



**USER GUIDE**  
**ANNUITY TRAINING**  
**PLATFORM**

**RegEd**

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## 1.0 OVERVIEW

As the leading industry platform with several large carriers, RegEd's Annuity Training Platform is the solution for reducing the annuity training burden and keeping producers focused on selling.

- + Producers are able to easily register and meet multiple carrier requirements on one platform, providing access to state suitability and carrier-specific product training courses.
- + Distributors can see an agent's complete compliance profile for annuities training, including both state suitability requirements and carrier-specific product training.
- + Producers can easily maintain compliance with the state suitability requirements for the states in which they sell annuities. The platform has an extensive rule base to determine reciprocity rules and initial and ongoing training requirements.

The main page of the Annuity Training Platform displays a map of the United States. Hover over each state to view basic annuity training requirements or click on the state to view a more in-depth description of each state's requirements and reciprocity rules.

## 2.0 REGISTRATION AND LOGIN

Users self-register on the RegEd Annuity Training Platform.

The screenshot shows the RegEd website interface. At the top left is the IRI logo (Insured Retirement Institute). To its right is the RegEd logo. Further right is a login form with fields for 'Login Email Address:' and 'Password:', a 'Go' button, and options for 'Save User Name' and a 'Forgot my password?' link. Below the header is a navigation bar with links: TRAINING PLATFORM >>, RULES AND REGULATIONS, NEWS, CONTACT US, and ABOUT US.

A central banner reads: *Welcome to the industry's largest and most comprehensive annuities training platform. Log in now to experience our real-time reciprocity and requirements tracking engine and meet your training requirements today.*

On the left, a 'Participating Carriers' box lists 'AIG Annuities' and 'Allianz Life Insurance Company of North America'. Below it is a link: 'Click here for a full list of participating carriers.'

In the center is a map of the United States with state abbreviations. A legend below the map indicates:
 

- Dark blue square: Adopted Requirement
- Light blue square: Requirement Pending Adoption
- Grey square: No Requirements Pending Adoption

On the right, a 'Producers Get Started' box contains a 3-step process:
 

1. Register online and create a profile.
2. Complete your state-mandated annuity training.
3. Complete Carrier-specific courses as they are assigned to you.

Below that is a 'News' section with the following items:
 

- RegEd Named CE Quality Partner by CFP Board
- RegEd Announces Program for Sixth Annual Client Conference in Hilton Head Island, SC
- RegEd Selected as "Best-in-Class" Solution for 1st Global's Enterprise Empowerment Initiative

At the bottom of the page, there is a 'Download our FAQ here.' link, contact information for Producers (info@reged.com) and Carriers (sales@reged.com), and a copyright notice: ©2010-2017 RegEd.

- + **Step 1.** Users go to <https://secure.reged.com/TrainingPlatform/>.
- + **Step 2.** Select Register Online on the right under **Producers Get Started**.
- + **Step 3.** Complete the registration form.





### Self Registration

#### Login Information

The security questions / answers are required to help you reset your password, if you forget your password.

\*Login Email:  Will be used as Login Name and Contact Email

\*Password:  (Passwords must be at least 8 characters, and contain at least 2 alphabetic characters and 2 numbers)

\*Verify Password:

\*Security Question 1:   \*Answer:

\*Security Question 2:   \*Answer:

\*Security Question 3:   \*Answer:

(You must select 3 different questions and provide 3 different answers which do not match your password.)

#### Identifying Information

We require your Social Security Number and Date of Birth to process your CE as per state requirements.

Prefix:

\*First Name:  \*Last Name:  MI:  Sfx:

\*Social Security #:

\*Verify Social Security #:

\*Date of Birth:

\*National Producer Number (NPN):

#### Business Address

\*Address Line 1:

Address Line 2:

\*City:  \*State:   \*Zip Code:

\*Country:

\*Phone:  Ext:

Fax:

#### Shipping Information

We require your shipping address to send you your certificates as per state requirements.

Same as Business Address  I want to enter different Shipping Information

#### Home Information

Same as Business Address  I want to enter different Home Information

#### Terms of Service

I accept the [Terms of Service](#) and site usage requirements

\* Denotes required field



2017-11-21 ABOUT SSL CERTIFICATES

### 3.0 PRODUCT TRAINING

- Product training is assigned automatically by a carrier through daily data feeds to RegEd or ordered with a product code by the user. Upon login, the Producer Status page displays all currently assigned and ordered carrier-specific product training. The user is also shown their current annuities state suitability compliance summary. To update RegEd with states the user is licensed in, select **Manage My State Suitability Requirements**.

#### 3.1 Assigned Product Training

Assigned product training displays for the user on the main page. Courses are grouped by the carrier and immediately accessible by selecting the **Go To Requirement** button. Assigned product training courses are also accessible from the left frame menu, grouped by Carrier name.

**Producer Status**

**Annuities State Suitability Compliance Summary**

State	Resident?	Requirement Met?	Course Status
Ohio	No	N/A - Not Required	
West Virginia	Yes	N/A - Not Required	

**Carrier-Specific Product Training**

Requirement	Completion Date	Requirement Status
<b>ACME Annuity Product Training</b>		
ACME - Product Training Alpha (ACME_01)		Go To Requirement
ACME - Product Training Beta (ACME_02)		Go To Requirement
ACME - Product Training Gamma (ACME_03)		Go To Requirement

Although RegEd, Inc. takes reasonable steps to ensure that the information displayed through the Annuities Training Platform is current and correct based on the data provided to it, it neither warrants nor guarantees its accuracy or timeliness. Producers should verify their product training and continuing education requirements and status on the websites of the state departments of insurance where they hold licenses and with their carriers, as appropriate.

Select a course and an informational service page will display, then select **Proceed** to begin the course. If the carrier has chosen not to display a service page for the course, the course will begin immediately.

Use the buttons ( ) in the bottom middle of the page to navigate through the course. There is an X button in the top right to leave the course ( ) and return at a later date.

#### 3.2 Enter Product Code

If a carrier has provided a Product Code (or a Just-In-Time code) to access a course, enter the code to immediately add the course as an available option on the Producer Status homepage. The product code can be entered:

- + in the field within the Carrier-Specific Training section
- + by selecting Enter Product Code on the left-side menu and entering the code on that page

After selecting **Submit**, you are returned to the Producer Status page and the new course is listed under the program status grid under Carrier-Specific Product Training.

## 4.0 MANAGE MY STATE SUITABILITY REQUIREMENTS

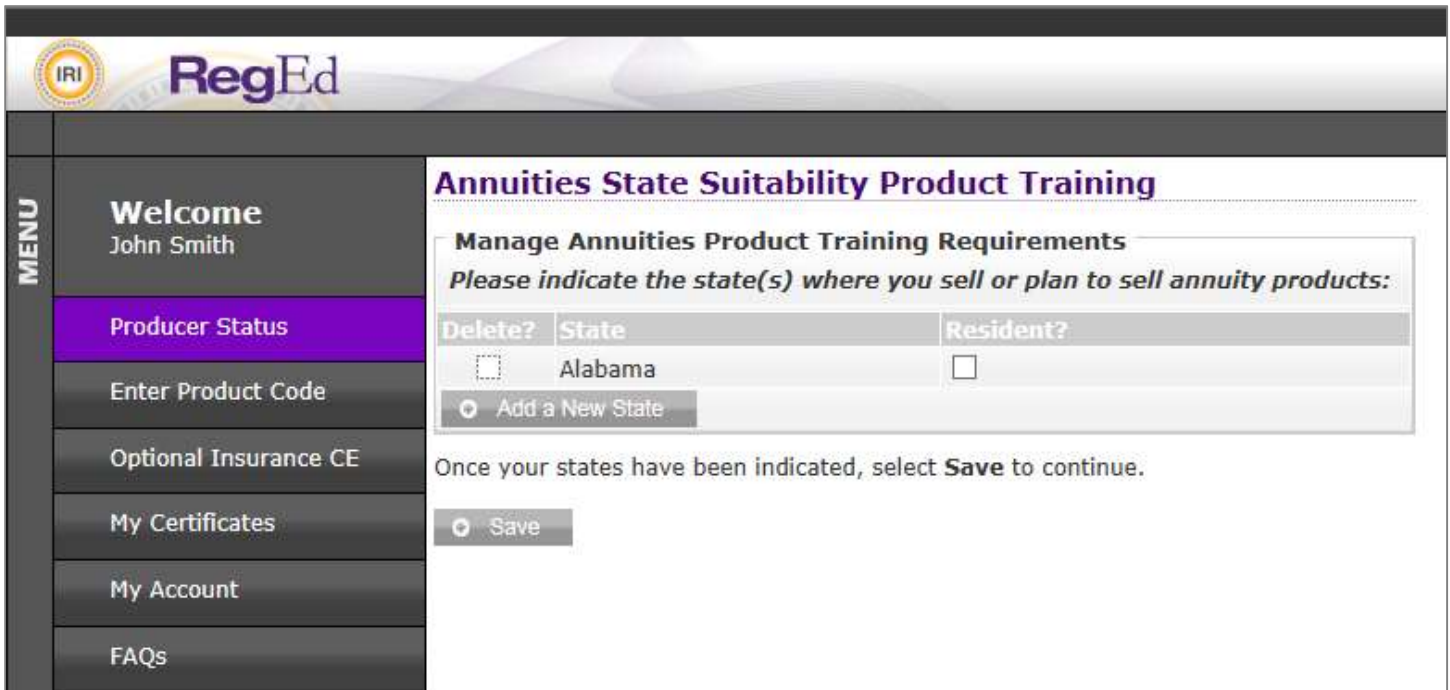
Users are able to indicate in which states they are licensed. This allows the ATP platform to help the user stay up-to-date on training requirements.

State	Resident?	Requirement Met?	Course Status
Ohio	No	N/A - Not Required	
West Virginia	Yes	N/A - Not Required	

Requirement	Completion Date	Requirement Status
<b>ACME Annuity Product Training</b>		
ACME - Product Training Alpha (ACME_01)		<a href="#">Go To Requirement</a>
ACME - Product Training Beta (ACME_02)		<a href="#">Go To Requirement</a>
ACME - Product Training Gamma (ACME_03)		<a href="#">Go To Requirement</a>

Select the **Manage My State Suitability Requirements** button on the Producer Status page.



**Annuities State Suitability Product Training**

**Manage Annuities Product Training Requirements**  
*Please indicate the state(s) where you sell or plan to sell annuity products:*

Delete?	State	Resident?
<input type="checkbox"/>	Alabama	<input type="checkbox"/>

[Add a New State](#)

Once your states have been indicated, select **Save** to continue.

[Save](#)

- + Use the checkbox under the **Delete** column, then click **Save** to remove a state in which you are no longer licensed.
- + Use the checkbox under the **Resident** column, then select **Save** to indicate you have a resident license in the state.
- + Select the **Add a New State** button to include additional states in which you are licensed.
- + Enter additional information as required by some states in order to ensure training recommendations are accurate.

## 5.0 STATE ANNUITY SUITABILITY TRAINING

Users are able to gain access to RegEd’s annuities suitability courses designed to meet state training requirements. The user is able to order insurance CE credit(s) with the courses. Course completions are reported to participating carriers on RegEd’s Annuity Training Platform.



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MENU

- Welcome  
John Smith
- Producer Status
- Enter Product Code
- State Suitability Training
- Optional Insurance CE
- My Certificates
- My Account
- FAQs
- Forethought Annuity Product Training
- Great-West Product Training
- Nationwide Annuity Product Training
- Sammons Retirement Solutions Product Training

### State Suitability Training

New state regulations require that producers complete annuities suitability courses prior to selling any annuity product. State-mandated suitability courses completed on this site are:

- Designed to meet state training requirements
- Available for Insurance CE credit(s). Certification and state fees may apply.
- Reported to participating carriers on the RegEd/IRI Annuity Training Platform

To access RegEd's **State Suitability Training** courses available to you please select the **Proceed** button below.

Select **Proceed** to continue to the My Courses page.

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## My Courses

A **Active Courses**

B Course History

**Order Instructions:**

To order *new* courses or additional CE credits, please click the **Select New Courses and CE Credit** button to view the courses and CE credits available to you.

To access a course that has already been ordered, please select the corresponding **Go To Course** button below.

Before you take the exam, please check the pop-up blocker in your browser and ensure this website is allowed, otherwise you may experience problems completing the exam.

C

D

Course Name	Course Status	Course Completion Date
State or Professional Designation CE Status		
E		

**A. Active Courses**

**Active Courses** shows the courses the user has already ordered. If no courses have been ordered, this area will be blank.

**B. Course History**

The **My Courses** page allows the user to view their course history and access course completion certificates.

**C. Select New Courses and CE Credit**

Select this option to begin ordering a course(s).

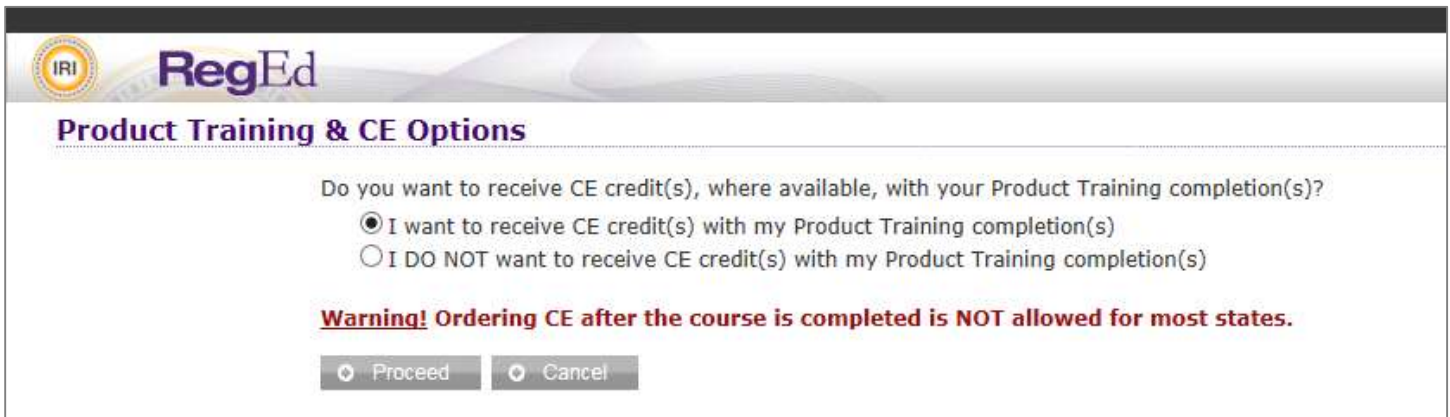
**D. Order Additional Insurance Credit**

Select this button to order additional CE credit for a course that has already been completed. Note that additional CE orders are subject to state regulations; some states do not allow CE to be ordered after a course has already been completed.

**E. Courses Ordered**

Courses already ordered or in progress are displayed here with an option on the right to **Go To Course**.

Click on **Select New Courses and CE Credit** to order state annuity suitability training courses.



The screenshot shows a dialog box titled "Product Training & CE Options" with the RegEd logo and IRI icon. It contains a question: "Do you want to receive CE credit(s), where available, with your Product Training completion(s)?" and two radio button options: "I want to receive CE credit(s) with my Product Training completion(s)" (selected) and "I DO NOT want to receive CE credit(s) with my Product Training completion(s)". Below the options is a red warning message: "Warning! Ordering CE after the course is completed is NOT allowed for most states." At the bottom are "Proceed" and "Cancel" buttons.

Select whether you want to order CE with your course and then select **Proceed**.

The next page displays state specific CE information. Review the information, scroll to the bottom and select **Proceed**.

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Trax

### Verify Information

Please verify your order below.

When you have verified your order and information, select the **Complete Your Order** button below.

Item	Credits	Item Price	Remove Item
NAIC Suitability in Annuity Transactions Model Regulation (390)		\$0.00	Remove
<i>Annuities State Suitability Approved In: <a href="#">AL</a>, <a href="#">LA</a></i>			
Producer CE Credit for Louisiana	4.0 Annuities <b>ClearCert Annuities Approved</b>	\$0.00	Remove
CE Credit for Alabama Alabama State Fee	4.0 General <b>ClearCert Annuities Approved</b>	\$0.00 0.00	Remove
		<b>Grand Total:</b>	<b>\$0.00</b>

\* Denotes required field

#### Provide State Required Information

The following information is required to properly process the Insurance CE credits that you are ordering.

\* Social Security Number:

\* National Producer Number(NPN):

License Type:

\* Louisiana License Number:  [License Lookup](#)

\* Alabama License Number:  [License Lookup](#)

Report completions to ClearCert

#### Provide Email and Delivery Address

**Note:** Email Address and Delivery Address is per your Profile Address

\* Email Address:

Delivery Address:

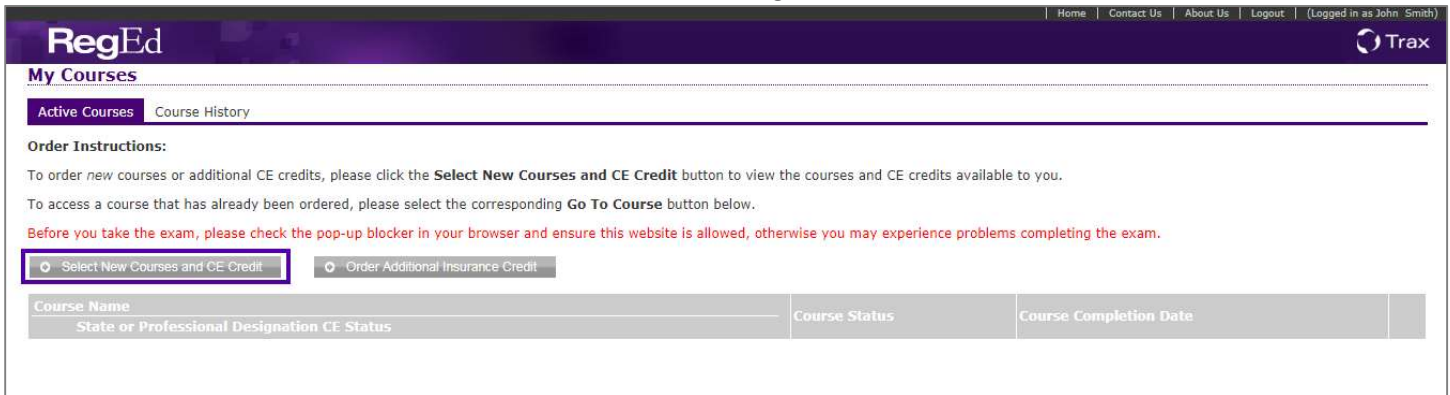
Submit Your Order
 Cancel Your Order

CE credit will be ordered with the appropriate Annuity course for each state the user has entered on the Producer Page through **Manage My State Suitability Requirements**. Review and confirm the information on the page, then select **Submit Your Order**. The user is then required to enter credit card information to pay any applicable fees. The user can then complete the course order by selecting **Submit Your Order** on the bottom of the page. The user is returned to the My Courses page and the new course is available to begin via the **Go To Course** link.

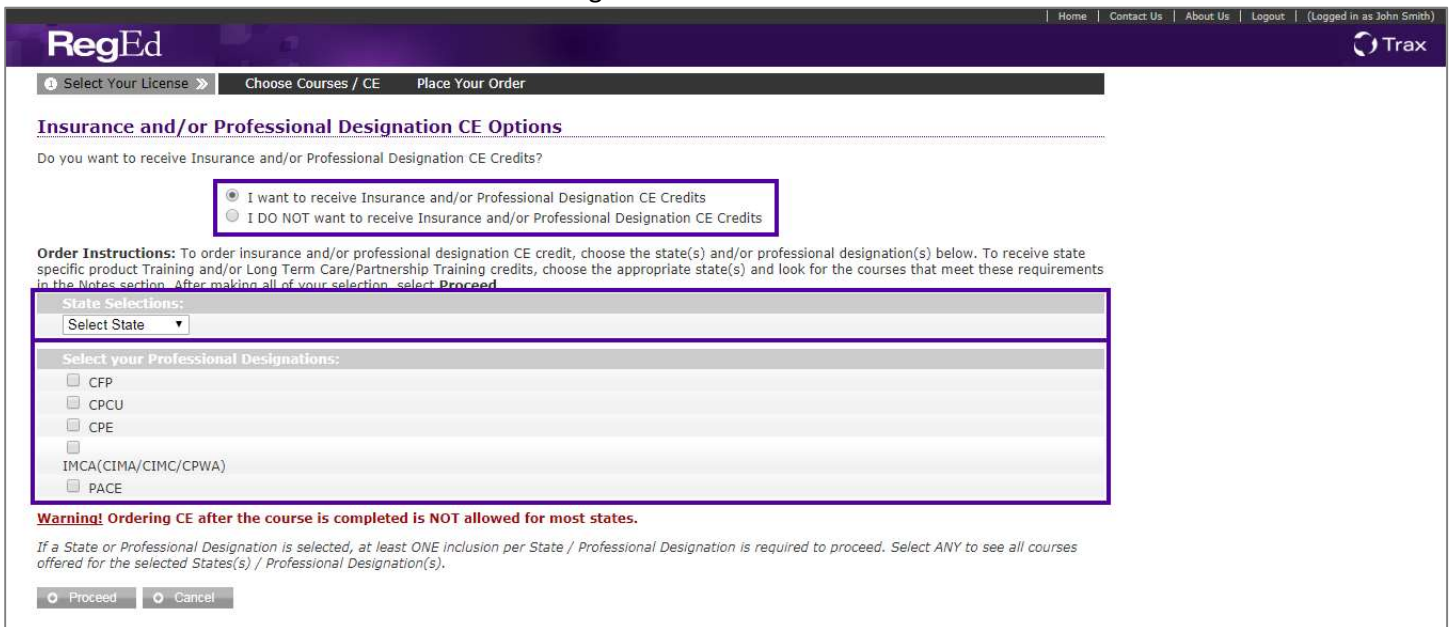
## 6.0 OPTIONAL INSURANCE CE

The optional insurance CE catalog allows the user access to RegEd’s insurance course catalog. The user is able to order insurance courses and CE in various states. RegEd rosters the CE completion to the state(s) automatically once the course is complete. Upon selecting the Optional Insurance CE menu item, the user is taken to the My Courses page, showing any ordered courses or courses already in progress.

- + Click **Select New Courses and CE Credit** button to begin.



- + Select the radio button for **“I want to receive Insurance and/or Professional Designation CE Credits”** to choose a course that offers continuing education credits.



- + Select a state for CE credit from the dropdown option that appears. Multiple states can be chosen by selecting additional states from subsequent dropdown lists.
- + Select a specific type of CE credit (annuity, ethics, long term care, etc.) as a filter to only display courses that satisfy this credit type. The list of credit types is only available after selecting a state from the drop down as each state may have approved different RegEd courses for different types of CE credit. The user may select any combination of checkboxes.



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Select Your License >> Choose Courses / CE Place Your Order

### Insurance and/or Professional Designation CE Options

Do you want to receive Insurance and/or Professional Designation CE Credits?

I want to receive Insurance and/or Professional Designation CE Credits  
 I DO NOT want to receive Insurance and/or Professional Designation CE Credits

**Order Instructions:** To order insurance and/or professional designation CE credit, choose the state(s) and/or professional designation(s) below. To receive state specific product Training and/or Long Term Care/Partnership Training credits, choose the appropriate state(s) and look for the courses that meet these requirements in the Notes section. After making all of your selection, select **Proceed**.

**State Selections:**

Alabama ▼ ✖ [\(Requirements\)](#)

Select State ▼

<input checked="" type="checkbox"/> Annuity (28)	<input type="checkbox"/> Bridge (2)	<input type="checkbox"/> Ethics (22)
<input type="checkbox"/> Flood (10)	<input type="checkbox"/> Life and Health (113)	<input type="checkbox"/> Long Term Care and Partnership (6)
<input type="checkbox"/> Property and Casualty (75)	<input type="checkbox"/> Any (205)	

**Select your Professional Designations:**

CFP  
 CPCU  
 CPE  
 IMCA(CIMA/CIMC/CPWA)  
 PACE

**Warning!** Ordering CE after the course is completed is NOT allowed for most states.

*If a State or Professional Designation is selected, at least ONE inclusion per State / Professional Designation is required to proceed. Select ANY to see all courses offered for the selected States(s) / Professional Designation(s).*

Proceed  Cancel

- + Select any applicable professional designations for CE credit using the checkbox.
- + Select **Proceed** to view a list of available courses.

Review the list of available courses. The list of courses is sorted by the type of CE each course offers. Any courses that satisfy all of the pre-selected CE types are listed first, then the list is broken down by the CE type each available course offers.

If multiple states are selected, the results will list courses that satisfy CE requirements in all chosen states first. The results display a header in purple at the top of each section indicating what state and CE type the courses in the section satisfy.

**Available Courses and CE Credit**

To receive credit you must select **Add** for the credits desired. If no credits appear, the courses you have completed or ordered are not approved for that state or professional designation. To review your completed order, select **Proceed**.

Search Titles Within List

**Your Top Matches:**  
 >> [AL: Ethics + AR: Ethics](#)  
 >> [AR: Ethics](#)  
 >> [AL: Ethics](#)

**Please select a course approved in the category for which you seek credit. Ex. Ethics, Flood, General, L&H, P&C, Other.** [Bottom](#)

Add Course	Credits	Course Rating	Price
<b>Add State or Professional Designation CE</b>			
<b>AL: Ethics + AR: Ethics (16)</b>			
<input type="checkbox"/> A Walk through the Ethical Insurance Practice (302)			\$0.00
<input type="checkbox"/> Producer CE Credit for Arkansas <i>Arkansas State Fee</i>	3.0 Ethics		\$0.00
<input type="checkbox"/> CE Credit for Alabama <i>Alabama State Fee</i>	3.0 Ethics		\$0.00
<input type="checkbox"/> Advanced Concepts in Anti-Money Laundering Compliance (eLIACA)			\$0.00
<input type="checkbox"/> Producer CE Credit for Arkansas <i>Arkansas State Fee</i>	3.0 Hours		\$0.00
<input type="checkbox"/> CE Credit for Alabama <i>Alabama State Fee</i>	3.0 Ethics		\$0.00
<input type="checkbox"/> DOL Fiduciary Standard in Retirement Accounts (475)			\$0.00
<input type="checkbox"/> Producer CE Credit for Arkansas <i>Arkansas State Fee</i>	3.0 Ethics		\$0.00
<input type="checkbox"/> CE Credit for Alabama <i>Alabama State Fee</i>	3.0 Ethics		\$0.00
<input type="checkbox"/> ETHICS: DO NO HARM (20W)			\$0.00
<input type="checkbox"/> Producer CE Credit for Arkansas <i>Arkansas State Fee</i>	4.0 Ethics		\$0.00
<input type="checkbox"/> CE Credit for Alabama	4.0 Ethics		\$0.00

- + Select the checkbox next to each course needed. The CE Credit box for each will be automatically selected to order CE for the course. The list shows the cost of the course (if applicable), the cost of the CE certification (if applicable) and the state fees (if applicable).
- + Select **Manage My Selection** to modify the search criteria and search again.
- + Scroll to the bottom and Select **Proceed** after choosing all desired courses to continue to a page detailing the specific state requirements for CE.

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Select Your License Choose Courses / CE Place Your Order >

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### State, Professional Designation and Product Training Requirements

**STOP! Important CE Information. Action May Be Required. Please Read.**

The following is a list of testing requirements for the states and professional designations that you selected. Read these testing requirements carefully as non-compliance may delay or prevent your receipt of a certificate of completion.

[Alabama](#) | [Arkansas](#)

After reading all of the information below, select the **Proceed** button at the bottom of the screen.

[Bottom](#)

<b>Alabama:</b>	<a href="http://www.aldoi.gov">http://www.aldoi.gov</a> <a href="#">State Insurance CE Requirements</a> Department of Insurance 201 Monroe St. Suite 502 Montgomery, AL 36104 phone (334) 269-3550 fax (334) 240-3282 Insdept@insurance.alabama.gov
<b>Format:</b>	Internet Approved.
<b>State Fees:</b>	Examination must be a closed book exam and must remain sealed and/or must not be viewed until examinee is in the presence of the proctor. \$1.00 per course credit hour.
<b>Proctor:</b>	<b>The proctor must be a disinterested third party, with a minimum age of 18 years, who can be any person except for family members or individuals who have a financial interest in the success of the student taking the examination. Co-worker proctors must not be above or below in the students line of supervision.</b>
<b>Affidavit:</b>	The examinee and monitor/proctor must complete the electronic affidavit form online upon entry of the examination section and certify the information and procedures upon completion of the exam.
<b>Processing:</b>	You may retrieve your certificate at <a href="http://www.reged.com/Certificates">www.reged.com/Certificates</a> . Retain your certificates for your records and for your license renewal process. In addition, we will notify the state of your successful completion. This state notification process occurs each business day.
<b>Notes:</b>	<p><b>Please Note: Time of course completion is recorded under Eastern Standard Time.</b></p> <p><b>IMPORTANT CE NOTICE:</b> The completion date that appears on your certificate of completion and course credit reporting roster will be the date that all state requirements are met. The requirements include: CE order, successful exam completion, and submission of a monitor/proctor affidavit.</p> <p>Approvals for insurance CE are subject to change. Before completing your course, please ensure that the credits for which the course is approved have not changed.</p> <p>Users must select to receive insurance CE credit at the time of course order. Upon entry of the examination, the examinee will have 24 hours to complete the examination. After the 24 hour period, you will have to restart the examination process.</p> <p>To view your <b>Long Term Care Product Training requirements</b> by state, click <a href="#">HERE</a>.</p>

- + Read the state information carefully to ensure compliance with each state's rules and regulations regarding CE completion. If multiple states were selected, the page details information for each state's requirements.
- + Select **Proceed** at the bottom of the page.

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Trax

1 Select Your License   
 2 Choose Courses / CE   
 3 Place Your Order >>

### Verify Information

Please verify your order below. To add more courses or credits, select the **Add More Courses and CE Credits** button below.

When you have verified your order and information, select the **Submit Your Order** button below.

[Add More Courses and CE Credits](#)

Item	Credits	Course Rating	Item Price	Remove Item
A Walk through the Ethical Insurance Practice (302)			\$0.00	<a href="#">Remove</a>
CE Credit for Alabama	3.0 Ethics		\$0.00	<a href="#">Remove</a>
<i>Alabama State Fee</i>			\$0.00	
Producer CE Credit for Arkansas	3.0 Ethics		\$0.00	<a href="#">Remove</a>
<i>Arkansas State Fee</i>			\$0.00	
DOL Fiduciary Standard in Retirement Accounts (475)			\$0.00	<a href="#">Remove</a>
CE Credit for Alabama	3.0 Ethics		\$0.00	<a href="#">Remove</a>
<i>Alabama State Fee</i>			\$0.00	
Producer CE Credit for Arkansas	3.0 Ethics		\$0.00	<a href="#">Remove</a>
<i>Arkansas State Fee</i>			\$0.00	
			<b>Grand Total:</b>	<b>\$0.00</b>

\* Denotes required field

#### Provide State Required Information

The following information is required to properly process the Insurance CE credits that you are ordering.

\* Social Security Number:  -  -

\* National Producer Number(NPN):  [Find NPN](#)

License Type:

\* Alabama License Number: Producer  [License Lookup](#)

\* Arkansas License Number: Producer  [License Lookup](#)

#### Provide Email and Delivery Address

**Note:** Email Address and Delivery Address is per your Profile Address

\* Email Address:

\* Address 1:

- + Enter personal information required to complete the CE order then select **Submit Your Order** at the bottom of the page.
- + A credit card payment screen will appear next. Enter valid credit card information and select **Submit Your Order** at the bottom of the page to complete your course CE order. The user will then move back to the **My Courses** page with the new insurance course(s) available to begin.
- + RegEd rosters the CE to the appropriate state upon completion of each course where CE credit was ordered.

## 7.0 MY CERTIFICATES

The My Certificates page lists any completed CE, the date completed and a link to download the certificate of completion.

## 8.0 MY ACCOUNT

The My Account page allows the user to update personal information saved in RegEd, such as login security questions, national producer number, business address and home address. This page also displays order history and allows the user to view receipts from past orders.



## 9.0 ADMINISTRATIVE FEATURES

### 9.1 Producer Lookup

Administrative users are able to look up an individual producer by a combination of name and national producer number or name and social security number. Administrators are able to lookup producers that have accessed or completed their firm's product training.

**Producer Status**

Please enter the producer's identification information

First Name

Last Name

National Producer Number

Social Security Number  -  -

- + **Step 1:** Select **Producer Admin Status**.
- + **Step 2:** Enter the producer's **First Name**, **Last Name**, and **National Producer Number** or **Social Security Number**.
- + **Step 3:** Select **Search**.

**Search Results**

Action	First Name	Last Name	National Producer Number	Social Security Number
	John	Smith	1111111	XXX-XX-1111

- + **Step 4:** Select the magnifying glass to view training assignment and completion information for a producer.

Producer Status			
John Smith (XXX-XX-1111) As of: 1/1/2017 - 8:00 AM (EST)			
<b>Annuities State Suitability Compliance Summary</b>			
State	Resident?	Requirement Met?	Course Status
Ohio	Yes	Yes	Course Completed
<b>State Suitability Completion History</b>			
Course Title	Course Completion Date	Reciprocal States	
NAIC Suitability in Annuity Transactions Model Regulation (390)	06/20/2011	AK, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MS, ND, NE, NH, NJ, OH, OK, OR, RI, SC, SD, TN, WA, WI, WV, WY	
<b>Carrier-Specific Product Training</b>			
Requirement	Completion Date	Requirement Status	
<b>ACME Annuity Product Training</b>			
ACME - Product Training Alpha (ACME_01)		Not Complete	
ACME - Product Training Beta (ACME_02)		Not Complete	
ACME - Product Training Gamma (ACME_03)		Not Complete	

The producer's completion data shows for their resident and non-resident licensed states, state suitability training completion and carrier-specific product training.

## 9.2 Reports

Administrative users are also able to run reports to view assignments and completions for the firm's product training courses and gather information about the producers taking their courses.

The Reporting home page organizes available reports into sections for each RegEd application. Click on a header to view the available reports for each application.

### + Carrier Specific Product Training Status

This report displays the status of individuals' assigned product training courses.

This report includes the following fields: Name | Producer Email | Producer NPN | Producer SSN | Requirement Name | Requirement | Date Requirement Assigned | Date Complete

### + Producer Information

This report displays user profile information in RegEd.

This report includes the following fields: Prefix | Name | Middle Initial | Suffix | Producer's SSN | Producer's NPN | Business Email | Business Address 1 | Business Address 2 | Business City | Business State | Business Zip | Business Phone | Business Fax

### + Producer Training Requirements Not Ordered

This report displays users with assigned courses that have not yet been ordered (accessed) by the user.

This report includes the following fields: Name | Producer Email | Producer NPN | Producer SSN | Requirement Name | Requirement | Date Assigned | Date Complete

+ **Producer Training Requirements Ordered**

This report displays users with an assigned course(s) that have accessed the course(s). This will include users that have completed or partially completed the course.

This report includes the following fields: Name | Producer Email | Producer NPN | Producer SSN | Requirement Name | Requirement | Requirement Date Assigned | Ordered Date | Date Complete

+ **State Suitability Training Completions**

This report displays completion information for users that have taken a state suitability course.

This report includes the following fields: Name | Producer's Email Address | Producer's NPN | Producer's SSN | Course Title | Course ID | Date Course Completed | State Insurance Credit Requested | Status of CE Credit

*Please let us know if you have feedback on how to make this guide more useful.*

*For any additional questions, comments or requests for changes and enhancements, please contact your RegEd Account Manager.*



## CONTRACTING CHECKLIST

EquiTrust Life Insurance Company is committed to serving you in a very efficient and timely manner. Please assist us in doing so by using this checklist, which will ensure that we receive all of the items necessary to process your contracting request.

After selecting the type of contracting that applies, please complete and submit all of the documents requested.

New Agents will need to complete at least one of the EquiTrust Product Training modules available on the agent website before the agents will become active in our system.

If you have any questions or concerns, please feel free to contact us toll-free at 1-866-598-3694.

### LICENSED ONLY (LO) WRITING AGENT

- Agent Appointment Application (ET-3200)
- Agent License Agreement (ET-3100LO)
- Copy of Current E&O Coverage (*required*)
- Copy of Licenses:
  - ✓ Resident (*required*)
  - ✓ Non-resident & Fees (*if applicable*)
- Transmittal Form (ET-3102) – *Completed by the Hierarchy*

### WRITING AGENT

- Agent Appointment Application (ET-3200)
- Agent Contract (ET-3100)
- Direct Deposit of Commission Earnings (ET-3101) (*required*)
- Copy of Current E&O Coverage (*required*)
- Copy of Licenses:
  - ✓ Resident (*required*)
  - ✓ Non-resident & Fees (*if applicable*)
- Transmittal Form (ET-3102) – *Completed by the Hierarchy*

### AGENCY AND SIGNING AUTHORITY

- Agent Appointment Applications (ET-3200):
  - ✓ Application for Agency
  - ✓ Application for Signing Authority
- Contracts:
  - ✓ For Agency – Agent Contract (ET-3100)
  - ✓ For Signing Authority – Agent License Agreement (ET-3100LO)
- Direct Deposit of Commission Earnings (ET-3101) (*required*)
- Proof of Current E&O Coverage:
  - ✓ For Agency and/or Signing Authority (*required*)
- Entity Certification and Indemnification Agreement (ET-AGT-ENTITY-3503)
  - ✓ For Agency
- Copy of Licenses for Agency:
  - ✓ Resident (*required*)
  - ✓ Non-resident & Fees (*if applicable*)
- Copy of Licenses for Signing Authority:
  - ✓ Resident (*required*)
  - ✓ Non-resident & Fees (*if applicable*)
- Transmittal Forms (ET-3102) – *Completed by the Hierarchy:*
  - ✓ Transmittal for Agency
  - ✓ Transmittal for Signing Authority





# APPOINTMENT APPLICATION

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F  
(as it appears on your license)

2. Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

*Please check box to indicate mailing address*

3.  Business Address: \_\_\_\_\_  
Street City County State Zip

4.  Residence Address: \_\_\_\_\_  
Street City County State Zip

Previous Residence:

(if less than 5 years at present address) \_\_\_\_\_  
Street City County State Zip

5. Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ Taxpayer Identification Number: \_\_\_\_\_

7. CRD Number (if securities licensed): \_\_\_\_\_ Broker/Dealer Name : \_\_\_\_\_

8. For which **states** do you wish non-resident appointment? \_\_\_\_\_  
(Attach copy of current license. Fees required for non-resident appointments)

9. Do you currently have a debit balance with any insurance company?  Yes  No (if yes give a company name and explanation below)  
 Balance: \$ \_\_\_\_\_

10. **If you answer "Yes" to any of the questions below, please write details on a separate sheet of paper and attach to this application.**

- a. Have you ever had your insurance license suspended or revoked?.....  Yes  No
- b. Have you ever had a complaint filed against you with an insurance department? .....  Yes  No
- c. Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales, or have you been refused surety bonding?.....  Yes  No
- d. Have you ever been convicted of a felony?.....  Yes  No
- e. Have you ever been convicted of a misdemeanor, including but not limited to crimes involving dishonesty, breach of trust, or a violation of a federal law?.....  Yes  No
- f. Have you ever been party to any litigation?.....  Yes  No
- g. Are there any unsatisfied judgments outstanding against you?.....  Yes  No

11. **Errors and Omissions Coverage – REQUIRED** (Must provide a copy of the declaration page).

**AGENT'S DECLARATION AND AUTHORIZATION**

- 1) I hereby certify that all my answers to the above questions are true. I understand that this application will form a part of my Agent's Contract with EquiTrust Insurance Marketing Services and EquiTrust Life Insurance Company (the Companies) and the information is to the best of my knowledge an accurate statement of fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for contract termination for cause at the sole discretion of the Companies.
- 2) Certification – Under penalty of perjury, I certify that:
  - a) The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me);
  - b) 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 that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION AND  
CONSENT TO INVESTIGATIVE CONSUMER REPORT**

I have applied for appointment with EquiTrust Insurance Marketing Services and EquiTrust Life Insurance Company (the "Companies"). To enable the Companies to properly verify and evaluate my qualifications, I understand that the Companies need access to certain personal information about me.

I hereby authorize any employer or former employer, any school, any police department or other law enforcement organization, any financial institution, any consumer reporting agency, or any other person or organization having information about me to furnish to any insurance company affiliated with EquiTrust Insurance Marketing Services with any and all information that such person or organization has in its possession, including credit information.

I further acknowledge that one or more investigative consumer reports may be made in which information about my character, general reputation, personal characteristics, and/or mode of living is obtained through personal interviews with individuals such as neighbors, friends, or associates of mine. I hereby acknowledge and consent to the Companies obtaining and utilizing such reports in its decision to contract with me. I understand that I have the right to make a written request to the Companies within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation, and that I may obtain a summary of consumer rights upon request.

I further authorize the Companies to obtain a Vector One report in connection with this application. Vector One is a service that provides member insurance companies with information about debit balances.

I certify that I have received from the Companies all disclosures required by the Fair Credit Reporting Act.

**For Minnesota and Oklahoma Residents Only:** If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have checked the box if I would like to receive a copy of a consumer report if one is obtained by the Companies.

**For California Residents Only:** By signing below, I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. I have checked the box if I would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by Companies at no charge whenever I have a right to receive such a copy under California law.

A photocopy of this authorization is as valid as an original. I specifically waive any written notice from any present or former employer who may provide information based on this authorization. I understand this authorization will become a part of a written appointment application.

I acknowledge and agree that should I become associated with the Companies in the position of agent, this Authorization shall remain valid and in effect and will allow the Companies to obtain such reports as the Companies deem necessary on an ongoing basis without any additional notice or consent during the term of such association.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of birth (for identification purposes only): \_\_\_\_\_

Social Security Number (for identification purposes only): \_\_\_\_\_

Please list all other names used in the past: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**BUSINESS GUIDELINES ACKNOWLEDGEMENT**

By signing below, I acknowledge that I have reviewed the Business Guidelines and Suitability Guide and understand that as an appointed agent of EquiTrust, it is my responsibility to abide by EquiTrust's policies and procedures in accordance with the Business Guidelines and Suitability Guide, including all applicable statutes and regulations.

If I have any questions about the Business Guidelines or the Suitability Guide, I understand it is my responsibility to seek clarification from EquiTrust's Compliance Department. I further acknowledge that I shall review the Business Guidelines and Suitability Guide no less than annually.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

EquiTrust Insurance Marketing Services and EquiTrust Life Insurance Company (the "Companies") intends to obtain information about you from an investigative consumer reporting agency for appointment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for purposes of your application for appointment. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Companies may investigate the information contained in your appointment application and other background information about you, including but not limited to obtaining a criminal record report, verifying driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making appointment decisions. The source of any investigative consumer report (as that term is defined under California law) or consumer report will be **General Information Services, 917 Chapin Road, Post Office Box 353, Chapin SC 29036; 888-333-5696; [www.geninfo.com](http://www.geninfo.com)**.

The Companies agree to provide you with a copy of an investigative consumer report when required to do so under California law. Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.




**AGENT/AGENCY  
CONTRACT**
**CONTRACT EFFECTIVE DATE:** \_\_\_\_\_

**AGENT/AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

This Agreement ("Agreement") is entered by and among (a) EquiTrust Life Insurance Company ("Insurer"); (b) EquiTrust Insurance Marketing Services, LLC, an affiliate of Insurer that has been appointed and is serving pursuant to a Master Agency Agreement as an independent master agency of Insurer ("Master Agency"); and (c) the person or business entity identified above ("Agent").

**1. APPOINTMENT AND AUTHORIZATION**

- a. Appointment by Insurer.** Subject to the terms and conditions set forth in this Agreement, Insurer hereby appoints Agent, and Agent hereby accepts the appointment as an independent agent of the Insurer, to (i) use its best efforts to procure applications for the Insurer's life insurance and annuity products and (ii) accurately and professionally represent the Insurer and its products to all customers and prospective customers of the Insurer, including all applicants, owners, insureds and proposed insureds. Agent has authority to recruit and recommend to Insurer and Master Agency individuals to be appointed as agents of Insurer and independent contractors of Master Agency ("Sub-Agents"). No recommendation or application for appointment or contract will be effective until approved by Insurer and Master Agency.
- b. Designation by Master Agency.** Master Agency hereby designates Agent as an independent contractor of Master Agency, solely in connection with the Agent's service as an independent agent of Insurer pursuant to Section 1(a) of this Agreement, upon and subject to the provisions of this Agreement. Agent understands and acknowledges that, in connection with its services under this Agreement, it will be subject to oversight, supervision and training by Master Agency and may be audited from time to time by Master Agency or Insurer. Agent further understands and acknowledges that Master Agency will be entitled to receive commission payments from Insurer in respect of life insurance and/or annuity products issued by Insurer pursuant to applications procured by Agent, and that Agent will be entitled to receive commission payments from Master Agency only (and not from Insurer), pursuant to commission schedules developed, maintained and provided to Agent from time to time by Master Agency ("Commission Schedules"), as further described in Section 14 of this Agreement.
- c. Scope of Relationship.** Nothing contained in this Agreement shall be construed to create the relationship of employer-employee, partners, joint venturers, or (except as expressly provided herein) principal and agent between Agent, Sub-Agent or their employees on the one hand, and either Master Agency or Insurer, on the other hand. Agent's relationship to both the Master Agency and Insurer is as an independent contractor. Agent shall be free to exercise independent judgment as to the time and manner Agent may perform the acts Agent is authorized to perform under this agreement.
- d. Limitations on Authority.** Agent has no authority other than as specified in this Agreement. Specifically, and without limitation:
  - i. Agent has no authority to bind Master Agency with respect to any contract or obligation or to bind Insurer with respect to any life insurance or annuity contract or otherwise. Neither Master Agency nor Insurer makes any representation that any

application submitted by Agent will result in the issuance of a life insurance or annuity product by Insurer. Either Master Agency or Insurer may reject, in its sole discretion, any application.

- ii. Agent must not interpret or render opinions in any way, including, without limitation, offering tax or legal advice on any of Insurer's life insurance or annuity products, or Master Agency's or Insurer's practices or procedures, under any circumstances.
- iii. Insurer has the sole authority to prescribe the life insurance and annuity products and premium rates for which applications may be solicited.
- iv. Agent has no authority to waive, alter, or change any provision or condition of Insurer's life insurance and annuity products, certificates, agent's or agency contracts, literature or receipts, or to modify or extend the amount of time for any premium payment due to Insurer.
- v. Agent has no authority to incur any debt or liability for or against either Master Agency or Insurer.
- vi. Agent has no authority to enter into any legal proceeding in connection with any matter pertaining to Insurer's or Master Agency's business; and
- vii. Agent has no authority to perform any act on behalf of Master Agency or Insurer other than as expressly provided herein, except as specified in writing by the President of Master Agency or the Chief Executive Officer or President of Insurer.

## **2. GENERAL PROVISIONS**

- a. Agent shall fully comply with the business guidelines established by Insurer, and to any other written rules and regulations that Insurer or Master Agency may provide.
- b. All monies received by Agent or collected on behalf of Insurer shall be made payable to Insurer. Agent is not authorized to endorse or cash checks, drafts, money orders, or financial instruments made payable to Master Agency or Insurer, or which are otherwise intended by the applicant or contract holder to be paid to Master Agency or Insurer. Notwithstanding the foregoing, if premium funds come into the possession of Agent, they will constitute trust funds, and must not be commingled by Agent with its own assets and must not be subject to any use by Agent. Agent shall promptly notify Master Agency and Insurer if such funds have come into Agent's possession and Agent shall promptly transfer such funds to Insurer.
- c. Agent will not be entitled to compensation with respect to any life insurance or annuity product which is rescinded or canceled by Insurer for any reason. Should Insurer, at its sole discretion, deem it appropriate at any time to cancel or rescind a life insurance or annuity product on which Agent or any Sub-Agent was paid commission, then such commission shall be immediately refunded to Master Agency.
- d. Agent shall ensure that the Insurer and Master Agency have current contact information for Agent, including but not limited to, email and mailing address.
- e. If any premiums are impounded or held in abeyance as a result of any court order or rule of any state insurance regulator or other lawful authority, then Master Agency will hold in abeyance any commissions or other compensation payable to Agent in the same manner and to the same extent as the premiums upon which such commissions or compensation are to be paid.
- f. In the event of breach of this Agreement by Agent, any Sub-Agent(s), or their employees, Master Agency and/or Insurer will be entitled, in addition to any claim for damages:
  - i. To obtain specific enforcement by way of injunctions (including temporary restraining orders, preliminary injunctions, and/or permanent injunction without first posting a bond); and
  - ii. To terminate Agent's entitlement to any due but unpaid or future compensation.
- g. Agent agrees to give full and complete cooperation in responding to any customer or regulatory complaint or inquiry and shall promptly respond in writing directly to Master Agency or Insurer, as applicable, upon its request.

- h. Agent shall maintain books, records and accounts which clearly and accurately disclose the nature and details of all transactions arising out of this Agreement. Agent's books and records must include all books and records developed or maintained under or related to this Agreement. Agent shall preserve and hold all such books and records, and other related documents or correspondence of Agent, in accordance with prudent record keeping practices and in compliance with all federal and state privacy and security standards and with the business guidelines established by Master Agency. Agent shall cooperate with and assist Master Agency and Insurer in making any examination or inquiry with respect to such transactions. Each of Master Agency and Insurer has the right to obtain copies or inspect all such books and records, documents or correspondence maintained by Agent, the copying expenses for which are at Agent's cost.
- i. Following termination of this Agreement in accordance with Section 10 (and at any other time upon demand of Insurer or Master Agency), Agent shall return to Master Agency or Insurer, as applicable, all Master Agency or Insurer property in its custody. Any termination of Agent's appointment as an independent agent of Insurer will concurrently and automatically constitute a termination of Agent's designation as an independent contractor of Master Agency, and any termination of Agent's designation as an independent contractor of Master Agency will concurrently and automatically constitute a termination of Agent's appointment as an independent agent of Insurer.
- j. Agent shall pay all expenses of Agent, of whatever character, concerning Agent's performance hereunder without recourse to Master Agency or Insurer.

### **3. CONTRACT DELIVERY**

- a. The contract may be delivered only if:
  - i. The proposed insured or contract owner at the time of delivery is, to the best of Agent's knowledge and belief, in as good a condition of health and insurability as stated in the application for such contract;
  - ii. The first premium has been fully paid; and
  - iii. Twenty days have not elapsed from the date said contract was issued by Insurer.
- b. Any contract not delivered shall be immediately returned to Insurer upon expiration of the twenty-day period.

### **4. AGENT COVENANTS**

- a. Agent shall endeavor to promote the business and interest of Master Agency and Insurer as contemplated by this Agreement and shall so conduct itself as not to adversely affect the business, good standing or reputation of Master Agency or Insurer or Insurer's insurance-related affiliates.
- b. During the term of this Agreement and for a period of two years following the termination of this Agreement, in accordance with Section 10, whether such termination is by Agent, Master Agency, or Insurer:
  - i. Agent, Sub-Agent, or their employees will not (x) solicit, recruit, hire, employ, engage or attempt to hire, employ or engage any person who is an employee of Master Agency or Insurer or any of their insurance-related affiliates, (y) assist any person or entity in the recruitment, hiring or engagement of any person who is an employee of Master Agency or Insurer, or any of their insurance related-affiliates, or (z) urge, induce, or seek to induce any person to terminate his/her employment or other relationship with Master Agency or insurer or any of their insurance-related affiliates. This subsection (i) will not apply if Agent, Sub-Agent or their employees is first contacted by an employee, independent contractor or independent agent of Master Agency or Insurer or any of their insurance-related affiliates without any prior solicitation or recruitment from Agent of any employee of Agent. Further, this subsection does not prohibit:
    - 1. Soliciting employees through general job advertisements or similar notices that are not targeted specifically at the employees of Master Agency or Insurer or any of their insurance-related affiliates;

2. Engaging any recruiting firm or similar organization to identify or solicit person for employment on Agent's behalf, or soliciting any employee who is identified by any such recruiting firm or organization, as long as such recruiting firm or organization is not instructed to target any employees of Master Agency or Insurer or any of their insurance-related affiliates; or
  3. Soliciting or hiring employees whose employment has been terminated by Master Agency or Insurer and their respective insurance-related affiliates.
- ii. Neither Agent, Sub-Agent, nor their employees may make disparaging or false statements regarding Master Agency or Insurer or their insurance-related affiliates to any individual or entity. The foregoing will not be violated by truthful statements in response to legal process, required governmental testimony or filings, or administrative or arbitral proceedings (including without limitation, depositions in connection with such proceedings).
- c. REIMBURSEMENT & INDEMNIFICATION.** Agent shall reimburse Insurer and Master Agency and/or indemnify Master Agency or Insurer for any loss including attorneys' fees resulting from actions by Agent, Sub-Agent, and their employees and for all costs, expenses and attorneys' fees that Master Agency or Insurer may incur in recovering from Agent any property or indebtedness belonging to or due Master Agency or Insurer, including, but not limited to, enforcing this Agreement. Agent agrees to indemnify and hold Master Agency and Insurer harmless for any claim, loss, expense, cost or liability which it may incur resulting from the breach of this Agreement or violation of any law or regulation or failure to comply with any court order by it, its Sub-Agents, their employees or anyone under Agent's supervision. Should any claims or lawsuits be made by any third party against Agent, Master Agency, or Insurer as a result of alleged wrongdoing by Agent, Sub-Agent, or their employees, then Agent shall hold Master Agency and Insurer harmless from and indemnify each for any claim, loss, expense, cost or liability which they may incur defending the action and for any settlement of or judgment resulting from such action. Master Agency or Insurer may, at its discretion, defend or settle any such claim.
- d. CONFIDENTIAL INFORMATION.** Agent acknowledges that in the course of its duties it may receive and utilize confidential, proprietary and trade secret information regarding Master Agency, Insurer, or their respective affiliates or any related business operations ("Confidential Information"). In connection therewith:
- i. Agent acknowledges that Confidential Information gives each of Master Agency and Insurer a competitive advantage in the marketplace by not being generally known by the public and insurance industry and includes but is not limited to contract holder identities and lists, agent identities and lists, pricing and cost information, the business guidelines, Commission Schedules, override schedules and any documents or computer stored information containing such information.
  - ii. Agent shall maintain, and cause Sub-Agents to maintain, adequate systems and appropriate administrative, physical, technical, electronic, and procedural measures to protect and secure the confidentiality, integrity, and availability of Confidential Information.
  - iii. Master Agency and Insurer reserve the right to review Agent's policies and procedures governing the maintenance of Confidential Information. At Master Agency or Insurer's discretion and in accordance with Master Agency or Insurer's directions, Agent shall conduct, or pay the cost of conducting, an investigation of any incident required to be reported under this subsection and will provide, or pay the costs of providing, any required notices to any individuals whose Confidential Information was or is believed to have been involved.
  - iv. Agent shall immediately report to Master Agency any use or disclosure of the Confidential Information not permitted by this Agreement.
  - v. Agent shall keep Confidential Information confidential and shall not disclose or reveal Confidential Information to anyone (other than to Agent's employees, representatives and agents and those of its affiliates or to third parties who are bound by obligations of confidentiality substantially similar to those in this Agreement; provided, however,

that Agent will be liable for any breach of this Section 4(d) by such person), unless Agent is legally required to disclose or reveal such information; provided that Confidential Information is disclosed only to the extent required to satisfy such legal requirement and only after giving five business days' prior notice (to the extent practicable) to Master Agency or Insurer, as applicable, of such required disclosure.

5. **LIABILITY.** Agent shall be liable to Master Agency and Insurer for all monies due and payable to Master Agency or Insurer, including monies for which (i) its Sub-Agents are liable and (ii) that relate to the production of such Sub-Agents for which Agent is entitled to receive and/or has received commission from Master Agency. Agent shall be liable for all such amounts and such liability shall be joint and several with that of Sub-Agent in the case of any amounts due from Sub-Agent. Master Agency reserves the right to charge interest on any amounts due hereunder up to one and a half percent (1.5%) per month or the maximum amount permitted by law, whichever is lower.
6. **INDEBTEDNESS.** Master Agency, as additional security and to secure the repayment of any indebtedness due Master Agency under this Agreement or any other Agreement with Master Agency, shall have a first and prior lien against any compensation due Agent under this Agreement and against any other sums due or to become due to Agent from Master Agency for any reason. Agent further hereby assigns and grants to Master Agency an interest in all compensation due or to become due and all other sums which Agency may have on deposit with Master Agency from time to time. Master Agency may, at any time, offset any such indebtedness against compensation due to Agent or other monies which Agent may have on deposit with Master Agency under this Agreement or any other Agreement with Master Agency. If the Master Agency does elect to offset, the offset shall not constitute an election by Master Agency to forego any other remedies to collect the indebtedness. Agent agrees to pay all costs of collection, including attorney fees, incurred by Master Agency or its successors or assigns in collecting any indebtedness from Agent.
7. **ADVANCES.** Agent acknowledges that any amounts advanced by Master Agency or Insurer to Agent constitute indebtedness for which Agent is solely responsible. Master agency is not limited to offsetting any commissions or other compensation due Agent to satisfy such amounts owed to Master Agency or Insurer and may utilize any legally available means to enforce repayment of any amounts advanced to Agent or otherwise due Master Agency or Insurer from Agent.
8. **ASSIGNMENT.**
  - a. Agent may not assign this Agreement without the prior written consent of Master Agency and Insurer, and Agent may not assign any commission or other compensation payable hereunder by Master Agency without the prior written consent of Master Agency. Every assignment must state that it is subject and subordinate to any indebtedness or other obligation of Agent that may be due or become due to Master Agency or Insurer, and that the assignee and its principals assume all of Agent's obligations to Master Agency or Insurer under this Agreement. Unless otherwise stated and expressly agreed to by Master Agency or Insurer, an assignment does not relieve Agent of any indebtedness or obligation to Master Agency or Insurer.
  - b. Each of Master Agency and Insurer retain the right to assign this Agreement and shall give notice to Agent within 30 days after any such assignment.
9. **AUDIT.** Each of Master Agency and Insurer may audit Agent's books and records related to the solicitation and procurement of applications for life insurance or annuity product written by Insurer and other obligations of the Agent under this Agreement upon ten (10) business days' prior notice to Agent. Agent is responsible for its costs in relation to any such audit.
10. **TERM AND TERMINATION.** The term of this Agreement will commence on the date this Agreement is signed by all parties hereto and will continue until terminated pursuant to the terms of this Agreement. This Agreement may be terminated:
  - a. Without any cause whatsoever by any party upon 15 days prior written notice to the other parties.
  - b. Immediately at the option of Master Agency or Insurer:
    - i. if Agent, or one of the partners, equity owners, or principal officers of Agent, becomes bankrupt or insolvent, or if Master Agency or Insurer reasonably believes that a declaration of bankruptcy or insolvency of any of the foregoing is imminent;

- ii. if Agent, or one of the partners, equity owners or principal officers of Agent, liquidates or dissolves, or begins the court process of liquidation or dissolution;
- iii. if Agent, Sub-Agent, or any of their employees, or one of the partners, equity owners or principal officers of Agent, fails to comply with or perform any of the material terms or covenants of this Agreement or of the Master Agency's or Insurer's rules and guidelines and such failure is not cured within five days of Agent's receipt of written notice by Master Agency or Insurer;
- iv. if Agent, Sub-Agent, or any of their employees, or one of the partners, equity owners or principal officers of Agent, misappropriates funds of Master Agency, Insurer or any contract holder;
- v. if Master Agency or Insurer determines there is reasonable evidence of malfeasance, fraud, or any violation of applicable criminal or insurance laws by Agent, Sub-Agent, or any of their employees, or one of the partners, equity owners or principal officers of Agent;
- vi. if Agent or Sub-Agent fails to comply with Master Agency's oral or written production requirements;
- vii. if Agent or Sub-Agent fails to timely remit payment for any amount due and owing to Master Agency or Insurer upon demand;
- viii. if Agent, Sub-Agent, or any of their employees, or one of the partners, equity owners or principal officers of Agent, engages in such conduct as would tend to degrade or disgrace Master Agency or Insurer or any of their insurance-related affiliates;
- ix. if Agent, Sub-Agent, or any of their employees, or one of the partners, equity owners or principal officers of Agent, actively engages in a scheme or process to replace the contracts of Insurer with contracts issued by another insurance company or otherwise breaches any of the provisions of Section 14(b) of this Agreement;
- x. upon the failure of Agent, Sub-Agent, any of their employees, or one of the partners, equity owners or principal officers of Agent to be licensed to sell insurance in any jurisdiction from which he/she/it has solicited applications for Insurer; or
- xi. upon the death of Agent (if a natural person) or any event legally or contractually causing the legal dissolution or wrapping-up of Agent's operations, or corporate or partnership existence (if a non-natural person or entity).

If termination of this Agreement is caused pursuant to Section 10(b)(xi) of this Agreement, Master Agency and Insurer may continue to rely on this Agreement as continuing in force until such date as it receives formal written notice of the events causing such termination. The termination remedies available to Master Agency and Insurer in this Section 10 are not exclusive. Without limiting the foregoing, each of Master Agency and Insurer expressly reserves the right to seek any other remedies that are available to it at law or in equity, including, but not limited to, seeking an award of money damages, temporary restraining orders, permanent injunctions or remedies in arbitration pursuant to Section 20 of this Agreement, in the event of any breach or threatened breach by Agent, Sub-Agent, any of their employees, or one of the partners, equity owners or principal officers of Agent, of any of the provisions of this Agreement.

**11. GOVERNING LAW; CONSENT TO JURISDICTION.** This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois, without giving effect to the principles of conflicts of laws thereof. Subject to the provisions of Section 20 of this Agreement regarding arbitration proceedings, the parties hereto irrevocably consent to the jurisdiction of, and venue in, any federal or state court of competent jurisdiction in Chicago, Illinois, in connection with any dispute based on or arising out of or in connection with this Agreement.

**12. NO WAIVER OR ESTOPPEL.** Forbearance, failure or neglect on the part of either Master Agency or Insurer to enforce any or all of the provisions of this Agreement will not be construed as a waiver or estoppel of any of the rights or privileges of Master Agency and Insurer. Any waiver of past acts or circumstances that the Master Agency or Insurer may, expressly or impliedly, make from time to time will not constitute and should not be construed to be a waiver of subsequent



acts or circumstances. No waiver will be effective unless it is in writing and signed by the party granting the waiver.

**13. ENTIRE AGREEMENT, PREVIOUS AGREEMENTS, AND AMENDMENTS.**

- a. This Agreement, which includes by reference the Commission Schedule, contains all of the terms and conditions agreed upon by the parties. This Agreement, which includes by reference the Commission Schedules, supersedes all prior agreements, whether written or oral, between the parties (including without limitation any prior agreements between Insurer and Agent appointing Agent as an agent of Insurer) with respect to all matters relating to Insurer's life insurance or annuity products issued on or after January 1, 2019; and this Agreement constitutes a complete and exclusive statement of the terms of the agreement among the parties with respect to all matters relating to Insurer's life insurance or annuity products issued on or after January 1, 2019. For the avoidance of doubt, any such prior agreements shall continue to remain in effect in accordance with their terms and shall continue to apply to and govern all matters relating to Insurer's life insurance or annuity products issued prior to January 1, 2019 and with respect to which Agent serves as Insurer's agent.
- b. Together, Master Agency and Insurer may at any time amend this Agreement. Notice of such amendment will be sent by Master Agency to Agent. This Agreement cannot be changed by any verbal promise or statement by whomsoever made, and no written modification or change to this Agreement will bind Master Agency or Insurer unless it is signed by the President, Chief Operating Officer, Secretary or Assistant Secretary of Master Agency and Insurer, respectively, or other appropriately authorized officers.

**14. COMMISSIONS.**

- a. Master Agency shall pay Agent commissions with respect to premiums received by Insurer on applications procured by Agent at the rate shown and subject to the terms and conditions shown on the Commission Schedule in force as of the date of each sale of Insurer's life insurance or annuity products by Agent or Sub-Agents. Any commissions paid to Agent as a result of sales made by Sub-Agents shall be reduced by the amount of commission payable to such Sub-Agents. Agent acknowledges that the commissions received from the Master Agency will represent full compensation for Agent's services and expenses. The Commission Schedule may be amended by Master Agency at any time at its sole option, which amendments will be effective immediately upon written (including electronic) notice of such changes to Agent. This notice will be deemed to have been provided to Agent upon the posting by Master Agency of any such amendments to the Commission Schedule upon Master Agency's website. Any amendment to the Commission Schedule will apply only to applications signed and submitted to Master Agency on or after the effective date of the amendment.
- b. If a contract holder timely exercises his or her right to return or cancel a life insurance or annuity product after Master Agency has paid commissions to Agent or Sub-Agents for selling the returned life insurance or annuity product, all such commissions shall be returned to Master Agency immediately. Agent agrees that upon such an occurrence it will become immediately liable to repay such commissions to Master Agency and that Master Agency will have the right to pursue any legal action to recover any such commissions from Agent. Agent agrees to reimburse Master Agency or Insurer for costs Master Agency or Insurer incurs, including reasonable attorney's fees, in any action by Master Agency or Insurer to enforce Agent's obligations under this Agreement.
- c. Master Agency reserves the right, in its sole discretion, to prescribe commissions differing from the above on changes of plan, replacements, reinstatements, or any new life insurance or annuity product where a contract issued by Insurer on the same life has been terminated or surrendered within one year prior to the date of the application for the new contract.
- d. Agent is not authorized or entitled to receive, and shall not seek, payment of any commissions or other compensation from Insurer under any circumstances. Agent will be entitled to receive commission payments solely from Master Agency, as provided in this Section 13.

- 15. COMPENSATION FORFEITURE.** If at any time Agent induces or attempts to induce an independent agent of Master Agency or Insurer to discontinue his/her/its contract with Master Agency or Insurer, or induces or attempts to induce any of Insurer's contract holders to cancel, transfer, or otherwise relinquish any of Insurer's contracts, products, and/or services, Agent will forfeit any and all compensation that Agent might otherwise have received under any and all contracts with Master Agency or Insurer. Notwithstanding such compensation forfeiture, each of Master Agency and Insurer reserves its right to pursue any and all additional claims it may have against Agent.
- 16. DISCONTINUANCE.** Without any liability to Agent, Sub-Agents, or their employees, (a) Insurer may, at its sole discretion, at any time discontinue writing business, or discontinue and/or withdraw any life insurance or annuity product form or rider, in any or all states, and (b) Master Agency may, at its sole discretion, at any time discontinue business in any or all states.
- 17. PRIVACY NOTICE.** Agent acknowledges that in the course of its duties it will be provided with, receive or otherwise obtain certain financial or other personal information concerning contract holders of, or applicants for, life insurance and annuity products in connection with its performance under this Agreement ("Customer Information"). In connection therewith:
- a. Agent agrees to keep all Customer Information confidential in accordance with all applicable federal and state privacy laws and the Master Agency and Insurer business guidelines. Unless otherwise required by law, Agent shall not disclose or use Customer Information for any purpose other than to carry out its obligations under this Agreement.
  - b. Agent represents and warrants that it will: (v) keep all Customer Information strictly confidential; (w) comply with all applicable federal and state laws regarding the protection, disclosure, and deletion of Customer Information; (x) comply with any directions from Master Agency or Insurer regarding the protection, disclosure, and deletion of Customer Information, to the extent required by law; (y) maintain adequate systems and appropriate administrative, physical, technical, electronic, and procedural measures to protect and secure the confidentiality, integrity, and availability of Customer Information; and (z) immediately report to Master Agency and Insurer any use or disclosure of Customer Information not permitted by this Agreement.
  - c. Agent must not sell or otherwise use Customer Information to obtain any financial benefit or award, including for the purpose of inducing a contract holder to discontinue any life insurance or annuity product with Insurer or to otherwise replace said contract with a product from another company.
  - d. Master Agency and Insurer reserve the right to review Agent's policies and procedures governing the maintenance of Customer Information. At Master Agency or Insurer's discretion and in accordance with Master Agency or Insurer's directions, Agent shall conduct, or pay the cost of conducting, an investigation of any incident required to be reported under this subsection and will provide and/or pay the costs of providing, any required notices to any individuals whose Customer Information was or is believed to have been involved.
- 18. SEVERABILITY.** Any term or provision of this Agreement which is invalid or unenforceable in a jurisdiction will, as to that jurisdiction, be ineffective to the extent of such invalidity or unenforceability without rendering invalid or unenforceable the remaining terms and provisions of this Agreement or affecting the validity or enforceability of any of the terms or provisions of this Agreement in any other jurisdiction. If any provision of this Agreement is so broad as to be unenforceable, the parties to this Agreement agree to interpret that provision only as broadly as is enforceable.
- 19. HEADINGS/CONSTRUCTION.** The headings in this Agreement are for reference only, and do not affect in any way the meaning or interpretation of this Agreement. The terms of this Agreement have been mutually negotiated at arm's length among the parties hereto, and no potential ambiguity in this Agreement should be construed against the drafter.
- 20. ARBITRATION.** In the event of any dispute arising out of or relating to this Agreement for which the sole, exclusive, and appropriate remedy sought by the party is an award of money damages, the same will be arbitrated in accordance with the Commercial Arbitration Rules of the American Arbitration Association and the Federal Arbitration Act.

Arbitration may not be initiated unless the party requesting the arbitration has given the other party or parties 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 Illinois law. Any punitive damages awarded by the arbitrator(s) will not exceed two times compensatory damages awarded. Any award of the arbitrator will be deemed final and binding upon the parties and judgment upon such award may be entered and enforced in the United States District Court for the Northern District of Illinois. All arbitration proceedings will be held in Chicago, Illinois. Nothing in this Section 20 requires arbitration or should be construed to prejudice the rights of either party to seek a judgment at law in a court of appropriate jurisdiction with respect to any dispute arising out of or relating to this Agreement for which an equitable remedy is sought or for which the appropriate remedy sought cannot be paid as money damages, such as a temporary or permanent injunction, a declaratory judgment, or similar injunctive remedy.

**21. NOTICES.** Notices under this Agreement shall be in writing and shall be deemed received as follows:

- a. on the date of service if served personally on the party to whom notice is to be given;
- b. on the date a party sends an electronic notice;
- c. on the date of delivery if sent via overnight courier to the party to whom notice is to be given and properly addressed; or
- d. on the fifth day following the date deposited in the mail if sent by U.S. mail, postage prepaid, and properly addressed.

The correct addresses for notices to each party to this Agreement are as follows:

**EquiTrust Life Insurance Company**

Agency Administration  
7100 Westown Parkway, Suite 200  
West Des Moines, IA 50266  
Agent.Administration@EquiTrust.com.

A copy of any notice shall also be sent to:

**EquiTrust Insurance Marketing Services, LLC**

Agency Administration  
7100 Westown Parkway, Suite 200  
West Des Moines, IA 50266  
Agency.Administration@EquiTrustMarketing.com

**Agent**

Current legal address for Agent as stated in Master Agency and/or Insurer's records.

This section does not apply to a notice of a change to the Commission Schedule as stated in Section 14(a).

**22. TRADEMARKS AND SERVICE MARKS.** Each party reserves the right to control the use of its name and all symbols, trademarks, or service marks presently existing or later established.

**23. CREDIT REPORT NOTICE.** As part of Master Agency's and Insurer's respective agent selection procedures, either or both may request that a report be made by a consumer credit agency, which may supply Master Agency or Insurer with information about Agent from its files, from public records and from credit investigations. As applicable, Master Agency or Insurer will provide additional

detailed information concerning the investigation, if one is made, to Agent after receiving a written request from Agent or in compliance with applicable state law. Should a report have an adverse effect on Master Agency's or Insurer's appointment decision, the Master Agency or Insurer will notify Agent in writing and identify the reporting agency with which Agent may discuss the matter.

**24. COUNTERPARTS.** This Agreement, and any amendments hereto, may be executed in the original or by any generally accepted electronic means (including (a) transmission of a Portable Document Format (PDF) filing containing an executed signature page and (b) DocuSign or similar, widely used electronic signature/verification software) in any number of counterparts, each of which will be treated as an original but all of which together shall constitute one and the same instrument.

**25. SURVIVAL.** The provisions of Sections 2(e), 4, 5, 6, 15, 17, 20 and 22 will survive the termination of this Agreement and any termination of Agent's appointment as an independent agent of Master Agency or Insurer, regardless of the reason for termination.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

**Agent Signature**

Printed Name of Agent or Agency: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

FOR HOME OFFICE USE ONLY

**EquiTrust Insurance Marketing Services, LLC (Master Agency) – Independent Contractor Designation**

Date Accepted: \_\_\_\_\_

Master Agency Officer Name and Title: \_\_\_\_\_

Master Agency Officer Signature: \_\_\_\_\_

**EquiTrust Life Insurance Company (Insurer) – Agent Appointment**

Date Accepted for Appointment: \_\_\_\_\_

Insurer Officer Name and Title: \_\_\_\_\_

Insurer Officer Signature: \_\_\_\_\_



# AGENT LICENSE AGREEMENT

## AN AGREEMENT BETWEEN EQUITRUST LIFE INSURANCE COMPANY

AND \_\_\_\_\_ (Licensee)

I request an Insurance License or Appointment for the State(s) of \_\_\_\_\_.

I \_\_\_\_\_ request that the company make application with the Department of Insurance in said state(s) for the issuance of a life insurance agent's license authorizing me to solicit applications on behalf of EquiTrust Life Insurance Company .

I hereby agree that your consent to the issuance for such license is subject to, and I agree hereby to be bound by, each and all of the following conditions:

1. That I shall be an agent assigned to and under the jurisdiction of the agent listed below.
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my agent, who has agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as employee, partner, joint venturer or associate of the Company; and
4. That I shall comply with the rules, regulations and rate books of the Company, the laws of my state or states in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
5. That I shall not alter, modify, waive or change any of the terms, rates or conditions of an advertisements, receipts, policies or contracts of the Company, in any respect; and
6. That I shall promptly remit to my agent or the Company any and all monies or securities received by me on behalf of the Company, full or partial payment of first-year or renewal premiums, or any other item whatsoever; and
7. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
8. That the Company may, without liability to me whatsoever, upon request of my agent or upon its own initiative, cancel my license at any time.
9. I acknowledge receipt of the Company's privacy policy regarding use of policyholder information and I agree to comply with the terms of such policy, as applicable.

**FOR HOME OFFICE USE ONLY**  
 Date of effective agreement (month/day/year) \_\_\_\_\_, 20\_\_\_\_.

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my agent's contract with the Company and this agreement.

Signature of Agent (Licensee) \_\_\_\_\_

Sponsoring Agent/Agency \_\_\_\_\_

*Please Print Name*

Signature of Sponsor \_\_\_\_\_

The Company approves the above agreement subject to all provisions herein.

Authorized Home Office Signature \_\_\_\_\_



# DIRECT DEPOSIT OF COMMISSION EARNINGS AUTHORIZATION AGREEMENT

Direct Deposit of Commissions is Required - Please complete the following:

Agent Name & Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Request:  New Request  Change Request

Type of Account:  Checking  Savings

Payment Cycle\*:  Daily  Weekly

\*if no payment cycle is elected, the cycle will be set on daily payments

## AGREEMENT

I hereby authorize EquiTrust Life Insurance Company® to make deposits to my account and for the Financial Institution named below to accept these deposits. I also authorize EquiTrust to make withdrawals from this account in the event that a credit entry is made in error.

This authority is to remain in full force until EquiTrust Life Insurance Company has written notification from me of its termination in such time and in such manner as to afford EquiTrust Life Insurance Company a reasonable opportunity to act on it.

Bank Account Owner Signature (Third Party): \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**THE ACCOUNT MUST BE A REGULAR CHECKING OR SAVINGS ACCOUNT  
NOTE: Money Market and Brokerage Accounts are not acceptable.**

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Financial Institution Routing Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

**Note: The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office. This processing time is dependent on your bank.**

Return this form to: Agency Administration  
EquiTrust Life Insurance Company  
PO Box 14500  
Des Moines, Iowa 50306-3500

or fax to: 515-226-5102



This schedule amends and supersedes all previous schedules and applies to all annuity applications received on or after the effective date. Commission reductions may apply to special programs. Commission for any product not identified below shall be 0%. **The following commissions are effective for all states where products are approved. Check state approvals at Agents.EquiTrust.com.** All other rules are listed on page 2.

Index Annuities									
	Option A – default (Upfront)		Option B (Upfront + Trail)			Option C (Trail)			
	Year 1		Year 1	Trail	Trail	Year 1	Trail		
<b>MarketPower Bonus Index</b>	8.00%		4.00%			0.50%			1.00%
State Variations: AK, CT, IL, MN, MT, NJ, NV, OH, OK, OR, PA, TX, UT, VT, WA	7.00%		3.50%			0.50%			0.82%
	Year 1	Year 2-5	Year 1	Year 2-5	Trail	Year 1	Year 2-5	Trail	
<b>MarketTen Bonus Index</b>	6.00%	3.00%	3.00%	1.50%	0.50%	1.00%	0.50%	1.00%	
<b>MarketValue Index</b>	7.00%	3.50%	3.50%	1.75%	0.50%	1.00%	0.50%	1.00%	
	Year 1	Year 2-3	Year 1	Year 2-3	Trail	Year 1	Year 2-3	Trail	
<b>MarketSeven Index</b>									
Ages 0-75	5.50%	2.75%	2.75%	1.375%	0.50%	1.00%	0.50%	1.00%	
Ages 76-80	4.125%	2.0625%	2.0625%	1.03125%	0.50%	1.00%	0.50%	1.00%	
Ages 81-85	2.75%	1.375%	1.375%	0.6875%	0.50%	1.00%	0.50%	1.00%	

Traditional Fixed Annuity	
<b>ChoiceFour</b>	Year 1
Ages 0-80	5.50%
Ages 81-85	4.125%

Multi-Year Guarantee Annuities		
<b>Certainty Select</b>		
3 Year	Ages 0-80	2.00%
	Ages 81-90	1.50%
5, 6, 8, 10 Year	Ages 0-80	3.00%
	Ages 81-90	2.25%
End-of-Term Renewal Commission		1.00% of Accumulation Value

Single Premium Immediate Annuity	
<b>Confidence Income</b>	3.00%

**Additional Provisions**

**Certainty Select Renewal Commissions**

- Renewal commissions available only for 3, 5, 6, 8 or 10 year renewal periods.
- Renewal commissions subject to chargeback if policy surrendered within 12 months following policy renewal: 100% chargeback during months 1-6 and 50% during months 7-12. No chargebacks at owner's death for renewal commissions.

**Chargebacks**

All commissions will be reversed under the following circumstances:	MarketTen Bonus		All other products excluding Confidence Income	
	During months	MarketTen Bonus	During months	All other products excluding Confidence Income
Upon death of any owner	1-6	100%	1-6	100%
	7-12	50%	7-12	50%
Upon surrender or annuitization	1-12	100%	1-6	100%
	13-24	50%	7-12	50%

- Any commission paid after the date of death will be reversed 100%.
- EquiTrust reserves the right to chargeback commission in accordance with the above schedule for withdrawals in excess of the penalty-free amount.

**Index Annuity Commission Option – Option A (Upfront)**

- If no commission option is selected, the commission will be paid through Option A.
- If agent is Licensed Only to an entity or person other than their own corporation, the commission will be paid through Option A.

**Index Annuity Trail Commissions**

- Commission option must be selected at the time of contract application.
- Once a contract is issued, commission option cannot be changed.
- Trail commissions are payable annually based on the contract's Accumulation Value on the contract's anniversary.
- If Option B or C is selected, upon death of the agent the agent's specified beneficiary will receive a lump sum payment equal to the difference between Option A commission and what has been received under Option B or C.
- Commission will not be paid on premiums received after the date of death of the agent.
- The commission on a joint-owner contract is based on the age of the older joint owner.
- Split commission is not allowed on Options B and C.

**Commission Hold Policy on Confidence Income**

A Delivery Receipt is required on all Confidence Income contracts. Payment of commission will be held until a signed Delivery Receipt is received at EquiTrust.

**Minimum Commission Payments**

Commissions are payable only when a minimum of \$25.00 has been accumulated. If at year end, commissions do not exceed \$25.00, no amount is due to the agent and the account will be zeroed out.

**Commission Arising from Business Solicited by Agents Under Your Supervision**

Commission on business solicited by agents determined by EquiTrust to be under your supervision will not be earned unless you are appointed with EquiTrust in the state of issue within ninety (90) days of the effective date of the contract. Your commission on such business will be calculated assuming scheduled commission to all agents in the supervisory stream as determined by EquiTrust are earned and paid. Regardless of any other provision of this contract, no commissions will be earned by you on any business solicited by any agent not determined by EquiTrust to be under your supervision for such solicitation.