

# INNOVATIVE UNDERWRITERS

1700 Market Street, Suite 3232, Philadelphia, PA 19103

215-875-8650 800-4-INSURance Fax 215-875-3594

www.Innovativeunderwriters.com

## US LIFE INSURANCE COMPANY

### Licensing Package

Please Complete, Sign and return the following:

- |   |   |             |
|---|---|-------------|
| 1 | Licensing & Commission Transmittal Form                   | 1 copy      |
| 2 | Appointment Application                                   | 1 copy      |
| 3 | Recruiter Page  | 1 copy      |
| 4 | Producer's Contract                                       | 1 copy      |
| 5 | Direct Deposit - <b>MANDATORY</b>                         | 1 copy      |
| 6 | Assignment of Commissions - Corp's only                   | 1 copy      |
| 7 | Current E&O Certificate (minimum of \$1,000,000 required) | 1 copy      |
| 8 | Copy of State License Personal/Corporate                  | 1 copy each |

### New York ONLY

Are you a Guardian Agent?  Yes or  No

If yes, who is your Guardian General Agent? \_\_\_\_\_

Are you an Innovative Agent?  Yes or  No

Email address \_\_\_\_\_

As of 2/04

**Complete this section when Agent is also submitting New Business**

Insured Name: \_\_\_\_\_ Policy Number (if known): \_\_\_\_\_

Application Signed State: \_\_\_\_\_ Application Signed Date: \_\_\_\_\_

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_ Code #: 65741

Corporation Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Number (if available): \_\_\_\_\_

**CONTACT INFORMATION**

**FOR MISSING DOCUMENTS OR PAGES**

Name: JANE HARDY

Phone: 215-875-8605

Fax: 215-875-3594

Email: JHARDY@INNOVATIVEUNDERWRITERS.COM

**FOR L&C FOLLOWUP**

Name: JANE HARDY

Phone: 215-875-8605

Fax: 215-875-3594

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

**DOCUMENTS ATTACHED**

**New Agent Contracting**

**(Required Forms)**

- Appointment Application
- Voided Check
- Agency Agreement
- OR
- Life Sales Solicitor's Agreement

**(Optional Forms)**

- Assignment of Commission
- Assignment of Agent Contract
- Organization Profile Form

**Contract Maintenance**

- Address Change Form
- Contract Change Form
- Request for Transfer
- EFT form and Voided Check

**Other**

- Outstanding Requirement
- State Correspondence
- Termination Request
- Other \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

**SUBMISSION INSTRUCTIONS**

**FAX AND TRADITIONAL MAIL**

Toll Free Fax: 877-484-3142  
Mailing Address: American General  
P.O. Box 4229  
Houston, TX 77210-4229

**OVERNIGHT ADDRESS**

Overnight Address (non-USPS shipments)  
American General  
2727 A Allen Parkway B-F4  
Houston, TX 77019

P.O. Box 4229, Houston, TX 77210-4229 • Fax 1-877-484-3142

**Individual**

SSN: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

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

If at above address for less than 1 year, indicate previous address:  
\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Business Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

I am an officer of the Corporation.

**Corporation**

TIN: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Additional authorized signers for the corporation:  
\_\_\_\_\_

**Background Information Required on All Applicants**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you at any time, been convicted of or plead guilty or no contest to:   |                          |                          |
| a. Any Felony? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Any Misdemeanor? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A violation of federal or state securities or investment related regulation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently under investigation by any legal or regulatory authority? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you now owe money to any life or health insurance company? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you or a firm in which you were a partner, officer, or Director:   |                          |                          |
| a. been declared bankrupt or been party to a bankruptcy or receivership proceeding .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. have you had a salary garnished or had liens or judgments against you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any insurance or financial services employer, broker-dealer, or insurer terminated your contract or permitted you to resign for reason other than lack of sales? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of a consumer-initiated complaint, proceeding or investigation by any self-regulatory body, securities commodities, insurance regulatory body/organization, employer or insurer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any insurance department, government agency, securities, commodities, or self-regulatory authority ever denied, suspended, revoked, censured, barred, or otherwise disciplined your membership, license, registration, or disciplined you with fines or by restricting your activities? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a resident of CA, OK, or MN and would like a copy of the consumer report obtained on you, please check here.....  | <input type="checkbox"/> | <input type="checkbox"/> |

**REMARKS SECTION:** Please provide details of all "yes" answers above. Be sure to include the date of occurrence, explanation, resolution and applicable court documents. Insufficient information will result in processing delays. If necessary, use an additional sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# American General

Life Companies

## Fair Credit Reporting Act – Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointment process, each company with which you have requested an appointment may request an investigative consumer report that may include information related to your character, general reputation, personal characteristics and mode of living, from First Advantage or another consumer reporting agency. First Advantage is located at P.O. Box 3367, Seminole, FL 33775 or by calling 1-800-321-4473. You have the right to request, in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Send your request to:  
Licensing and Contracting Department  
P.O. Box 4229  
Houston, TX 77210-4229

Also, each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates, unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.

### Additional State Law Notices

**California:** Under section 1789.22 of the California Civil Code, you may view the file maintained on you by First Advantage upon submitting proper identification during normal business hours. You may obtain a copy of this file upon paying the duplication costs. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. You may also submit a written request by certified mail, along with proper identification, for a copy of this file. You may in the written request ask for the information to be provided by telephone, provided that you pay the costs associated with the telephone call.

**New York:** You have the right, upon request, to be informed of whether or not a consumer report was requested.

# American General

Life Companies

Recruiter Page

Agent Name: \_\_\_\_\_

SSN / FEIN: \_\_\_\_\_

### Recruiter Section – UPLINE ONLY CHOOSE ONLY ONE BOX.

Primary mailing and commission address: (Commission checks are made payable to the agent, unless an Assignment of Commissions form is submitted)

Use primary mailing address, phone contact, e-mail and faxes as given on page 1. (Corporate address if completed)

Use information provided below:

|  |  |
|--|--|
| <b>Mail and other communication:</b><br>Agency Name: <u>INNOVATIVE UNDERWRITERS</u><br>Agency Code: (TIN if pending) <u>4DP23</u><br>OR<br>Business Address: <u>1700 MARKET ST</u><br><u>STE 3232 PHILA PA 19103</u><br>City State Zip<br>Phone Number: <u>215-875-8650</u><br>Fax Number: <u>215-875-3594</u> | <b>Commission Information Only:</b><br>Agency Name: <u>INNOVATIVE UNDERWRITERS</u><br>Agency Code: (TIN if pending) <u>4DP23</u><br>OR<br>Business Address: <u>1700 MARKET ST 3232</u><br><u>PHILA PA 19103</u><br>City State Zip<br>Phone Number: <u>215-875-8650</u> |
|--|--|

Contract Level Requested:  Life Sales/Solicitor  Agent/Producer  GA 2  GA 1  GA  
 Recruiting GA1  Recruiting GA  IMO  MO  NMO

Direct Upline Agent Code: 4DP23 (TIN if pending)

### Commission Level – Must be Completed

|  |  |
|--|--|
| <b>AGL</b><br>Life Products: First Year Level (Required) <u>AG</u><br>Life Renewal Level (Required) <u>A</u><br>Specialty Products: First Year/Renewal Level _____<br>AGL Annuity: First Year/Renewal Level <u>ED</u><br>A & H: First Year Level <u>EF</u><br>A & H Renewal Level <u>F</u> | <b>USL: (Signed USL contract(s) must accompany packet.)</b><br>USL Recruiter/Upline Number: <u>G5741</u><br>GA1: Override _____ %<br>EAP _____ %<br>GA2: EAP _____ % |
|--|--|

Productivity Bonus Level \$ \_\_\_\_\_ %  
 (When requesting Productivity Bonus, you must also submit a completed Organizational Profile Form (AGLC100809.)

Will any New Business be submitted within the next 30 days?  Y /  N (circle one)

Policy Number: \_\_\_\_\_ Proposed Insured Name: \_\_\_\_\_

### Signature of Recruiter

The undersigned (recommending representative or Intermediary) by executing this application recommends the applicant to American General Life Companies, LLC as a suitable person to represent the companies. The recommending individual or Intermediary also agrees to supervise and assume responsibility for the applicant, if appointed by American General Life Companies, LLC, in accordance with the terms of his/her Contract.

Signature: Maureen Rochford Mitchell Date: \_\_\_\_\_  
Signature of Recruiter

Print Name: MAUREEN ROCHFORD MITCHELL Agent/Agency Code # 4DP23  
Print name of Recruiter

G5741  
USKIFFE  
(Required)  
AGLC103063 Rev1010

**The United States Life Insurance Company in the City of New York, New York, NY**

THIS CONTRACT is made this \_\_\_\_\_ day of \_\_\_\_\_,

by and between \_\_\_\_\_ General Agent of The United States

Life Insurance Company in the City of New York, New York, NY and \_\_\_\_\_  
(hereinafter called "The Producer")

**1. AUTHORITY**

a) The General Agent appoints the Producer to solicit and procure applications for all types of insurance and annuities issued by the Company subject to the terms, conditions, and limitations set forth herein.

b) The Producer shall be free to exercise his own judgment as to the persons whom he will solicit and the time and place of such solicitations but shall comply with and be bound by the rules of the Company not interfering with such freedom of action of the Producer. Nothing contained herein shall be construed to create the relationship of employer and employee between the Company or the General Agent and the Producer.

c) The Producer has no authority to do and agrees not to do or attempt to do the following: (1) to make, alter or discharge any contract, policy or receipt, nor to waive any forfeiture provisions or condition thereof; (2) to receive any monies on behalf of the Company except initial premiums and then only upon strict compliance with the terms and conditions of the receipts, policies or contracts issued by the Company and with the rules of the Company; (3) to rebate or offer to rebate any part of a premium; (4) to issue or circulate any advertising material, circular or pamphlet relating to the Company unless the same shall have been authorized and approved in writing by the Company; (5) to make any misrepresentation or incomplete comparison for the purpose of inducing a policyholder in this or any other company to convert, lapse, forfeit or surrender his insurance therein; (6) to bind or obligate the Company or subject the Company to any liability unless specifically authorized in writing by the Company; (7) to endorse any checks payable to the General Agent or the Company.

**2. COMPENSATION**

a) The General Agent agrees to pay to the Producer the commissions shown in the Commission Schedule in effect at the time of application for the policies, a copy of which is attached hereto, in accordance with the Company's rules and subject to the terms and conditions of this Contract, on premiums covering insurance policies hereafter issued by the Company on applications submitted by the Producer through the General Agent, when and as such premiums are paid to and accepted by the Company.

b) The Producer shall have no claim for commissions on any business unless the Producer actually solicited the application and his name appears thereon as Agent. It is agreed that the Producer shall have no claim against the Company for commissions under this Contract except as provided under the terms of the Agreement of the Company annexed hereto.

c) The Commission Schedule may be changed at any time, with respect to business written thereafter, upon written notice from the General Agent to the Producer.

d) Any monies due the Producer hereunder shall be subject to reduction or offset for any indebtedness of the Producer to the General Agent or the Company.

e) If the Company shall, either during the continuance of the Contract or after its termination, return the premium on any policy for any reason, the Producer agrees to repay all commissions received on premiums so returned to the General Agent or the Company upon demand.

f) If any policy shall terminate for non-payment of premium and be reinstated subsequently, the Producer shall not be entitled to any further commissions on such policy unless it is reinstated by the Producer himself during the continuance of this Contract.

**3. GENERAL PROVISIONS**

a) The Producer agrees to comply with all applicable insurance laws and regulations and with all the published rules, regulations and instructions of the Company now in force and such as may hereafter be adopted.

b) The Producer specifically agrees to indemnify and to save the General Agent and the Company harmless against or from liability of any type for judgments, litigation costs, damages, attorney's fees, fines, penalties or other losses or expenses incurred by the General Agent or Company resulting from or growing out of any unauthorized act by the Producer, the Producer's employees or representatives.

c) The Producer shall maintain in good order the records and accounts of business transacted on behalf of the Company for inspection by, or delivery to the General Agent or the Company upon request.

d) No assignment of the commissions or other rights accruing under this Contract shall be binding upon the General Agent or the Company unless consented to in writing by the General Agent and the Company; any such assignment shall be subject to the right of reduction or setoff as provided in paragraph 2(d) above.

e) If, subject to the written consent of the Company, the Agreement between the General Agent and the Company is assigned to a successor General Agent, the successor General Agent shall be substituted for and in the place of the General Agent under this Contract and shall assume all liability for payment of the commissions hereunder and such payment shall release the General Agent named herein from any and all liability therefor.

f) All premiums received by the Producer for the Company shall be immediately paid over to the General Agent.

g) This Contract shall supersede any and all previous agreements between the General Agent and the Producer with respect to any individual life insurance policies, group policies, and annuity contracts written after the date of this Contract.

h) The failure of the General Agent to enact strict compliance with the terms of this Contract or the failure to declare any default when the same shall become known to the General Agent, shall not operate as a waiver of such conditions nor release the Producer from his obligation to perform this Contract strictly in accordance with its terms.

i) The Company reserves the right to discontinue writing all or any part of its business in any jurisdiction upon written notice thereof by the General Agent to the Producer and neither the Company nor the General Agent shall incur liability to the Producer by reason of the Company doing so.

#### 4) TERMINATION

a) Any violation of any sections of paragraphs 1(c) or 3(f) of this Contract, or, the Producer's withholding or converting to his own use funds or property of the General Agent or the Company, an applicant, or insured, shall effect an immediate termination of this Contract and a forfeiture of any and all commissions and other rights which would otherwise accrue to the Producer. It is expressly agreed that prior termination of this Contract shall not terminate this provision.

b) This Contract shall automatically terminate upon (i) the death of the Producer, if the Producer be an individual (ii) the dissolution of the partnership, if the Producer be a partnership, or (iii) the dissolution of the corporation, if the Producer be a corporation.

c) This Contract, unless otherwise terminated as provided in sections 4(a) or 4(b) above, may be immediately terminated by either the General Agent or the Producer upon the mailing of written notice to the other party at the last known address of such other party.

#### 5) SPECIFIC PROVISIONS - INDIVIDUAL INSURANCE

a) No commissions will be allowed on premiums waived on account of total and permanent disability of the Insured.

b) If a policy is changed or converted to a new policy or if a new policy is issued and a previously existing policy on the same life is terminated within six months before or after the issue of the new policy, the commissions payable on the new policy shall be determined by the rules of the Company current at the time of such change, conversion or new business.

c) If this Contract be terminated other than as provided in paragraph 4(a) hereof, the Producer shall receive commissions as provided in the Commissions Schedule with respect to premium paid to and accepted by the Company on and after the date of such termination subject to all rules of Paragraph 2 of this Contract.

#### 6) SPECIFIC PROVISIONS - GROUP INSURANCE

a) The first year commission rate shall apply to premiums for each policy covering the period of one year (or any part thereof) from the effective date of each policy; the renewal commission rate shall apply to premiums for each policy year thereafter so long as the Producer is legally authorized to solicit such insurance by the insurance department having jurisdiction over the policies.

b) Renewal commissions will continue to be paid so long as the Producer (1) is legally authorized to solicit such insurance by the insurance department having jurisdiction over the policies; (2) is continuously and actively engaged as an Agent, Broker, or Producer in the insurance business; (3) is recognized by the policyholder as Agent, Broker or Producer of record; (4) services the policies covered by this Contract in a manner satisfactory to the Company; and (5) this Contract remains in force.

c) In the event of the extension of any of the policies to cover persons not included on the effective date of the policy or in the event the existing policy is revised to increase the schedule of insurance or add a new benefit for those already insured, this Producer Contract shall not apply to premiums for such additional insurance but commissions shall be paid in accordance with the rules of the Company existing on the date of the extension or addition.

d) Commission adjustments will be made at the end of each premium paying period. Except as provided in the preceding paragraph, if the original premium for any premium paying period has been increased by net adjustments during said period, additional commission will be allowed upon the net increase; if it has been decreased, a refund of commission must be made by the Producer and such refund commission shall be a first charge against any commissions accrued or to accrue under any insurance policy in the Company and may be deducted therefrom.

#### 7) AGREEMENT OF THE COMPANY

THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK, NEW YORK, NY hereby agrees that, in the event the Agreement between the General Agent and the Company is terminated,

a) it will pay directly to the Producer the commissions which may thereafter become due and payable to the Producer under this Producer's Contract; b) the Producer without further action or notice, may continue to submit applications for policies and contracts issued by the Company directly to the Company or such representative as may be designated by the Company to receive them until this Producer's Contract shall be otherwise terminated; c) unless this Producer's Contract is terminated as provided in paragraphs 4(a) or 4(b) or by either the Producer or the Company giving written notice of termination to the other party, it shall continue in force as between the Company and the Producer upon the same terms and conditions as set forth in the Contract.

#### CONTINUING SERVICE FEE AGREEMENT - INDIVIDUAL LIFE INSURANCE

This Agreement, effective the same date of the Producer's Contract is between the Producer and THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK, NEW YORK, NY (hereafter called "The Company")

Subject to the terms and conditions herein provided, the Company will pay to the Producer, a Service Fee on business written by the Producer and issued by the Company.

1. **Service Fee.** In order to qualify for the Service Fee, the Producer must have completed the Basic Qualification hereafter described. The Service Fee will be paid during the calendar year immediately following the calendar year in which the Basic Qualification has been completed and in any calendar year thereof which is immediately preceded by a calendar year in which the Producer has earned at least \$1200.00 of the first year commissions. If, however, the Producer be an individual and completes the Basic Qualification, then beginning on his retirement date, hereinafter defined, the Service Fee will be paid each calendar year thereafter so long as the Producer shall live. The retirement date of an individual shall be the first day of January of the earliest calendar year (1) following his 65th birthday and (2) immediately preceded by seven calendar years in which the Producer has earned not less than \$1200.00 first year commissions in each of four thereof.

The Service Fee shall be payable only on individual life insurance policies and annuity contracts having issue dates on or after the beginning of the first calendar year which is credited to the Basic Qualification, issued by the Company on applications solicited by the Producer and on which his name appears as Agent. The Service Fee shall be equal to 2% of the premiums accruing on such policies and contracts after the tenth policy or contract year thereof as shall be paid to and accepted by the Company during any calendar year in which the Service Fee is payable.

2. **Basic Qualification.** In order to qualify for the Service Fee, the Producer must have earned first year commissions on business written for the Company of at least \$600.00 in each

calendar year for two calendar years followed by first year commissions of at least \$1200.00 in each calendar year for any succeeding eight calendar years. PROVIDED, HOWEVER, that if the Producer fails to earn at least \$600.00 of first year commissions in each calendar year for any two consecutive calendar years, he shall not receive any credit toward his Basic Qualification for any calendar year prior thereto. Only calendar years after the effective date of this Agreement shall be credited toward the Basic Qualification.

3. **Disability.** If, in the sole judgment of the Company, the Producer is totally disabled for a period of 60 days or more in any calendar year, the requirement for qualification in such calendar year may be reduced proportionately.

4. **First Year Commissions.** For the purpose of this Agreement first year commissions shall mean first year commissions earned by the Producer on first year premiums on individual life insurance policies and annuity contracts issued by the Company on applications solicited by the Producer and on which his name appears as Agent. For the purpose of this Agreement first year commissions shall be earned when such first year premiums are actually due and paid to and accepted by the Company. The Company's determination of first year commissions which are to be taken into account for the purpose of this Agreement shall be final and binding upon the Producer.

5. **Payment of Service Fee.** Any Service Fee accruing hereunder shall be paid quarterly unless the Company elects to pay on some other basis but in no event less frequently than annually.

6. **Termination of Service Fee.** Accrual of all Service Fees shall cease upon termination of the Producer's contract. Any such termination shall not affect the payment of any Service Fees which have accrued prior thereto, unless termination has been in accordance with section 4(a) of the Producer's Contract.

7. **Nonassignability.** The Producer may not assign this Agreement or any right or interest which may accrue to him hereunder, it being an express condition of this Agreement that it shall not be subject to assignment.

8. **Independent Agreement.** This Agreement shall be deemed separate and independent from any General Agent, District Agent, Producer, Agent or Broker Agreement between the Producer and the Company or any General Agent or District Agent of the Company and shall not affect, modify or limit in any way the rights or obligations of the respective parties under such General Agent, District Agent, Producer, Agent or Broker Agreement.

9. **Relationship.** Nothing contained herein shall be construed to create relationship of employer and employee between the Company and the Producer, it being understood that the Producer is not obligated hereunder to solicit applications on behalf of the Company, and that he shall be free to exercise his own judgment as to the persons whom he will solicit and the time and place of such solicitations.

10. **Modification or Termination of Agreement.** The Company reserves the right to change, modify or terminate this Agreement upon prior written notice to the last known address of the Producer provided, however, that no such change, modification or termination shall affect the Producer's rights hereunder which have accrued prior to the effective date of such change, modification or termination.

IN WITNESS WHEREOF, the parties hereto have duly executed the foregoing Producer's Contract and Continuing Service Fee Agreement on the day and year written above.

Signature of General Agent as party to the Producer's Contract

Signature of Producer as party to both the Producer's Contract and Continuing Service Fee Agreement

\_\_\_\_\_  
GENERAL AGENT

\_\_\_\_\_  
PRODUCER

Signature of individual authorized on behalf of Company for the Agreement of the Company annexed to the Producer's Contract and as a party to the Continuing Service Fee Agreement.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

The United States Life Insurance Company  
in the City of New York, New York, NY  
830 Third Avenue  
New York, NY 10022  
(212) 709-6000

ASSIGNMENT OF COMMISSIONS

In consideration of one dollar the receipt of which is hereby acknowledged \_\_\_\_\_ (hereinafter called Assignor), hereby assign(s), transfer(s), releases(s) and set(s) unto \_\_\_\_\_ (hereinafter called Assignee), present forwarding address \_\_\_\_\_, (his, their, its) heirs, executors, administrators, successors and assigns, all of Assignor's right, title, interest, claim and demand, in and to \_\_\_\_\_ commissions which may now be payable, or may hereafter become due and payable under the terms of the agreement between Assignor and \_\_\_\_\_, General Agent of The United States Life Insurance Company in the City of New York, New York, NY,

And Assignor hereby give(s) unto Assignee (his, their, its) heirs, executors, administrators, successors and assigns, full power and authority for Assignee's own use and benefit, to ask, demand or collect all commissions assigned herein and to receipt therefor as fully as Assignor might or could if the said commissions were paid to Assignor.

Further, Assignor hereby certifies that this assignment is being made

- Because Assignee will service the policies herein described.
 To satisfy an indebtedness.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ YEAR

Witness \_\_\_\_\_ SIGNATURE OF ASSIGNOR DATE

Witness \_\_\_\_\_ SIGNATURE OF ASSIGNEE DATE

Approved by: \_\_\_\_\_ AUTHORIZED SIGNATURE OF GENERAL AGENT

This Assignment is a direction to pay someone other than the Assignor. It does not affect the General Agent Agreement between the Company and the General Agent. This Assignment is received and recorded subject to any and all prior Assignments of record and to the Company's and the General Agent's right of offset as provided in the agreement between the Assignor and the General Agent. The Company assumes no responsibility as to the validity or effect of this Assignment.

Dated:

The United States Life Insurance Company in the City of New York, New York, NY