year? _____
 Final Expense Persistency for last year? _____
 If No: What is your primary market? Yes No
2. Are you a full time Insurance Agent? Yes No
3. Anticipated Annualized Premium with Columbian Life Insurance Company? _____

COMMISSION INFORMATION

1. I REQUEST THAT MY Commissions be paid: (check one)
 As Earned Advanced*
 *If applying for advance commissions, you must fill out the Agreement for Advanced Commissions
2. I request that my Commissions be deposited directly into my Bank Account (Optional)**
 **Must complete Direct Commission Deposit Form and attach a voided check

"Office Use Only"

NAME & EXT. OF PERSON WORKING THE APPLICATION _____

INSURED'S NAME _____ APPLICATION DATE _____

DATE RECEIVED _____

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
BINGHAMTON, NY 13902-1381
Columbian Life Insurance Company is not licensed in every state

COLUMBIAN LIFE INSURANCE COMPANY
HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NY 13902-1381

COLUMBIAN FINANCIAL GROUP
Prospective Contracting Information

Name _____
First Middle Last
Date of Birth _____ **Social Security #** _____ **Sex** M F

Business Name _____ **Tax ID #** _____

Resident Address _____ (_____) _____
Address (street (If PO Box include street address) Resident Phone #

City State Zip County

Business Address

Mailing Address

(Street or P.O. Box)

City State Zip

(Street or P.O. Box)

City State Zip

Telephone # (_____) _____ **Cell #** (_____) _____
Fax # (_____) _____ **E-Mail** _____

I am interested in representing the Company as an:
 _____ Individual _____ Corporation _____ Partnership _____ Sole Proprietor

Are you currently licensed with Columbian? Yes No

Have you or the business:

- 1. Ever been licensed by Columbian? Yes No
- 2. Ever had a license for any insurance company revoked or suspended? Yes No
- 3. Ever been fined by an Insurance Department? Yes No
- 4. Ever filed for Bankruptcy? Yes No
- 5. Presently indebted to any insurance company, it's Managers or General Agents for an unpaid balance? Yes No
- 6. Ever been refused bond? Yes No
- 7. Have you ever been convicted of any criminal felony involving dishonesty or a breach of trust or any offense under the Federal Crime Act (18USCA 1033)? Yes No

 If "yes", give date, penal code section of conviction and disposition.

If you answered "Yes" to any of the above, provide details on a separate sheet, if needed.

If contract is for a Corporation please complete this section

List all principals having authority to execute contracts on behalf of the corporation

_____ Name	_____ Title	Check if Sub-Lic	L____	H____
_____ Name	_____ Title	Check if Sub-Lic	L____	H____
_____ Name	_____ Title	Check if Sub-Lic	L____	H____

NOTE: ATTACH LICENSE COPY FOR EACH STATE DESIRED

*NC & OH Limited Licenses must include the applicable license application. (this license type applies to Preneed only)

Notice of Intent to Obtain Consumer Reports

As a routine part of our due diligence effort, _____ (the Company) may obtain one or more reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living from a consumer reporting agency. Such reports may be either "consumer reports" or "investigative consumer reports" under the Fair Credit Reporting Act, or both. If the Company plans to use any information in a consumer report in a decision not to retain you or to make any other adverse decision regarding you, it will provide you with a copy of the credit report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before it takes any adverse action. If any adverse action is taken against you based upon a consumer report, the Company will notify you that the action has been taken and that the consumer report was the reason for the action.

We cannot obtain consumer reports regarding you unless you consent in writing. If you agree that we may obtain consumer reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living, please sign the Consent to Obtain Consumer Reports form

Consent to Obtain Consumer Reports

I have read the Notice of Intent to Obtain Consumer Reports provided to me by the Company.

I understand that, if I sign this consent form, the Company may obtain reports of my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living.

I hereby authorize the Company and its employees, agents, contractors, affiliates and subsidiaries to obtain reports of my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living.

I further authorize all persons and entities (including but not limited to former employers, businesses, corporations, former supervisors, neighbors, friends, colleagues, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to IPC / Limra International, Inc. or another entity contracted by the Company to create a consumer report and/or an investigative consumer report on me. I release and agree to hold each harmless from all liability and responsibility for doing so.

[California-Only Language: I understand that I may request a copy of any consumer reports developed pursuant to this consent.]

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

Signature of Applicant

Date

Name Printed

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY
BINGHAMTON, NY 13902-1381

COLUMBIAN LIFE INSURANCE COMPANY
HOME OFFICE: CHICAGO, IL
Administrative Services Office: Binghamton, NY 13902-1381

Columbian Life Insurance Company is not licensed in every state.

**COLUMBIAN MUTUAL LIFE
INSURANCE COMPANY**
Home Office: Binghamton, NY

**COLUMBIAN LIFE INSURANCE
COMPANY**
Home Office: Chicago, Illinois

Administrative Service Office: PO Box 4850, Norcross, Georgia 30091-4850

Direct Deposit Authorization Form

To enroll in Direct Deposit, simply fill out the attached form, attach a voided check or deposit slip and return it with your Appointment Kit. We can make Electronic Deposits into either your checking or savings bank account in accordance with the current Commission Deposit Schedule.

Authorization

I hereby authorize the deposit of all compensation payments due to me to my checking or saving account as indicated below. Further, I authorize the financial institutions indicated below to accept and credit entries indicated by Columbian to my account. Should my account be credited in error by Columbian, I authorize Columbian to debit my account for an amount not to exceed the amount of the erroneous credit.

This authorization is to remain in full force and effect until Columbian has received written notice from me of its termination in such time and in such manner as to afford Columbian reasonable opportunity to act on it.

Columbian reserves the right to terminate Electronic Deposits at any time or for any reason upon written notification to me.

Checking Savings ABA Number: _____

Account Number: _____

Financial Institution Name: _____

City: _____ State: _____

Date: _____ Agent Name: _____

Agent Number: _____ Agent Signature: _____

Please complete and forward along with your appointment paperwork

If you are already appointed, please forward to:

**Columbian Mutual Life Insurance Company
Administrative Service Office
PO Box 4850
Norcross, GA 30091-4850**

**** ATTACH VOIDED CHECK OR DEPOSIT SLIP ****

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, ILLINOIS
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NEW YORK

AGREEMENT FOR ADVANCED COMPENSATION

Definitions

"Company" means Columbian Life Insurance Company.

"Producer" means the Producer identified on Page 3 of this Agreement.

"Upline Producer" means a member of the Managing General Agent's Hierarchy who is upline from the Producer identified on page 3 of this Agreement.

The Managing General Agent recommends, and the Producer requests, the Company to advance compensation to the Producer against future compensation to be earned according to the provisions of the Producer's "Ordinary Life – Final Expense Contract" (the "Contract"). The Company and/or the Managing General Agent reserve the right to require the written recommendation and consent of any Upline Producer.

The parties hereby agree as follows:

1. All compensation advanced by the Company to the Producer shall constitute a personal obligation of the Producer to the Company and an "Indebtedness" to the Company as defined in the Contract. Such advanced compensation is subject to the provisions of the Contract. Producer grants the Company a first lien and right of offset equal to the amount of such Indebtedness in and to all compensation due or to become due to the Producer under the Contract, or any other contract between the Producer and the Company or the Company's affiliates.
2. The amount of advance will be (*check one*):
 25% (3 Month); 50% (6 Month); or 75% (9 Month)
of the total first-year compensation payable to the Producer based upon monthly premium for any eligible policy, provided that in no event shall the compensation advance for any one policy exceed \$1,000.
3. Only policies issued after this Agreement takes effect where the premium is payable by electronic funds transfer (bank draft) are eligible for compensation advances. Policies written on the Producer's immediate family (spouse, parent or children) are not eligible for compensation advances. The Company will advance compensation on eligible policies after the policy has been issued and the initial premium received by the Company.
4. Compensation that has been advanced on any policy will be repaid by compensation earned on the same policy. After the advance for the policy has been repaid in full, subsequent earned compensation will be paid to the Producer, provided that the Producer remains in good standing with the Company. Any chargeback will be deducted from the next production advance or any earned or renewal compensation. In the event a policy for which compensation has been advanced terminates or is transferred to another producer, the outstanding balance of

compensation advanced on any policy shall immediately be due and payable, and will be repaid out of compensation due to the Producer on other policies.

5. The Company reserves the right to request immediate repayment of any Indebtedness in full, upon written notification to the Producer.
6. The Company reserves the right to increase or decrease the advance schedule upon written notice to the Producer. If the change is an increase, the Managing General Agent and the Producer (and any applicable Upline Producer) must agree in writing for the increase to become effective.
7. This Agreement may be terminated at any time by any party hereto upon written notice to the last known address of the other parties.
8. Upon termination of this Agreement or the Producer's Contract, compensation due the Producer will first be applied to the outstanding balance of compensation advanced. If a debit balance remains, the Company reserves the right to request repayment in full, upon written notification to the Producer. In determining the Producer's Indebtedness to the Company, the books and records of the Company shall establish a rebuttable presumption of such Indebtedness.
9. In order to remain eligible for commission advances, the producer must maintain an adequately high persistency level, low NTO (Not Taken Out) rate, and level of production acceptable to the Company.

By signing this Agreement, the Producer represents and warrants that (1) the Producer has not assigned, transferred, mortgaged or otherwise encumbered any compensation payable under the Contract and (2) there are no suits or proceedings pending, or to the knowledge of the Producer, threatened against or affecting the Producer which, if adversely determined, could have a material adverse effect on the financial condition or insurance agency business of the Producer. If any such suits or proceedings are initiated or threatened while this Agreement is in effect, the Producer shall promptly notify the Company in writing.

If the Producer is a corporation, partnership or limited liability company, the individual signing below certifies that he or she has full authority to authorize this Agreement and bind the Producer to its terms; and hereby accepts liability on the Agreement both individually and as an officer of the Producer.

If any provision of this Agreement is or shall be deemed to be illegal or unenforceable, the remainder of the Agreement shall not be affected thereby.

This Advance Agreement shall be governed by and construed in accordance with the laws of the state of Illinois applicable to contracts entered into therein, without reference to principles of choice of law or conflicts of laws. The parties to this contract consent to the jurisdiction and venue of the Illinois Circuit Court, Cook County with respect to any claim or cause of action related to or arising under this Contract, and the parties agree that any such claim or cause of action of any party against the other will be brought exclusively in such court and no other. **THE PARTIES WAIVE THEIR RIGHT TO A JURY TRIAL.**

UNDER NO CIRCUMSTANCES WILL ANY PARTY BE LIABLE TO THE OTHER PARTY FOR LOST PROFITS, OR ANY SPECIAL, INDIRECT, CONSEQUENTIAL OR PUNITIVE DAMAGES OF ANY NATURE, WHETHER OR NOT FORSEEABLE, INCURRED DIRECTLY BY SUCH OTHER PARTY.

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same Agreement.

PRODUCER

I understand and agree to the terms of this Agreement.

Name of Producer

X _____
Signature

Title If Not An Individual

Date

MANAGING GENERAL AGENT

I recommend that the Company advance compensation to the Producer according to the terms of this Agreement. I acknowledge my responsibilities and obligations with regard to such Producer as set forth in paragraph 9 of my Ordinary Life – Final Expense Contract with the Company.

Joe Moore #914800

Name of Managing General Agent

Signature

Title If Not An Individual

Date

UPLINE PRODUCER (if applicable)

I recommend that the Company advance compensation to the Producer according to the terms of this Agreement. I acknowledge my responsibilities and obligations with regard to such Producer as set forth in Paragraph 9 of my Ordinary Life – Final Expense Contract with the Company.

Name of Upline Producer

Signature

Title If Not An Individual

Date

UPLINE PRODUCER (if applicable)

I recommend that the Company advance compensation to the Producer according to the terms of this Agreement. I acknowledge my responsibilities and obligations with regard to such Producer as set forth in paragraph 9 of my Ordinary Life – Final Expense Contract with the Company.

Name of Upline Producer

Signature

Title If Not An Individual

Date

COLUMBIAN LIFE INSURANCE COMPANY

I approve this Agreement.

Name of Authorized Company Representative

Signature

Title

Date

- (d) Sell products which do not meet the client's financial and personal needs;
- (e) Exaggerate, inflate or misrepresent products, services or the Company;
- (f) Make any statement, written or oral, which is untrue and derogatory regarding the financial condition of any insurance company;
- (g) Minimize, ignore and avoid discussing aspects of products and services because they are complicated or potentially unfavorable;
- (h) Develop "home grown" illustrations, advertising or present tabular numerical data which has not been approved by the Company;
- (i) Use the terms "vanishing premium" or "vanish" when discussing the mechanics of using accumulated values to pay future premiums;
- (j) Give direct monetary or indirect "in kind" rebates.

IN WITNESS WHEREOF, the parties have executed this Contract on this _____ day of _____, 20_____.

GENERAL AGENT:

COLUMBIAN LIFE INSURANCE COMPANY

 (Individual, Partnership, Trade or Corporate Name)

By _____
 (Signature)

X _____
 (Signature)

 (Print Name and Title)

 (Print Name and Title)

 (Social Security or Federal Employer Identification Number)