



Banner Life Insurance Company
 3275 Bennett Creek Avenue
 Frederick, Maryland 21704
 (800) 638-8428

Cary A. Levinson & Associates, Inc
 Life Brokerage Services
 5551 N. University Drive, Suite 201
 Coral Springs, FL 33067
 800-375-2279

AGENT OR AGENCY BIOGRAPHICAL INFORMATION FOR CONTRACT APPLICANT

This form must accompany all contracts submitted to Banner Life Insurance Company.

Please print or type all information in BLACK ink only.

Section I - CONTRACT TYPE.

Please check only one. Contract is for:

- corporation - complete all sections except IIB
- individual - complete sections I, IIA, IV and V
- individual - but "doing business as" complete all sections except IIB
- individual - but "selling through a firm such as an independent broker dealer, bank, wirehouse or P&C agency" complete sections, I, IIA, IIB, IV, V

Section IIA - INDIVIDUAL APPLICANT OR CORPORATE PRINCIPAL REQUIRED INFORMATION.

Social Security Number: _____ Sex: Male Female
Required

Name: _____
Last First Middle Initial

Date of Birth: _____ E-mail Address: _____
Month Day Year

Business Phone: _____ Fax No.: _____

Business Name: _____

Business Address: _____
Street Suite Number City State Zip

Home Address: _____
Street Apt. Number City State Zip

Home Phone: _____ Web Site Address: _____

I am an officer of the corporation in Section III.

Section IIB - FIRM REQUIRED INFORMATION.

Firm Name: _____ Firm Tax ID Number: _____

Firm Type: Broker Dealer Bank Wirehouse P&C Agency Other _____

Firm Address: _____
Street Suite Number City State Zip

Section III - CORPORATE APPLICANT REQUIRED INFORMATION. INDIVIDUAL APPLICANTS DO NOT COMPLETE THIS SECTION.

Tax ID Number: _____
Required

Corporate Name: _____

Corporate Phone: _____ Corporate Fax No.: _____

Corporate Address: _____
Street Suite Number City State Zip

Corporate E-mail Address: _____ Web Site Address: _____

Primary Principal for Corporate Records: _____

Background information reported on page 2 should provide information for the primary principal and the corporation.

Additional Principals: _____

Office Manager or Primary Contact: _____ Phone No.: _____

Toll-Free Number for Client Calls: _____

Please attach a copy of your license(s) for your state of residence and any other states where you plan to do business with Banner. Please complete the second page of this form as well.

Incomplete information will delay contracting.

Section IV - BACKGROUND INFORMATION REQUIRED FROM ALL APPLICANTS.

Please provide a detailed letter of explanation for any "yes" answers below. If this is a corporate application, the questions should be answered by the agency principal.

- 1. Do you have any unsatisfied judgments, garnishments or liens against you? Yes No
- 2. Are you in debt to any insurance company? Yes No
- 3. Have you ever filed for or been declared bankrupt or insolvent either personally or in business? Yes No
- 4. Have you ever been charged with, convicted of, or plead no contest to:
 - a. any felony or misdemeanor? Yes No
 - b. any violation of any state insurance regulations or statutes? Yes No
 - c. any violation of federal or state securities or investment related regulations? Yes No
- 5. Are you now or have you ever been the subject of any insurance or investment related customer complaint, investigation or proceeding? Yes No
- 6. Have you ever had your contract or appointment terminated or refused by any insurance or financial services company? Yes No
- 7. Have you ever had a license denied, revoked or suspended by any Securities and/or State Insurance Department? Yes No
- 8. Have you used any other names or aliases? Yes No

Remarks: _____

Current or previous employer: _____

Are you now or have you ever been contracted or otherwise associated with Banner Life? Yes No
or William Penn? Yes No

If Yes, please provide details including agent # and agency name: _____

Do you have Errors and Omissions coverage? Yes No

If you are a general agent, does your E&O policy cover agent/broker activity? Yes No

E&O Carrier: _____ Policy No.: _____

Effective Date: _____ Expiration Date: _____

I hereby certify that all the information given to Banner Life by me is true and correct without any omissions of any kind. I hereby authorize Banner Life to conduct a background investigation on me, including a review of credit worthiness, now or at any time. I understand that information may be obtained through written correspondence, personal or telephone interviews with family, friends, neighbors, business associates or other acquaintances, companies I have worked for or with whom I have been contracted, and any other persons or organizations contracted to supply such information. I also understand and acknowledge that information received by Banner Life may be shared with the general agencies indicated below and I hereby expressly consent to the sharing of such information with the general agencies indicated below. I understand and acknowledge that by providing an email address I am permitting the Company to share select business communications with me via email. I further hereby certify that if this application is approved, I will comply with all the terms and conditions of the Company's Agent/Agency Agreement, including, but not limited to, the terms and conditions therein relating to the Company's Privacy Policy. A photocopy of this authorization shall be as valid as the original.

Print Name: _____

Signature: _____ Date: _____

Section V - AGENCY HIERARCHY STRUCTURE.

I certify that I have reviewed this candidate's information and recommend him/her for contracting.

Please appoint _____ with commission addendum _____

who reports to BDGA (if any): Name _____ Code # _____

who reports to BEGA (if any): Name _____ Code # _____

who reports to BMGA (if any): Name _____ Code # _____

who reports to GA (required): Name _____ Code # _____

Signature of GA _____ Date _____

Assignment of Commission form attached. (Assignee must be appointed by Banner Life.)



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-6428

**AGENT / AGENCY / INSTITUTION
COMMISSION PAYMENT PROFILE**

Please print or type all information in **BLACK ink only.**

Section 1 - IDENTIFICATION INFORMATION

Agent/Agency/Institution Name _____

S.S.N. and/or Tax ID # _____

Section 2 - INSTRUCTIONS

Please complete this form to select your commission payment options including direct deposit electronic funds transfer (EFT), then return it to the Licensing Department.

Commission Payment Frequency Daily (EFT required) Weekly (EFT required)
 Standard Method (three times each month)
 Bi-Weekly (26 times per year) Monthly

Minimum Transaction Amount \$ _____ (Note: Minimum must be at least \$50.)

Commission Reporting Options E-mail Website

E-mail Address _____

Commission Payment Method Direct Deposit (EFT) Check

**PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION
FOR THE CHECKING ACCOUNT REFERENCED BELOW**

Section 3 - BANK INFORMATION

Please begin the deposit of my NET EARNINGS to the below account.

PLEASE ALLOW 30 DAYS TO START NEW DEPOSITS

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

TRANSIT ROUTING NUMBER

□□□□□□□□□□

ACCOUNT NUMBER

□□□□□□□□□□□□□□□□

Section 4 - AUTHORIZATION

I understand all earnings for all agent numbers associated with the above S.S.N. and/or Tax I.D. number will be processed according to these instructions.

If I have selected direct deposit of net earnings in Section 3 above, then I agree to the following:

I authorize Legal & General America and its subsidiaries to deposit commission earnings automatically to the account specified above as they become due and payable, by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named above to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize the financial institution to debit the same to my account. This authority will remain in effect until Legal & General America and its subsidiaries has received written notice from me of its cancellation in such time and manner as to afford Legal & General America and its subsidiaries and the financial institution reasonable opportunity to act on it.

Further, I understand a statement of funds deposited will be sent to my e-mail address of record if e-mail commission reporting option is selected above. Otherwise, commission statements will only be available at the LGAmerica website.

Further, I understand service charges may be associated with my account and I should contact my financial institution to determine these charges. I also understand that Legal & General America and its subsidiaries is not responsible, in any way, for these service charges.

Signature _____

Date _____



Banner Life Insurance Company
 3275 Bennett Creek Avenue
 Frederick, Maryland 21704
 (800) 638-8428

Agent/Broker Agreement Adoption Authorization

Please print or type all information in **BLACK ink only**.

In consideration of the covenants contained in the Banner Life Agent/Broker Agreement (AB-20 AB Agreement (03/09)), this ADOPTION AUTHORIZATION is executed as set forth below by and among Banner Life Insurance Company, called the Company, the General Agent and the Agent/Broker.

All of the parties hereto acknowledge that they have received and read the Banner Life Agent/Broker Agreement (AB-20 AB Agreement (03/09)).

IN WITNESS WHEREOF, the parties hereto have signed this ADOPTION AUTHORIZATION and agree it is effective as of the date authorized by the Company, i.e, The Contract Date.

Agent/Broker

General Agent

 Print Name of Agent/Broker

 Print Name of General Agent

 Print Name & Title of Principal or Authorized Officer for Agent/Broker, if applicable

 Print Name & Title of Principal or Authorized Officer for General Agent, if applicable

 Signature of Agent/Broker or Principal or Authorized Officer for Agent/Broker

 Signature of General Agent or Principal or Authorized Officer for General Agent

 Date Signed

 Date Signed

Banner Life Insurance Company

 Patrick Bowen
 Print Name

 Interim SVP, Sales and Marketing
 Title

 Signature

 Date Signed



1701 Research Boulevard
Rockville, Maryland 20850
(301) 279-4800
(800) 638-8428

**ASSIGNMENT OF AGENT/BROKER/GENERAL AGENT
FIRST YEAR AND RENEWAL COMMISSIONS**

For good and valuable consideration, the receipt of which is hereby stipulated:

I, _____, do hereby sell, assign, transfer, set over and convey
(Agent/Broker/General Agency Name)
to _____ of _____ all of
(Print Name) (City, State)
my right, title, interest, claim or demand in and to any and all first year and renewal commissions including service fees,
if any, for all policies due or to become due and payable to me by BANNER LIFE INSURANCE COMPANY, under the
Agent/Broker/General Agency number _____ (or if a number has not been issued, write
"Pending" above and provide the date you signed your Banner Life Agreement _____).
(Agent/Broker/General Agency Agreement Date)

I understand that this assignment will remain in force and be effective until written notice of the payment of the obligation for which it is given to secure is filed by said assignee with said Insurance Company. Until such time said Company is authorized and empowered to pay to said assignee the commissions covered hereby as and when the same become due and payable under said contract and said Insurance Company is released of and from all other and further liabilities by reason of payments made to said assignee by virtue hereof.

Agent/Broker/General Agent Authorization

Print Name of Agent/Broker/General Agent Assignor

Print Name and Title of Principal or Authorized Officer for Agent/Broker/General Agent, if applicable

Signature of Agent/Broker/General Agent or Principal or Authorized Officer for Agent/Broker/General Agent

Date Signed



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

**Agent/Broker
Advance Commission Addendum**

This Addendum is made, entered into, and effective the date hereinafter specified by and between Banner Life Insurance Company (hereinafter called the Company), the Agent/Broker signing this agreement (hereinafter called the Agent/Broker), and the Brokerage General Agent (BGA) as Guarantor. It is agreed by and between the parties as follows:

1. Agent/Broker Agreement

This Addendum shall be an amendment to the Agent/Broker Agreement entered into between the Agent/Broker, the General Agent and the Company. The effective date shall be when the Addendum is approved, signed and dated in the Home Office of the Company. This Addendum supersedes and cancels all previous advance commission agreements, however, any balance due the Company will remain due and payable to the Company under terms of the previous advance commission agreements.

2. Advance Commission

The Company will prepay seventy-five percent (75%) of first year commissions due on life insurance policies sold by the agent/broker, submitted within two years from the effective date of this Addendum. The twenty-five percent (25%) remaining first year commission will be paid on an earned basis upon receipt of the tenth, eleventh and twelfth months premium.

3. Advance Commission Eligibility

Only policies issued on applications received at the Home Office of the Company after the date the Company has approved this Advance Commission Addendum are eligible for advance commission payments.

Advance commission is available on individual life insurance plans that have recurring premiums paid under a monthly pre-authorized check plan. For universal life insurance plans advance commission is available on the planned premium up to the target premium. Specifically excluded from advance commission eligibility are annuities, Universal life premium in excess of target premium, single premium life insurance, controlled business (all family members and business partners), additional deposits received in conjunction with the sale of individual life insurance and annuity policies (hereinafter called "New Business").

Premiums paid on a premium mode other than Pre-Authorized Checking (PAC) are not eligible for advance commissions.

4. Background Investigation

The undersigned hereby authorizes the Company to conduct an investigation concerning character, credit, reputation and personal traits and releases those contacted and the Company from any liability with respect to the content of the information provided and any resulting action by the Company including the sharing of such information or the termination of this advance commission agreement.

5. Production Commitment

To qualify for and to maintain the Advance Commission Addendum, the Agent/Broker commits to sell on behalf of the Company life insurance policies with at least a total of \$5,000 of paid annualized premium (including PAC, quarterly, semi-annual and annual payment modes) each year on a monthly pro-rata basis. If the Agent/Broker does not perform to the above production commitment, the Company may choose to exercise its right to terminate this Addendum.

6. Payments and Loan Status

All advances will be made upon full payment of the first modal premium and the cash payment of said advance will become a loan to the agent/broker to the extent of the amount advanced.

7. Advance Commission Amount Limitations

Advance commission is limited to \$2,500 for any one policy and limited to a maximum advance balance of \$25,000 on all policies issued and paid.

8. Loan Interest After Demand for Repayment

It is understood and agreed that any prepayment of monies or commissions advanced shall create indebtedness to the Company. If payment in full is demanded, or if a repayment schedule is implemented under any provision herein, the undersigned agrees to pay interest on the unpaid balance of the loan at a rate of prime + 2% annually, calculated from the date the loan was originally made to the date the loan is finally repaid. For the applicable prime rate, the Company will refer to Wachovia Bank, N.A., or any other banking institution it may choose in its sole discretion.

9. Collection Costs

If repayment is not made as provided above, the Agent/Broker authorizes any attorney of any court of record in the United States to appear and confess judgment against said Agent/Broker in favor of the Company for the unpaid balance due under this advance commission addendum, including interest, costs and attorney's fees.

10. Assignment of Assets

The Agent/Broker specifically recognizes that the confession of judgment provision in the above paragraph will constitute an assignment against his personal assets and earnings from any source whatsoever.

11. Termination of Addendum

The Company shall have the right, with or without cause, to terminate this Addendum at any time by written notice to the last known address of the Agent/Broker. The Agent/Broker or the BGA can terminate this addendum at any time with written notice to the Company. Should this Addendum or the agreement to which it is endorsed be cancelled, an amount equal to any and all unearned prepaid commissions will be immediately, and on demand, payable to the Company.

Termination of this Addendum does not itself terminate the agreement to which it is an Addendum. However, termination of the agreement terminates this advance commission Addendum and notice with respect to termination of this Addendum is specifically not required.

12. Indebtedness

The Agent/Broker, by this agreement, agrees that the Company shall have first lien on any and all Agent/Broker commission accounts, and that the Company has a prior right of offset to the extent of any and all unearned prepaid commissions.

13. Modifications

The Company retains the right to modify this Addendum from time to time and both the Agent/Broker and the guarantor agree to comply with the modifications.

14. Maturity Date, Extension and Fee

This Addendum will mature 24 months from the effective date. Commissions payable based upon policies issued on applications received after the maturity date are not eligible for advance commission.

The Company, at its sole option, may extend the maturity date for additional 24 month periods. Should the Company extend the maturity date an advance commission fee equal to 2.5% of the first year paid annualized premium will be automatically deducted from Agent/Broker commission.

15. Disqualification of Individual Policies

Those policies on which the Company receives insufficient payment are not eligible for advance commission and any commissions will be credited on an earned basis. Any policy may be disqualified from being eligible for advance commission at the sole discretion of the Company.

16. Errors and Omissions Coverage

The Agent/Broker is required to maintain Errors & Omissions ("E&O") liability insurance coverage during the term of this Addendum and shall provide the Company with proof of coverage upon request. The minimum amount of Errors & Omissions coverage required shall be \$1,000,000 (One Million Dollars). This dollar amount may be changed by the Company with written notice to the Agent/Broker. The Agent/Broker shall inform the Company of any changes in E&O coverage within 60 days of the change. Changes include, but are not limited to, E&O coverage that falls below the minimum amount required, any lapse, cancellation, or termination of E&O coverage, and any restriction(s) placed on the E&O policy by an E&O carrier. The Company may terminate an Advance Commission Addendum at any time if Agent/Broker's E&O coverage does not meet the minimum amount required.



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 3275 Bennett Creek Avenue
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 (800) 638-8428

**Advance Commission Addendum
 Adoption Authorization**

In consideration of the covenants contained in the Banner Life Advance Commission Addendum (AB-ACA), this Adoption Authorization is executed as set forth below by and among Banner Life Insurance Company, called the Company, and the General Agent and the Agent/Broker.

All of the parties hereto acknowledge that they have received, read, and agreed to the Banner Life Advance Commission Addendum (AB-ACA).

IN WITNESS WHEREOF, the parties hereto have signed this Adoption Authorization and agree it is effective as of the date authorized by the Company, i.e., The Contract Date.

Agent/Broker Acceptance

 Print Name of Agent/Broker

 Signature of Agent/Broker or Principal or Authorized Officer for Agent/Broker

 Date Signed

 Print Name and Title of Principal or Authorized Officer for Agent/Broker, if applicable

Brokerage General Agent as Guarantor Acceptance and Authorization

The Brokerage General Agent (BGA) guarantees the repayment to the Company any and all sums, which the Company may from time to time advance to the Agent/Broker, named above in accordance with the terms of the above Advance Commission Addendum. The BGA agrees that the Company has the right to offset any such unrecovered advances against Commission, Bonus or other monies payable from the Company to the BGA.

 Print Name of BGA

 Signature of BGA, or Principal or Authorized Officer for BGA

 Date Signed

 Print Name and Title of Principal or Authorized Officer for BGA, if applicable

Banner Life Insurance Company Acceptance

 Print Name and Title of Authorized Officer

 Signature of Authorized Officer

 Date Signed

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									
				-			-		
or									
Employer identification number									
				-					

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 ▶
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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.



Agent Contract Guarantee Agreement Form

Levinson & Associates, Inc. has agreed to guarantee the obligation(s) of the undersigned to repay loans, advances of commissions and/ or overpayment of commissions made by various insurance companies to the undersigned. In the event at any time in the future Levinson & Associates, Inc. pays any of the aforesaid obligations; the undersigned agrees to reimburse Levinson & Associates, Inc. for the sums paid by Levinson & Associates, Inc. and further agrees that Levinson & Associates, Inc. shall have the right and is hereby authorized to charge any credit cards identified below as a non-exclusive method of receiving payment for said sums. The undersigned acknowledges that said sums may be charged at any time after Levinson & Associates, Inc. pays the obligation and acknowledges that payment by Levinson & Associates, Inc. may not be made for several years after the obligation is incurred by the undersigned. The undersigned hereby waives any statute of limitations with regard to sums owed by the undersigned to Levinson & Associates, Inc. and agrees that, in the event of nonpayment by the undersigned, Levinson & Associates, Inc. may report said obligation as unpaid to any credit bureau or reporting agency.

The undersigned agrees to immediately notify Levinson & Associates, Inc. in the event that any of the credit cards listed below are revoked, surrendered, terminated or credit is no longer available under said card. The undersigned further agrees to provide all updated information, including any replacement or expiration of said card, in the event that the undersigned contests any charge and the charge is deemed valid; the undersigned shall reimburse Levinson & Associates, Inc. for all costs and fees, including attorneys' fees, associated with such contest.

Because this authorization relates to an on-going guarantee of commercial obligations, the undersigned agrees that this authorization shall be irrevocable.

Date _____

Signature _____

Printed Name _____

AUTHORIZATION TO CHARGE SUMS TO CREDIT CARD Please initial one of the following:

I do not require commission loan advancement, and therefore am not providing credit card information below. I understand, however, that I am required to reimburse Levinson & Associates, Inc. for any sums paid as guarantee for obligations as detailed above.

I request commission loan advancement, and am providing two (2) credit card numbers below.

Card One (Required) VISA MasterCard
Card number: _____ Security Code: _____
Expiration Date: _____ Name on Card: _____
Page 2 of 2
Billing Address: _____

Cardholder Signature: _____

Card Two (Required) VISA MasterCard
Card number: _____ Security Code: _____
Expiration Date: _____ Name on Card: _____
Billing Address: _____

Cardholder Signature: _____