



Lafayette Life
Insurance Company

A member of Western & Southern Financial Group

2100/2106 Contract Series Licensing & Contracting Instructions and Checklist

In states that permit pre-appointment solicitation, Lafayette Life Insurance Company (LLIC) processes appointments with an effective date on or before the sign date of your first application. **All insurance licenses, Anti-Money Laundering (AML) training, Errors and Omissions (E&O) insurance, any required annuity product training and/or suitability continuing education (if writing annuity business) must be in good standing as of that date.**

If you have taken a policy application, please provide:

Policy Application sign date: _____ Policy Application sign state: _____

Please submit the following items:

- 2100/2106 Agreement - please read carefully and complete all appropriate sections, date and obtain signatures as indicated.
- Business Background Summary - complete in detail, sign and date.
- W-9 form – complete for any agent or entity that will be paid commissions, sign and date.
- Agent's Responsibilities form - read carefully, sign and date where indicated.
- Beneficiary Form (if included in packet) - indicate primary and contingent beneficiaries along with their SSN's, dates of birth, and relationships, sign and date.
- Authorization for Electronic Funds Transfer - complete this form and return with a voided check copy from the account to be used.
- Daily Commission Payment - indicate amount and date.
- Multi Email Request Form – complete this form if emails regarding underwriting, marketing or commissions are to be sent to another email address in addition to the email address entered on the Business Background Summary.
- Copy of the Certificate of Insurance of E&O coverage. **This must be maintained in order to remain contracted.** Also must verify Life and Annuity product coverage. Annuity product coverage can be omitted if agent has no plans to solicit or take application for LLIC annuity products.
- If not using LIMRA for AML training, provide proof of completion of AML training from an authorized vendor dated within the previous 24 month period. **This must be completed once every two years for LLIC to continue to issue new business.**
- If plan to sell LLIC annuities, please send in proof of completion of any state required annuity suitability continuing education course and the completed [LLIC product specific training](#) quiz. **These must be completed prior to soliciting new annuity business.**

If you need assistance in completing your packet, please contact your Regional Sales Vice President or the Licensing and Contracting Specialist at 800-443-8793, select Option 2 then Option 8, or email LLICContracting@llic.com.

Completed paperwork can be faxed to 513-362-2474 or emailed to LLICContracting@llic.com.



Return Completed form to:
Licensing Department
400 Broadway, MS P2
Cincinnati, OH 45202-4203
Email: LLIC-licensing@llic.com
Fax: 513.362.2364

BUSINESS BACKGROUND SUMMARY

Please print or type		PERSONAL	
Name (Last, First, Middle)		<input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> _____	Other Names Known By (i.e., nickname, maiden)
Name of Agency/Corporation/Trade Name/DBA: (include any assumed name)			
Social Security Number	Agent's Date of Birth	National Producer Number	
Business Address to be used for UPS/FedEx (Number & Street, City, County, State & Zip Code)		Business Telephone ()	
(Post Office Box, City, State & Zip Code)		Fax Number () Mobile Number ()	
Residence Address (Number & Street, City, County, State & Zip Code)		Residence Telephone ()	
E-Mail Address		WEB Page	

CORPORATIONS

Does the corporation hold an insurance agent license in all states where it does business? Yes No

Name _____ Tax ID _____ State of Incorporation _____

Principal Name _____

Street _____ City _____ State _____ Zip _____

PLEASE READ AND ANSWER EACH QUESTION

Yes	No	
_____	_____	1. Do you now owe any money to another insurance company or governmental entity or have you ever discontinued selling for another insurance company when you were indebted to the company?
_____	_____	2. Have you been a party to a bankruptcy or receivership proceeding involving your personal or business debts?
_____	_____	3. Have you ever had or are you currently involved in any personal or business tax liens, suits, or judgments?
_____	_____	4. Has any insurance company ever terminated any agency, agent, or broker contract with you for reason other than insufficient sales?
_____	_____	5. Have you ever had charges filed against you by any state insurance department?
_____	_____	6. Has any person ever complained to an insurance company, insurance department, SEC, FINRA or other agency about your conduct as an agent?
_____	_____	7. Has your insurance agent's license ever been suspended or revoked or have you ever been denied a license?
_____	_____	8. Have you ever been convicted of, or pled guilty to, or entered a plea of no contest to, a felony or a misdemeanor?
_____	_____	9. Do you have professional liability or errors and omissions insurance? Please provide Certificate of Insurance. E&O coverage is required.
_____	_____	10. Have you completed LIMRA's Anti-Money Laundering training? If NOT, please enclose a recent certificate of completion from another certifying organization. AML training must be completed every two years.
_____	_____	11. Will you solicit or take application for any Lafayette Life annuity products? If yes, please complete and submit Lafayette Life's annuity product quiz and proof of completion of any state required annuity suitability continuing education.

If the answer to any of these questions is "YES," list number and please provide dates and **send documentation and explanation.**

INSURANCE COMPANY OR OTHER AFFILIATIONS

Other Company(ies) & H.O. Location	Date of Contract		Type of Contract
	From	To	

CERTIFICATION AND AUTHORIZATION

I certify that the information furnished above is true and complete and that I have not concealed any information. I understand that Lafayette Life will rely on this information in determining whether to offer a contract to me. I understand and agree that Lafayette Life may revoke any contract issued to me if any statement herein is incorrect and/or incomplete. I agree that I will immediately notify Lafayette Life in writing in the event that I become convicted of, or plead guilty to, or enter a plea of no contest to a felony or misdemeanor subsequent to the date hereof, provided that I have an in force agency contract with Lafayette Life.

I, the undersigned Applicant, hereby further authorize and request each of my former employers and each of the insurance companies with which I have ever been affiliated, including those listed in this report, to furnish to The Lafayette Life Insurance Company and any affiliated companies any information which such employer or insurance company possesses regarding me, including, but not limited to, all business production reports, compensation, premiums written and my business methods or practices. I release any former employer and/or insurance company from any liability by complying with a request for information pursuant to this authorization.

Federal Law requires that Lafayette Life inform you that an investigative consumer report may be prepared on you, which may include information concerning character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation conducted by Lafayette Life. You can obtain this report by submitting a written request to the Lafayette Life Insurance Company, Licensing and Contracting, 400 Broadway, Cincinnati, OH 45202 or LLIC-licensing@llic.com

As part of Lafayette Life's routine agent appointment procedure, an investigative consumer report, criminal records check, state insurance reports, and other reports and checks may be obtained about you. By signing this document, you authorize The Lafayette Life Insurance Company to perform a background investigation including, but not limited to, credit reports, Social Security number verification, criminal records checks, state insurance reports, public court records checks, driving records checks, educational records checks, verification of employment positions held, and any other public records. This information may be obtained, in part, through a consumer reporting agency, state insurance departments, state insurance and national insurance licensing databases, Vector One, and FINRA, as well as personal interviews with friends, neighbors and associates, about your character, general reputation, personal characteristics, mode of living, financial and professional status. I understand and agree that Lafayette Life may share the above information and any information collected as part of its routine agent/agency appointment procedure with its subsidiaries and affiliated companies. I hereby release The Lafayette Life Insurance Company and the Western and Southern Financial Group, its officers, directors, employees, agents, subsidiaries, parent companies, affiliates, successors and assignees from any and all claims and liability whatsoever arising from the collection, use, and/or aforementioned sharing of the information requested pursuant to this authorization. I specifically waive any notice from any present or former employer or insurance company who may provide information based on this authorization request and release from any liability any former employer, insurance company, person or entity that provided information to the Lafayette Life for this investigation.

Upon signing this document I attest that I have been given a copy of the Summary of Consumer Rights. This Business Background Summary, including without limitation the Certification, Authorizations and releases, in faxed, photocopied or electronic form will be as valid as the original. A faxed or electronically transmitted signed document to Lafayette Life has the same legal force and effect as the original signed document and once received is the controlling record.

Signature of Applicant

Date

Print Name of Applicant

Signature of General Agent or IMO (if other than applicant)

Date

FSD Insurance Services - 08611

Print Name of General Agent or IMO

Signature of Regional Sales Vice President

Date

Print Name of Regional Sales Vice President

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	
	Requester's name and address (optional)	
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or										
Employer identification number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

Additional Information about the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for that job, and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.



Lafayette Life
Insurance Company

A member of Western & Southern Financial Group

Return Completed form to:
Licensing Department
400 Broadway, MS P2
Cincinnati, OH 45202-4203
Email: LLIC-licensing@llic.com
Fax: 513.362.2364

This is to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency, General Information Services and/or Experian, for the purpose of evaluating your request for appointment with The Lafayette Life Insurance Company as an insurance producer.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends, or associates.

This Page Is To Be Retained By the Representative.



Agent's Contract



TABLE OF CONTENTS

APPOINTMENT, AUTHORITY AND RELATIONSHIP	1
YOUR RESPONSIBILITIES	1
OUR RIGHTS AND OBLIGATIONS	1
COMPENSATION AND VESTING	1
A. Commissions and Service Fees	1
1. Payment of Commissions and Service Fees	1
2. Special Rules for Commissions and Service Fees on Universal Life Policies	1
3. Additional Rules for Commissions and Service Fees on All Types of Policies	2
B. Our Minimum Expectations for Production and Persistency	2
INDEBTEDNESS	3
TERMINATION OF AGREEMENT	3
COMPENSATION AFTER TERMINATION OR DEATH; VESTING OF COMMISSIONS AND SERVICE FEES	3
INDEMNITY; LEGAL PAPERS	4
NOTICE	4
NO WAIVER	4
NO ASSIGNMENT	4
GOVERNING LAW	4
ENTIRE AGREEMENT	4
BENEFICIARY DESIGNATION FORM	6
SCHEDULE OF COMMISSIONS AND SERVICE FEES	7
CHART OF COMPENSATION FOR WAIVER OF MONTHLY DEDUCTION RIDER ON A UNIVERSAL LIFE POLICY	8
CHART OF COMPENSATION FOR UNIVERSAL LIFE SPECIFIED AMOUNT INCREASES	8
CHART OF COMPENSATION FOR MARQUIS FLEX ANNUITIES & GROUP ANNUITIES	9
SCHEDULE OF COMMISSIONS FOR MARQUIS CENTENNIAL 3, 5, 7, & 10	10 & 11
SCHEDULE OF COMMISSIONS FOR HORIZON SPDA-08 3/5 & 5/5	12
SCHEDULE OF COMMISSIONS FOR HORIZON SPDA-08 5/7	12
SCHEDULE OF COMMISSIONS FOR SINGLE PREMIUM IMMEDIATE ANNUITIES	12
CHART OF ASSET BASED COMPENSATION	13, 14 & 15
SCHEDULE OF COMMISSIONS AND SERVICES FEES FOR OTHER WHOLE LIFE PRODUCTS	16
FIRST YEAR COMMISSIONS FOR GUARANTEED ISSUE LIFE INSURANCE POLICIES	17
GLOSSARY OF TERMS	18
ASSIGNMENT OF AGENT TO GENERAL AGENT FORM	19

AGENT'S CONTRACT

The Lafayette Life Insurance Company ("we", "us" or "our") and _____, Agent ("you" or "your"), enter into this Agreement at Cincinnati, Ohio, effective as of the date set forth below.

APPOINTMENT, AUTHORITY AND RELATIONSHIP

1. **Appointment.** You are appointed to act as our agent, subject to the provisions of this Agreement.
2. **Authority.** You are authorized to solicit applications for insurance and annuities sold by us and to service policies issued by us.
3. **Territory.** You may operate within any territory where you are duly licensed, but no territory is exclusively assigned to you.
4. **Independent Contractor.** You are an independent contractor. Nothing in this Agreement creates a relationship of employer and employee between us and you. You are free to exercise your own judgment, including the time, place and persons from whom you may solicit applications for insurance or annuities. We shall have no direction or control over your time or physical activities.
5. **Our Rules.** We reserve the right to prescribe, modify and publish written rules covering the conduct of our business. These rules are found in this Agreement, our Agents' Reference Manual, or our published field bulletins.

YOUR RESPONSIBILITIES

Our Rules. You shall observe our rules covering the conduct of our business.

OUR RIGHTS AND OBLIGATIONS

Specific Rights And Obligations. Specifically, without limitation, we shall have the right to reject applications for insurance or annuities without specifying cause. We shall also have the right to determine, in our sole discretion, that a policy which has been issued should be rescinded and/or cancelled and that the premiums paid for the policy be refunded. In such event, any commissions paid or credited to you, with respect to such policy, shall become your debt to us. Other rights and obligations of ours can be found in our Agents' Reference Manual or our published field bulletins.

COMPENSATION AND VESTING

When the term "Compensation" is used in this Agreement, it means the sum of commissions and service fees of any kind described in Section A, plus remuneration of any kind under any previous contracts between you and us, which are payable under the provisions of this Agreement. We will vest and continue to pay first year commissions and all renewal commissions in policy years 2-10 to you on

premiums paid, in accordance with the other provisions of this Agreement.

A. Commissions and Service Fees

1. **Payment of Commissions and Service Fees.** We shall pay you the commissions and service fees at the percentages set forth in the Schedule of Commissions and Service Fees attached to this Agreement, subject to the provisions of this Agreement. Those commissions and service fees shall be based upon premiums paid on policies produced by you while this Agreement is in effect.

2. Special Rules for Commissions and Service Fees on Universal Life Policies.

a. **Commission on Increases in Specified Amount.** Specified Amount is stated in a universal life policy. It is the amount of insurance provided by the basic policy on the primary insured's life and it may be increased as provided in the policy. An increase in Specified Amount means an increase in the amount of insurance on the life of the primary insured, but not a spouse or child, covered in a universal life policy. When an increase in Specified Amount occurs while you are receiving commissions or service fees on a universal life policy which you produced and while this Agreement is in effect, you will earn a single lump sum commission which will be the total of (i) multiplied by (ii), multiplied by (iii):

(i) the appropriate base commission percentage from the Chart of Compensation for Universal Life Specified Amount Increases; multiplied by:

(ii) the target premium per \$1,000 of increase, excluding the quantity discount factor, at the attained age at the time of the increase; multiplied by:

(iii) the number of \$1,000s of increase in Specified Amount.

b. **Commission on Increases or Additions in Optional Benefits.** When an increase occurs in the amount of insurance provided by any Optional Benefit, or when an Optional Benefit is added while you are receiving commissions or service fees on the policy, you will receive an additional base commission. Such commission will be the appropriate percentage of the increase in the amount of the target premiums and excess premiums for the benefit, or the monthly deduction for the Waiver of Monthly Deduction Rider (which is listed in Item 1 of the Chart of Compensation for Waiver of Monthly Deduction Rider attached to this Agreement) during the first twelve months following the increase or the addition of an Optional Benefit so long as this Agreement remains in effect.

c. **Commissions and Service Fees on Optional Benefits.** We will pay commissions and service fees

to you on a universal life policy you produce which contains an Optional Benefit either upon issue or when an Optional Benefit is later added to a universal life policy you produced. Commissions and service fees for an Optional Benefit other than a Waiver of Monthly Deduction Rider are based upon the target premiums and excess premiums paid for such benefit. Commissions and service fees on the cost of insurance deductions for Waiver of Monthly Deduction Riders will be paid at monthly deduction time in the percentages shown in the Chart of Compensation for Waiver of Monthly Deduction Rider on a Universal Life Policy, attached to this Agreement. You will receive a base commission on each Optional Benefit contained in a policy you produced.

Except as provided in paragraph b above, base commissions begin only when an Optional Benefit is added to such universal life policy during the first ten policy years, and they will cease at the end of the tenth policy year. Beginning with the eleventh policy year, we will pay corresponding base service fees to you for such Optional Benefits so long as this Agreement remains in effect.

3. Additional Rules For Commissions and Service Fees on All Types of Policies.

a. **Service Fees.** Service fees will be paid only while you are actively servicing the policies and while this Agreement remains in effect, except as otherwise provided in the **Vesting of Service Fees** provision of this Agreement.

b. **New Products.** We shall determine the percentage of commissions and service fees payable on all new policies, riders or other products we issue after the effective date of this Agreement. We shall publish the commissions and service fees payable when any new policy, rider or product is made available for solicitation.

c. **Group Insurance.** Compensation on group insurance policies shall be specified by separate contract between you and us.

d. **Substandard and/or Special Class Policies; Group Conversions.** We shall determine and publish the percentages of commissions and service fees payable on substandard and/or special class policies and group conversions.

e. **Reinstatement of Lapsed Policy.** We shall determine and publish the percentages of commissions and service fees payable on any lapsed policy which is reinstated by you, on which you are not the original producing agent. You shall not be entitled to commissions or service fees earned on a lapsed policy originally produced by you, which is reinstated by another agent.

f. **Waiver of Premiums or Monthly Deductions.** No commissions or service fees not already paid and earned will be paid on any policy or Optional Benefits sold as riders during a period when

premium payments or monthly deductions are being waived on account of disability, or for any other reason.

g. **Internal Replacement.** We have published rules concerning compensation to be paid on a policy which replaces an existing policy of ours. We reserve the right to change, modify or revoke the internal replacement rules at our discretion in the future. Policies produced by you, which become replacing policies of existing policies previously issued by us, will not earn compensation as provided in this Agreement. You will be paid the compensation, if any, provided in our published internal replacement rules which are then in existence.

Without limitation, we reserve the right to determine compensation when an application for a policy is procured which, in our sole judgment, is to take the place of a pre-existing policy or a policy terminated within 2 years prior to the issuance of the new policy or one year after the issuance of the new policy. Such compensation shall be determined by us at the time of issuance of the new policy, or at the time of the subsequent lapse or surrender of the pre-existing policy.

When a policy becomes a replacing policy, after we have already paid compensation to you on such policy, compensation paid on such policy in excess of the compensation provided for in our internal replacement rules shall become your debt to us and shall be collectible as provided in this Agreement.

h. **Reduced Commission on Guaranteed Issue Life Insurance.** We have published rules for issuing life insurance without individual underwriting of the life insurance risk. We reserve the right to change, modify or revoke the guaranteed issue rules at our discretion in the future.

We may agree to issue certain policies under the guaranteed issue rules on applications solicited by you. You acknowledge and agree that if we issue any amounts of life insurance under the guaranteed issue rules, we shall reduce the first year commission percentages on premiums paid on life policies other than universal life, and the target commission percentages on the Target Premiums paid on universal life policies.

Such reduced commission percentages are set forth in the Schedule of Commissions and Service Fees. We reserve the right to change the reduced commission percentages at our discretion in the future. Such change will be effective on applications submitted after notice to you of the change.

B. Our Minimum Expectations for Production and Persistency

We expect you to produce not less than \$8,000.00 of NAFYAC during any 12 month period. We also expect your 36 Month Current Persistency or your partial period persistency, based on our published

formula, when less than 36 months production is available, to be not less than 80%.

INDEBTEDNESS

1. **Set-Off And Lien.** We shall have the right to deduct from and set-off against any compensation or other amounts payable under this Agreement or any previous contracts between you and us, amounts necessary to pay or partially pay any debt to us now due or later becoming due from you. We shall also have a first lien on compensation or other amounts payable to you by us, to secure repayment of any such debt. Our set-off and lien rights shall continue after termination of this Agreement.

2. **Payment On Demand; Interest.** Any debts you owe us shall be payable to us on demand. Such debts shall bear interest after demand at the rates specified by us from time to time in the Agents' Reference Manual, but not to exceed the maximum non-usurious rate permitted by law. If it becomes necessary for us, in our sole judgment, to employ outside counsel to collect any debts you owe us, you shall be responsible for all attorneys' fees, costs and expenses which we incur.

TERMINATION OF AGREEMENT

1. **Without Cause.** You may terminate this Agreement without cause by giving us thirty (30) days' prior written notice. Likewise, we may terminate this Agreement without cause by giving you thirty (30) days' prior written notice.

2. **For Cause, With No Further Compensation Payable.** We shall have the right to terminate this Agreement immediately, upon written notice to you, and no further compensation will be payable, if:

a. You violate any insurance law or regulation, or state or federal criminal law; or

b. You fail to remit promptly and fully all monies due us from you or all monies paid to you by an applicant or policyholder as premiums for any policy; or

c. You induce any policyholder of ours to discontinue the payment of premiums or to surrender any policy issued by us, in violation of our published rules on external replacement.

3. **Effect Of Termination Of Agreement.** Termination of this Agreement shall not impair any right or remedy we may have against you under this Agreement or any previous contracts between you and us.

4. **Use of Our Materials After Termination.** Immediately after termination of this Agreement, you shall stop using any advertising, stationery, circulars or software bearing our name or logo, describing our policies or referring to your connection with us. You shall also stop using our Agent's Reference Manual, applications, printed forms, licenses, records and supplies.

COMPENSATION AFTER TERMINATION OR DEATH; VESTING OF COMMISSIONS AND SERVICE FEES

1. **After Termination.** After termination of this Agreement, we will vest and continue to pay first year commissions and all renewal commissions in policy years 2-10 to you on premiums paid, in accordance with the other provisions of this Agreement, subject to the following limitations:

a. No further payments will be made after the total of all compensation paid in any previous calendar year falls below \$300.

b. No service fees will be payable, except as provided in the **Vesting of Service Fees** provision of this Agreement, paragraph 3, below.

c. No compensation will be payable if we terminate this Agreement under the **For Cause, With No Further Compensation Payable** provision.

d. At any time after termination of this Agreement, if you induce any policyholder of ours to discontinue the payment of premiums or to surrender any policy issued by us, without our written approval after full disclosure of the circumstances, we shall have the right to terminate payment of all future compensation under this Agreement. Our rights under this provision shall continue after termination of this Agreement.

2. **After Death.** If you die at a time when compensation is payable under this Agreement, we shall continue to pay the following items of compensation after your death, but only as long as the total of such compensation payable in any one calendar year is not less than \$300:

a. commissions which accrued but were not paid before your death;

b. commissions which accrue after your death;

c. service fees which accrued but were not paid before your death, and;

d. service fees which are vested under paragraph 3, below, which accrue after your death.

Such compensation shall be paid to the beneficiary or beneficiaries designated by you in this Agreement, or to the survivor or survivors among them if living. Should the last survivor die before payment of all compensation payable under this Agreement, the remainder of such compensation shall be payable to the estate of the last surviving beneficiary. If no designated beneficiary survives you, then any compensation payable in accordance with the provisions of this Agreement shall be payable to your estate.

3. **Vesting of Service Fees.** If this Agreement is terminated without cause at a time when the sum of your age plus the number of years you have been under contract with us as an agent or general agent equals or exceeds eighty-five (85), we will continue to pay service fees to you on policies produced by you, until such policies lapse or terminate for any reason. Such service fees will be paid in accordance with the other provisions of this Agreement, subject to the limitations set forth in paragraph 1, above, concerning payment of compensation after termination.

INDEMNITY; LEGAL PAPERS

1. **Indemnity.** You shall indemnify and save us harmless against, or from, any and all causes of action, damages, losses, fees (including attorneys' fees), costs and expenses, whether by judgment, settlement or otherwise, resulting from or growing out of any fault or unauthorized act by you or your employees.

2. **Legal Papers.** If any papers are served upon you in connection with any legal proceeding which actually or potentially may involve us, you shall transmit copies of those papers to us immediately.

NOTICE

1. **To Us.** Written notice to us shall be delivered personally or mailed postage pre-paid, addressed to the President or to a Marketing Vice President at our Home Office, 400 Broadway, Cincinnati, OH 45202-3341.

2. **To You.** Written notice to you shall be delivered personally or mailed postage pre-paid to you at the address shown below your signature in this Agreement, or to such other address as you may give us in writing. However, where specifically provided in this Agreement, we may give you notice by publication in our Agents' Reference Manual or our field bulletins. If notice is given by publication, it will be deemed to have been given whenever published by us.

3. **Electronic Notice.** Notwithstanding any term or condition to the contrary, any written notice to you may be transmitted electronically, either (a) via e-mail to you at your last known e-mail address on our records, or (b) via publication electronically by posting to our website at www.LafayetteLife.com, either as a Special Bulletin, or as otherwise part of the Agent Reference Manual applicable to you, or as an electronic record specifically referencing that it is a notice to agents. All notices under (a) shall be deemed given on the date of the electronic mailing. All notices under (b) shall be deemed given on the date of the electronic posting to our website.

NO WAIVER

Our neglect or failure to require the performance of any provision of this Agreement by you, or our neglect or failure to take advantage of any of our rights and privileges under this Agreement, shall not constitute a waiver of any of our rights or privileges or a waiver of our right to require performance of any provision of this Agreement in the future.

NO ASSIGNMENT

No assignment by you of this Agreement or of any compensation payable under this Agreement shall be valid unless approved by us.

GOVERNING LAW

1. **Ohio Law.** This Agreement shall be governed by and interpreted in accordance with the laws of the State of Ohio.

ENTIRE AGREEMENT

1. **Sole Agreement.** This Agreement, which includes the attachments, our Agents' Reference Manual and our published field bulletins, represents the entire understanding between you and us. Any and all prior representations, statements or agreements between you and us, whether oral or written, are merged into this Agreement.

2. **Amendment.** This Agreement may be amended only by us, in writing, effective upon notice to you.

3. **Supercedes Previous Contracts.** This Agreement terminates and supercedes any previous contracts between you and us as to all business transacted on or after the effective date of this Agreement. However, your right to commissions, allowances (other than a profitability allowance) and service fees on policies issued on applications submitted to us under any previous contracts, and our rights concerning any debts to us incurred by you under any previous contracts, still exist. Your right to service fees under any previous contracts shall end upon termination of this Agreement, unless you qualify for vested service fees under the **Vesting of Service Fees** provision of this Agreement. You shall have no right to a profitability allowance or bonus of any kind under any previous contracts.

This Agreement shall take effect as of the effective date set forth below, if duly signed by you and countersigned on our behalf by a Vice President. By signing below, you hereby acknowledge, certify, and agree that you have received and reviewed the entire Agreement LL-2106/2100A and that you agree to the terms and conditions as set forth in the Agreement and to be fully bound thereby. A faxed or electronically transmitted signed Agreement to us has the same legal force and effect as the original signed Agreement.

Print Name of Agent

Signature of Agent

THE LAFAYETTE LIFE INSURANCE COMPANY

By: _____
Vice President

Effective Date of Agreement

BENEFICIARY FORM

I name the following Beneficiary(s) to receive any compensation due after my death as provided in the Agreement and I revoke all prior designations.

PRIMARY BENEFICIARY:

Name	Social Security Number	Date of Birth	Relationship
------	------------------------	---------------	--------------

CONTINGENT BENEFICIARY(S):

Name	Social Security Number	Date of Birth	Relationship
------	------------------------	---------------	--------------

Name	Social Security Number	Date of Birth	Relationship
------	------------------------	---------------	--------------

Name	Social Security Number	Date of Birth	Relationship
------	------------------------	---------------	--------------

Name	Social Security Number	Date of Birth	Relationship
------	------------------------	---------------	--------------

Name	Social Security Number	Date of Birth	Relationship
------	------------------------	---------------	--------------

Name	Social Security Number	Date of Birth	Relationship
------	------------------------	---------------	--------------

If no designated beneficiary survives me, the sum payable shall be paid to my estate.

If more than one beneficiary is named in a class, you shall make payment in equal shares to the beneficiaries named, or to the survivor(s) among them. Upon the death of the Primary Beneficiary, or should the Primary Beneficiary not survive me, payments, if any, shall be made to the Contingent Beneficiary(s), if living. Should the Beneficiary(s) entitled to receive payment under this designation survive me but die before all payments have been made, then the remaining payments shall be paid to the estate of the last-to-die of the Primary and Contingent Beneficiary classes.

Date: _____

Agent's Signature

Print Agent Name

Business Mailing Address

Spouse's Signature (where required by law)

SCHEDULE OF COMMISSIONS AND SERVICE FEES

(Expressed as a percentage of premiums paid)

	FIRST YEAR COMMISSIONS First Policy Year	RENEWAL COMMISSIONS Policy Yrs 2 & 3	RENEWAL COMMISSIONS Policy Yrs 4-10	SERVICE FEES Policy Yrs 11 & after
	<u>Base</u>	<u>Base</u>	<u>Base</u>	<u>Base</u>
WHOLE LIFE PLANS				
Patriot 15 & Contender 15	55%	5%	5%	2%
Heritage 15	55%	5%	5%	2%
Sentinel 15	10%	9%	9%	2%
Liberty 15	3%	0%	0%	0%
10-Pay Life	30%	1.5%	1.5%	0%
Single Premium Paid-Up Additions Rider and Single Premium Life Rider	2%	0%	0%	0%
Level Premium Paid-Up Additions Rider	2%	2%	2%	2%
TERM PLANS				
Centennial Term				
10 Yr	45%	0%	0%	0%
20 Yr	50%	0%	0%	0%
30 Yr	55%	0%	0%	0%
Tem Rider: 10, 20, 30 Yr	40%	3%	3%	0%
ART Rider	40%	4%	4%	3%
Low Cost Term	0%	0%	0%	0%

Except as noted otherwise in this Agreement, commissions and service fees on premiums for Optional Benefits sold as riders will be calculated using the same percentages of such premium as the commissions and service fees for the policy to which the rider is attached. No commissions or service fees are paid on dividends used to purchase paid-up insurance. Policy fees are noncommissionable for Centennial Term and Whole Life Plans.

(Expressed as a percentage of premiums paid)

		FIRST POLICY YEAR		YEARS 2-10	SERVICE FEES: Policy Years 11 & After
UNIVERSAL LIFE POLICIES & RIDERS		Target Premium*	Excess Premium*	Premiums Paid*	Premiums Paid*
Centennial IUL, ^{FN}	Base	55%	2%	2%	2%
Vanguard-09	Base	55%	3%	3%	3%

*Please see the Glossary of Terms for definitions of Target Premium, Excess Premium, and Premiums Paid.

^{FN} For the Centennial IUL, there is Asset Based Compensation as defined in the Glossary of Terms and payable annually starting at the end of the Policy Year 3. The Base Asset Based Compensation is 10 basis points. Refer to the Glossary of Terms for details.

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

Chart of Compensation for Waiver of Monthly Deduction Rider on a Universal Life Policy
(Expressed as a percentage of the Monthly Cost of Insurance)

Type of Policy

<u>Time Period & Type of Compensation</u>	<u>Centennial IUL</u>	<u>Vanguard-09</u>
1. First 12 Monthly Deductions Base Commission	55%	55%
2. All other Monthly Deductions through Policy Year 10 Base Commission	2%	3%
3. Service Fee on Monthly Deduction beginning Policy Year 11 Base Service Fee	2%	3%

Chart of Compensation for Universal Life Specified Amount Increases
(Expressed as a percentage of the Target Premium at the Attained Age at the time of the Increase)

Type of Policy

	<u>Centennial IUL</u>	<u>Vanguard-09</u>
Base Commission	55%	55%

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

Chart of Annuity First Year Commissions (Policy Year 1)
and Renewal Commissions (Policy Year 2 and Later)
(Expressed as a Percentage of Premiums Paid)

Marquis Flex 1			Group Marquis Flex	
<u>Policy Year</u>	<u>Base</u>		<u>Policy Year</u>	<u>Base</u>
1	0.6%		1	3%
2 & later	0%		2	2%
			3	2%
			4	2%
			5	2%
			6	2%
			7	1%
			8	1%
			9 & later	0%

Marquis Flex 5, Horizon 0, Horizon 1, Horizon G & Marquis Advant-Edge 5

<u>Issue ages below age 70</u>			<u>Issue ages 70 and above</u>
<u>Policy Year</u>	<u>Base</u>		<u>Base</u>
1	3%		2%
2	2%		2%
3	2%		2%
4	1%		1%
5	1%		1%
6 & later	0%		0%

Marquis Flex 10 & Marquis Advant-Edge 10

<u>Issue ages below age 70</u>			<u>Issue ages 70 and above</u>
<u>Policy Year</u>	<u>Base</u>		<u>Base</u>
1	4%		3%
2	3%		2%
3	3%		2%
4	3%		2%
5	3%		2%
6	3%		2%
7	2%		2%
8	2%		2%
9	1%		1%
10	1%		0%
11 & later	0%		0%

Group Marquis Centennial	
<u>Policy Year</u>	<u>Base</u>
1	6%
2	5%
3	3%
4	3%
5	3%
6	3%
7	2%
8	1.5%
9	1%
10	.5%
11 & later	0%

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

Chart of Annuity First Year Commissions (Policy Year 1)
and Renewal Commissions (Policy Year 2 and Later)
(Expressed as a Percentage of Premiums Paid)

Marquis Centennial 3

	<u>Issue ages 0-75</u>	<u>Issue ages 76 & above</u>
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>
1	2%	1%
2	1%	1%
3	0.5%	0.5%
4 & later	0%	0%

Marquis Centennial 5

	<u>Issue ages 0-75</u>	<u>Issue ages 76 & above</u>
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>
1	4%	3%
2	3%	2%
3	2%	2%
4	1%	1%
5	0.5%	0.5%
6 & later	0%	0%

Marquis Centennial 7 (issued prior to 9/16/12)

	<u>Issue Ages 0-70</u>	<u>Issue Ages 71-80</u>	<u>Issue Ages 81 & above</u>
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>	<u>Base</u>
1	6%	5%	4%
2	5%	4%	3%
3	4%	4%	3%
4	3%	3%	2.5%
5	2%	2%	2%
6	1%	1%	1%
7	0.5%	0.5%	0.5%
8 & later	0%	0%	0%

Marquis Centennial 7 (issued 9/16/12 to 9/10/17)*

	<u>Issue Ages 0-70</u>	<u>Issue Ages 71-80</u>	<u>Issue Ages 81 & above</u>
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>	<u>Base</u>
1	5%	4%	3%
2	4%	3%	2%
3	3%	3%	2%
4	2%	2%	1.5%
5	1%	1%	1%
6	0.5%	0.5%	0.5%
7	0.5%	0.5%	0.5%
8 & later	0%	0%	0%

*Please see Agent's Website for current commission information.

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

Chart of Annuity First Year Commissions (Policy Year 1)
and Renewal Commissions (Policy Year 2 and Later)
(Expressed as a Percentage of Premiums Paid)

Marquis Centennial 10 (issued prior to 9/16/12)

	<u>Issue Ages 0-70</u>	<u>Issue Ages 71-80</u>	<u>Issue Ages 81 & above</u>
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>	<u>Base</u>
1	8%	7%	5%
2	7%	6%	4%
3	6%	6%	4%
4	5%	5%	3%
5	4%	4%	3%
6	3%	3%	2%
7	2%	2%	2%
8	1.5%	1.5%	1.5%
9	1%	1%	1%
10	0.5%	0.5%	0.5%
11 & later	0%	0%	0%

Marquis Centennial 10 (issued 9/16/12 to 9/10/17)*

	<u>Issue Ages 0-70</u>	<u>Issue Ages 71-80</u>	<u>Issue Ages 81 & above</u>
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>	<u>Base</u>
1	7%	6%	4%
2	6%	5%	3%
3	5%	5%	3%
4	4%	4%	2%
5	3%	3%	2%
6	2%	2%	1%
7	1%	1%	1%
8	1%	1%	1%
9	0.5%	0.5%	0.5%
10	0.5%	0.5%	0.5%
11 & later	0%	0%	0%

*Please see Agent's Website for current commission information.

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

Chart of Annuity First Year Commissions (Policy Year 1)
and Renewal Commissions (Policy Year 2 and Later)
(Expressed as a Percentage of Premiums Paid)

Horizon SPDA-08 3/5

	Issue Ages 0 through 75	Issue Ages 76 & Above
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>
1	3%	2%
2 & Later	0%	0%

Horizon SPDA-08 5/5

	Issue Ages 0 through 75	Issue Ages 76 & Above
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>
1	3%	2%
2 & Later	0%	0%

Horizon SPDA-08 5/7

	Issue Ages 0 through 75	Issue Ages 76 & Above
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>
1	4%	3%
2 & Later	0%	0%

Marquis SP FIA 7*

	Issue Ages 18 through 75	Issue Ages 76 & Above
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>
1	4.5%	3.5%
2 & Later	0%	0%

Marquis SP FIA 10*

	Issue Ages 18 through 75	Issue Ages 76 & Above
<u>Policy Year</u>	<u>Base</u>	<u>Base</u>
1	6.5%	5%
2 & Later	0%	0%

*Please see Agent's Website for current commission information.

Other Annuities

	Policy Year 1	Policy Year 2 and After
	<u>Base</u>	<u>Base</u>
SPIA Life Income (Issue Ages Below 70)	3*	0
SPIA Life Income (Issue Ages Above 69)	2*	0
SPIA Installment Income (3-4 Years)	1*	0
SPIA Installment Income (5-7 Years)	2*	0
SPIA Installment Income (8-10 Years)	3*	0
SPIA Installment Income (11 Years & Later)	3*	0
Horizon S (Issue Ages Below 70)	3	0
Horizon S (Issue Ages Above 69)	2	0
Group Deposit Administration Contract	0	0

*The commission percentages on Single Premium Immediate Annuities will be reduced by 50 Basis Points for all premiums in excess of \$1 Million.

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

Chart of Annuity Asset Based Compensation (Expressed in Basis Points)

We shall pay you asset based compensation as defined in this chart on the annuities identified in this chart in accordance herewith. Solely with respect to the annuity products identified in this Chart of Annuity Asset Based Compensation, asset based compensation shall be based upon and paid as a percentage of the net accumulated policy value less any premium credited to such policy value within the 12 months ending on the applicable policy anniversary upon which the asset based compensation calculation is made of those policies produced by an agent while assigned to you while this Agreement is in effect, except for asset based compensation pertaining to the 5th policy anniversary for any Marquis Advant-Edge 5 and the 10th policy anniversary for any Marquis Advant-Edge 10, which shall be calculated as described in the next paragraph. Any asset based compensation is payable annually starting at the policy anniversary for a policy as listed in this Chart, subject to the terms and conditions of this Agreement. Any asset based compensation is calculated as of the date of the applicable policy anniversary, except for asset based compensation pertaining to the 5th policy anniversary for any Marquis Advant-Edge 5 and the 10th policy anniversary for any Marquis Advant-Edge 10, which shall be calculated as described in the next paragraph. Any asset based compensation is expressed in Basis Points (BP). For purposes of calculating percentages, 100 Basis Points (BP) equals 1%. For purposes of the Vesting of Commissions and Service Fees provision of the Agreement, for policy years 2-10, asset based compensation, if any, shall be considered renewal commissions and for policy years thereafter as service fees. Any asset based compensation will be subject to the terms and conditions of this Agreement, including without limitation the Vesting of Commissions and Service Fees provision. Asset based compensation in special situations not provided for herein will be governed by our rules and practices in effect at that time.

With respect to any Marquis Advant-Edge 10 policy produced by an agent while assigned to you while this Agreement is in effect, any asset based compensation pertaining to the 10th policy anniversary is payable on the 10th policy anniversary plus 60 days (the "10th Policy Anniversary ABC Calculation Date"). Any asset based compensation payable on the 10th Policy Anniversary ABC Calculation Date shall be based upon and paid as a percentage of the difference of the net accumulated policy value calculated as of the 10th Policy Anniversary ABC Calculation Date less any premium credited to such policy value within the 12 months ending on the 10th Policy Anniversary ABC Calculation Date. With respect to any Marquis Advant-Edge 5 policy that is produced by an agent while assigned to you while this Agreement is in effect, any asset based compensation pertaining to the 5th policy anniversary is payable on the 5th policy anniversary plus 60 days (the "5th Policy Anniversary ABC Calculation Date"). Any asset based compensation payable on the 5th Policy Anniversary ABC Calculation Date shall be based upon and paid as a percentage of the difference of the net accumulated policy value calculated as of the 5th Policy Anniversary ABC Calculation Date less any premium credited to such policy value within the 12 months ending on the 5th Policy Anniversary ABC Calculation Date.

Policy Anniversary

	<u>Years 5 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Marquis Flex 10	8 BP	19 BP
Marquis Advant-Edge 10	8 BP	19 BP
Marquis Flex 5	19 BP	19 BP
Marquis Advant-Edge 5	19 BP	19 BP
Group Marquis Flex	19 BP	19 BP
Horizon 0, 1&S	19 BP	19 BP
	<u>Years 2 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Marquis Flex 1	55 BP	55 BP
	<u>Years 4 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Marquis Centennial 3	19 BP	19 BP
	<u>Years 6 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Marquis Centennial 5	19 BP	19 BP
	<u>Years 8 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Marquis Centennial 7*	19 BP	19 BP
	<u>Years 8 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Marquis Centennial 10*	-	19 BP
Group Marquis Centennial	-	19 BP
*Notwithstanding any term to the contrary, there is no Asset Based Compensation payable on Marquis Centennial 7 & 10 annuities issued on or after 9/16/12. Effective June 9, 2017, for Asset Based Compensation, please see the Agent's Website.		

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

Chart of Annuity Asset Based Compensation (continued)
 (Expressed in Basis Points)

Policy Anniversary

	<u>Years 6 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Horizon SPDA-08 3/5	19 BP	19 BP
Horizon SPDA-08 5/5	19 BP	19 BP
	<u>Years 8 through 10</u>	<u>Years 11 and after</u>
	<u>Base</u>	<u>Base</u>
Horizon SPDA-08 5/7	19 BP	19 BP

SCHEDULE OF COMMISSIONS AND SERVICE FEES

(Expressed as a percentage of premiums paid)

	Policy Year				
	First Year Commission	Renewal Commissions			Service Fees
	1	2	Yrs. 3-5	Yrs. 6-10	11 & after
Other Whole Life Plans					
Protector 15 - Simplified Issue Series (WSI)	<u>Base</u>	<u>Base</u>	<u>Base</u>	<u>Base</u>	<u>Base</u>
WSI Level Pay (Issue Ages 80 and below)	55%	2%	2%	2%	0%
WSI Level Pay (Issue Ages 81-85)	50%	2%	2%	2%	0%
WSI Single Pay (Issue Ages 30-70)	7%	0%	0%	0%	0%
WSI Single Pay (Issue Ages 71-75)	6%	0%	0%	0%	0%
WSI Single Pay (Issue Ages 76-80)	6%	0%	0%	0%	0%
WSI Single Pay (Issue Ages 81-85)	5%	0%	0%	0%	0%
Protector 15 – Graded Benefit	50%	2%	2%	2%	0%

Except as noted otherwise in this Agreement, commissions and service fees on premiums for Optional Benefits sold as riders will be calculated using the same percentages of such premium as the commissions and service fees for the policy to which the rider is attached.

SCHEDULE OF COMMISSIONS AND SERVICE FEES (continued)

(Expressed as a Percentage of Premiums Paid)

First Year Commissions for Guaranteed Issue Life Insurance Policies

Life Plans other than Universal Life			
Plan Number of Lives:	5 to 25	26 to 75	76 & above
	Base	Base	Base
Patriot 15	55	55	55
Contender 15	55	55	55
Heritage 15	55	55	55
Sentinel 15	10	7	5
Universal Life			
Plan Number of Lives:	5 to 25	26 to 75	76 & above
	Base	Base	Base
Centennial IUL	55	55	55
Vanguard-09	55	55	55

Except as otherwise noted in this agreement, commissions and service fees on premiums for Optional Benefits sold as riders will be calculated using the same percentages of such premium as the commissions and service fees for the policy to which the rider is attached. No commissions or service fees are paid on dividends used to purchase paid up insurance. Policy fees are non commissionable for the Centennial Term and Whole Life Plans.

There shall be no reduction in the renewal commission percentages or service fee percentages set forth separately in this Schedule of Compensation for such policies.

Life Policy Series: Whole Life Insurance Policy ICC14 LL-01 1404; Whole Life Insurance Single Premium Policy ICC14 LL-02 1408; Whole Life Insurance Simplified Issue Policy ICC14 LL-03 1408 & ICC14 LL-04 1408; Whole Life Insurance Graded Death Benefit Policy ICC14 LL-05 1408, Flexible Premium Universal Life Policy VAN-09; Term to 105 Life Insurance Policy TLP-08.

Annuity Policy Series: Flexible Premium Deferred Indexed Annuity Policy ICC17 LL-06-FPIA, LL-11-FPIA-1 & FPDA 06-I; Single Premium Deferred Annuity Contract With Indexed Interest Options ICC14 ENT-03 1406; Single Premium Immediate Annuity Policy SPIA-94; Deposit Administration Group Indexed Annuity Policy LL-12-DAG-1 & DAGA 07-01, Deposit Administration Group Equity Indexed Annuity Policy DAGA 98-I.

The Lafayette Life Insurance Company
Cincinnati, OH
For Financial Professional Use Only

GLOSSARY OF TERMS

The following terms, as used in this Agreement, shall have the meanings described below:

a. **“Premiums paid”** means premiums that are paid in cash and received by us.

b. **“Policy produced by you”** means the policy we issue upon an application, executed by the applicant, which you solicited, completed and signed as agent.

c. **“First year base commission percentage”** means the percentage of the first policy year premiums paid on policies other than universal life policies, produced by you.

d. **“Renewal base commission percentage”** means the percentage of premiums paid in the second through the tenth policy years on policies other than universal life policies, produced by you.

e. **“Target Premium”** for universal life policies means the appropriate quantity discount factor, if any, plus that amount of premium calculated by applying the appropriate premium rate per thousand dollars shown for the kind of universal life policy or rider being issued for the primary insured’s age times the number of thousands of dollars of specified amount stated in the policy or rider. Target Premium is taken from the initial premium payments received on a universal life policy or rider until the amount of accumulated payments equals the Target Premium. Target Premium is paid only once for each policy or rider.

Target premium rates per \$1,000 for each of the various universal life policies and riders listed in the Schedule of Commissions and Service Fees are contained in our most recently issued rate cards.

f. **“Excess premiums”** for universal life policies or riders means all amounts of money received by us during the first ten policy years as premiums on a universal life policy or rider after an amount equal to the Target Premium for such policy or rider has been paid.

g. **“Target base commission percentage”** for universal life policies or riders means the percentage of the Target Premium paid on universal life policies or riders produced by you.

h. **“Excess base commission percentage”** for universal life policies or riders means the percentage of the Excess Premiums paid during the first ten policy years on universal life policies or riders produced by you.

i. **“Base service fee percentage”** means the percentage of premiums paid in the eleventh policy year and thereafter, on policies produced by you.

j. **“Optional Benefit”** means Spouse Insurance or a Spouse Insurance Rider, a Children’s Insurance Rider, a Waiver of Monthly Deduction Rider, a Waiver of Premium Disability Benefit Rider, an Accidental Death Benefit Rider, an Additional Protection Rider, a Single Premium Paid-Up Additions Rider, a Single Premium Life Rider, a Level Premium Paid-Up Additions Rider, a Guaranteed Increase Option Rider, a Guaranteed Purchase Option Rider, a Term Rider, a 10-Year Renewable Term Rider, a Term Insurance Rider on the primary insured or other insured, a Survivor Purchase Option Rider, or a Payor Benefit Rider, and all new riders developed after the effective date of this Agreement.

k. **“NAFYAC”** (Net Annualized First Year Agent’s Commission) means the sum of the calculated credits based upon your commission account during the immediately preceding 12 calendar month period. The credits are based on premiums paid on policies produced by you, calculated as set forth in our published bulletin defining “NAFYAC”.

l. **“36 Month Current Persistency”** means the composite monthly persistency for the immediately preceding 36 calendar months for you, which we compute according to our published rules. Your 36 Month Current Persistency is contained in a monthly report we send to you.

m. **“Asset Based Compensation”** means, solely with respect to the Centennial IUL products, compensation payable to you based upon the policy value (as defined in such products and less any policy loans and loan interest) of certain Centennial IUL policies produced by you. Asset Based Compensation is payable annually starting at the end of policy year three (3) and payable at the end of each policy year thereafter while the policy is in-force. Asset Based Compensation is calculated as a percentage of policy value (as defined in such products and less any policy loans and loan interest). For purposes of the Vesting of Commissions and Service Fees provision of the Agreement, for policy years 3-10, Asset Based Compensation shall be considered renewal commissions and for policy years thereafter as service fees. The base Asset Based Compensation on such policies produced by you is 10 basis points. Asset Based Compensation will be subject to the terms and conditions of this Agreement, including without limitation the Vesting of Commissions and Service Fee provision. For purposes of calculating percentages under this paragraph, 100 basis points equals 1%.

THE LAFAYETTE LIFE INSURANCE COMPANY
(Company)

ASSIGNMENT OF AGENT TO GENERAL AGENT

General Agent's Name _____ Date _____

Agent's Name _____

Pursuant to its Contract with the General Agent, the Company assigns the above named Agent to the General Agent.

The Lafayette Life Insurance Company

By: _____
Vice President

CONSENT

General Agent consents to the Company's assignment of the above named agent to the General Agent pursuant to the terms of the General Agent's Contract.

General Agent's Signature

General Agent's Printed Name

General Agent's Agent #

Date

Agent's Responsibilities

CONTRACT, AUTHORITY, AND CONDUCT OF BUSINESS

CONTRACTS AND LICENSES - No Agent is permitted to solicit business until he or she is licensed and contracted with The Lafayette Life Insurance Company (the "Company").

SOLICITATION - In states where required, an agent shall inform the prospective purchaser, prior to commencing a life insurance sales presentation, that he or she is acting as a life insurance agent and inform the prospective purchaser of the full name of the insurance company which the agent is representing to the buyer.

OUT OF STATE MAIL SOLICITATION - Taking applications by mail outside the primary state of license is permitted only when it involves a CURRENT Lafayette Life policyowner for whom the Agent has written prior coverage and who has moved out of the Agent's state life license. A medical examination and Telecom Report will be required for all applications taken by mail. For a nonresident license - contact the Marketing Department.

INTERNET ACCESS AND ELECTRONIC COMMUNICATIONS - You hereby acknowledge and agree that the Company may provide written notices and other communications electronically via e-mail or by posting to the Company website at www.LafayetteLife.com. Additionally, many Company forms are available to agents through the Company's website. Consequently, Agent's must maintain internet access and an e-mail address and immediately provide the Company with their e-mail address and notice of any changes thereto.

AUTHORITY OF AGENTS - Agents of the Company are authorized to solicit applications for insurance on such plans as are offered by the Company, to collect the initial premium on such business for prompt transmission to the Company, and to perform such other duties as the Company may from time to time require.

Agents are not authorized to accept risks of any kind; to make, modify, or discharge contracts; to extend the time for paying any premium; to waive forfeiture; to bind the Company by any statement, promise or representation; or to employ counsel to represent the Company.

MARKET CONDUCT - Agents of the Company shall adhere to the Principles and Code of

Ethical Market Conduct. Consult your Agent's Reference Manual for a complete description of Company's Principles and Code of Life Insurance Ethical Market Conduct.

In the event that you receive any communication primarily expressing a grievance that pertains to a Lafayette Life policy, the Company, your conduct or the conduct of agents while assigned to you, you must immediately report and send copies of such grievance to the Home Office. You will cooperate with any Company investigation of any grievance and promptly provide any documents, explanations or statements requested.

PRIVACY POLICY - Agents of the Company shall comply with the Company's policies and practices concerning the protection of customers' nonpublic personal information (Non Public In-formation) as defined in Title V of the Gramm-Leach-Bliley Act ("GLB"). Agents agree that they will use or disclose Non Public Information that they receive from or on behalf of the Company only for the purpose for which the Non Public Information was disclosed or as otherwise per-mitted under applicable federal or state laws or regulations. Agents shall maintain physical, elec-tronic and procedural safeguards to protect Non Public Information. For additional information on the Company's GLB privacy policies contact the PRIVACY OFFICIAL, at The Lafayette Life Insurance Company, 400 Broadway, Cincinnati, Ohio 45202-3341.

POLICY DELIVERY - Agents may deliver policies only during the life and good health of the proposed Insured unless settlement of full initial premium has been made at the time of application and policy issued as applied for. Policies should always be delivered in person within 60 days from the date the policy was mailed from the Home Office.

ADVERTISING - Agents may not publish anything concerning the policies or business of this or any other Company, or to issue circulars of any kind, unless the proposed matter has been submitted to, approved and authorized by the Company in writing. All advertising and sales materials must be prepared by and/or approved by the Company. The Company's name may not be placed on any document in a manner suggesting that the Company is

the author, unless the document has been approved in its final form by the Company.

REBATING - In most states rebating is illegal and a violation of the rebating laws. Violations will subject the offender to serious penalties. The Company does not authorize or permit any agent to pay or allow, or offer to pay or allow, directly and indirectly, a rebate of any premium, or to grant any special favor or valuable consideration on any policy of insurance, either to the Proposed Insured for such policy or to any other person.

EXPENSES - The agent is not authorized to incur any expense on behalf of the Company or of any agent to which it is assigned, or to draw drafts on the Company.

CWA LIMITS - The Underwriting Department will accept cash with applications for face amounts up through \$1,000,000 (base plan plus term rider) for ages 0-70. Current insurance in force with the Company will be considered in determining the CWA limit for new business applications. Cash (check or money order) will not be accepted with application if the amount of insurance (including term rider and previous insurance) exceeds \$1,000,000 or if applicant is age 71 or over. The Conditional Receipt may not be detached from these applications. **All premium checks** for the policy (including the check for the initial premium) should be **made payable to The Lafayette Life Insurance Company** and should not be made payable to the Agent.

CONDITIONAL RECEIPT - Maximum limits are \$250,000 through age 70. California and Pennsylvania Field Associates must and all Field Associates are urged to bring the printed limits of liability to the attention of their applicants.

REPLACEMENT - The Company is interested in the sale of new insurance but not at the expense of existing insurance.

PREMIUM REMITTANCE - Initial premiums collected on delivery must be sent to the Home Office immediately. Normally, only an owner's check is acceptable for any premium payment. A money order or Cashier's Check may be used when necessary. **Agent or Agency checks will not be accepted.**

This summary highlights some of your key responsibilities as a Lafayette Life Agent. Consult your contract and Agent's Reference Manual for a more complete description of your responsibilities and Company rules. For purpose of this form, the term "Agent" includes the term General Agents, Agents, Independent Marketing Organizations, Marketing General Agents, Independent General Agents, and all other agents appointed by the Company.

I have read, understand and will comply with the above Responsibilities and all others set forth in my contract.

Applicant Signature: _____

Date: _____



DAILY COMMISSION PAYMENT

Agent Number _____ Date _____

Signature _____

Printed Signature _____

It is hereby authorize The Lafayette Life Insurance Company to:

Hold my daily commission payments until the below elected amount has accumulated.

\$100.00 \$250.00 \$500.00 \$750.00

\$1,000.00 \$1,500.00 \$2,500.00

I do not want my commissions deposited daily. Deposit my accumulated commissions at the end of each month.

Please note that regardless of your election above your commission statement will still generate on a monthly basis. If no selection is made the company will default the selection to \$100.00.

This authorization may be discontinued at any time by written request.

**E-MAIL AUTHORIZATION FORM TO
LLIC-Licensing@LLIC.com or FAX to 513-362-8318**





AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Agent Number _____ Date _____

Signature _____

Printed Signature _____

I hereby authorize The Lafayette Life Insurance Company to:

- Start depositing my commission checks into my checking account.
- Stop depositing my commission checks into my checking account.
- Change my bank and checking account number as shown below. My commission checks are already being deposited.

Bank Name _____

City _____ State _____ Zip Code _____

Account Number: _____

ATTACH A BLANK SAMPLE VOID CHECK

It is agreed that The Lafayette Life Insurance Company is relieved of any further liability for such payments or for the application of the funds after they have been transferred in accordance with this authorization.

The financial institution referred to above shall incur no liability for the application of funds after deposit to my account, other than normal banking liabilities. Because of the continual fluctuation in exchange rates, this needs to be in a US Bank.

The deposit will be effective in such time and such manner as to afford The Lafayette Life Insurance Company and the Financial Institution a reasonable opportunity to act upon it.

This authorization may be discontinued by written request or upon termination.

**SEND AUTHORIZATION FORM AND BLANK SAMPLE VOID CHECK TO:
THE AGENTS ACCOUNTS DEPARTMENT AT:
LLIC-AgentsAccounts@llic.com or FAX: 513-362-2471
FOR QUESTIONS CALL: 1-800-443-8793 Ext 4959**





ADDING MULTIPLE EMAILS TO AN AGENT'S RECORD

In an effort to include all desired business units in communication between Lafayette Life and general agents, please complete this form to copy additional email accounts on automated communications directed to the agent.

Each agent defines a default email on the Business Background Summary during contracting to which all communications are sent. You have the opportunity to include additional business units that you would like to receive a copy of automated emails that are sent to your agents. You have the capability to include uplines or agency personnel on the automated system communications which are currently sent only to the agent. PLEASE NOTE, with this capability, you will not be copied on any personal emails sent between the agent and Lafayette Life.

There are three available categories which you can choose from:

UNDERWRITING: Automated New business and underwriting communication. New business outstanding requirements, policy synopsis, etc.

_____ additional email address

_____ additional email address

(Example newbusiness@agency.com*)

MARKETING: Automated Lafayette Life licensing and contracting, AML, E&O issues / requirements.

_____ additional email address

_____ additional email address

(Example contractingteam@agency.com*)

AGENT ACCOUNTS: Automated Commissions, notice of EFT deposits.

_____ additional email address

_____ additional email address

(Example agentaccounts@agency.com*)

Agent Name (Print or Type): _____

GA Name: _____

Representative completing this form: _____

Please return this form to the Home Office with the new agent's contracting paperwork. LLIC-Licensing@llic.com or fax 513-362-2364.

***If at any time the email(s) submitted becomes non-working or invalid, please complete this form again and notify Lafayette Life licensing to update.**