



**Fidelity Security Life Insurance Company**

3130 Broadway  
Kansas City, MO 64111  
www.fslins.com

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

Agent # \_\_\_\_\_ Date \_\_\_\_\_

**FSL Agency/Agent  
Data Sheet**

**OMISSION OF ANY INFORMATION WILL RESULT IN A DELAY OF APPOINTMENT AND PAYING OF COMMISSION**

**NOTE:** No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for Fidelity Security Life Insurance Company.

**FOR AGENCY APPOINTMENT: (Required only if agency appointment is being requested)**

Agency Name as shown on license: \_\_\_\_\_ FEIN: \_\_\_\_\_

Agency Address \_\_\_\_\_  
Street City State ZIP

Website Address \_\_\_\_\_

**NOTE:** A data sheet should be completed and attached for each licensed individual named on agency license.

**FOR AGENT APPOINTMENT:**

**A. IDENTIFICATION: (Please print in ink or type - Do Not Abbreviate)**

Name (Last, First, Middle) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_

Social Security No. \_\_\_\_\_ Tax ID No. \_\_\_\_\_ Send Mail to: \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City County State ZIP

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Resident Address \_\_\_\_\_  
Street City County State ZIP

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

Currently Licensed By State Of \_\_\_\_\_ License No. \_\_\_\_\_ Issued To: \_\_\_\_\_

(attach a copy of home state license)  Individual  Corporation  Partnership  Sole proprietor

What type of product(s) do you plan to sell for FSL?  Life  Health/Accident  Fixed Annuity

**B. BACKGROUND: Use separate page if needed .....**

**IF YES TO ANY OF QUESTIONS 1-9, PLEASE ATTACH DETAILS AND DATES.**

Month/Year

1. Have you ever had ownership interest in a business venture which declared bankruptcy? . . . . .  Yes  No \_\_\_\_\_  
(If Yes, give month and year.)

2. Have you been a Judgment Debtor or ever declared personal bankruptcy? . . . . .  Yes  No \_\_\_\_\_  
(If Yes, give month and year.)

3. Are you in good standing and full compliance with respect to state taxes or child support? . . . . .  Yes  No \_\_\_\_\_  
(If No, give details.) \_\_\_\_\_

4. Have you ever had a bond declined or cancelled? . . . . .  Yes  No \_\_\_\_\_

5. Have you ever been convicted for any offense other than a minor traffic violation? . . . . .  Yes  No \_\_\_\_\_

**Your failure to disclose a felony conviction will result in an automatic denial.**

6. Have you ever been cited, fined, suspended, revoked or refused a license by any state? . . . . .  Yes  No \_\_\_\_\_  
 (If Yes, give state, month and year.) \_\_\_\_\_

7. Have you ever been short in accounts with any employer? . . . . .  Yes  No \_\_\_\_\_

8. Do you owe an unpaid balance to any insurance company? . . . . .  Yes  No \_\_\_\_\_

9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution? . . . . .  Yes  No \_\_\_\_\_

**10. For Agents applying to sell individual cash value life insurance and/or annuities:**

Have you completed Anti-Money Laundering training? . . . . .  Yes  No \_\_\_\_\_  
 If yes: Attach copy of proof of completion or provide details.

\_\_\_\_\_  
 If no: I hereby request that FSL enroll me in the AML training course offered by LIMRA International.  
 I am enclosing my check for \$7.50 made payable to "Fidelity Security Life Insurance Company".

11. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured?  
 \_\_\_\_\_

12. List past and current companies you represent or have represented in the last 5 years.

From	To	Name	Street Address, City, State, Zip	Telephone No.
				( )
				( )
				( )
				( )
				( )

**C. CERTIFICATION / AUTHORIZATION**

13. a. I certify that I have answered all questions honestly and to the best of my knowledge.  
 b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire. If I reside in CA, OK, or MN, I have the right to obtain a copy of my background report by notifying FSL in writing.

Date (mm/dd/yyyy) \_\_\_\_\_ Signature \_\_\_\_\_  
 Corporate Officer  
 Representative (Agent)

Date (mm/dd/yyyy) \_\_\_\_\_ Appointing Premier General Agent \_\_\_\_\_

# AGENT AGREEMENT

This Agreement ("Agreement") is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between Levinson & Associates, Inc. ("Levinson"), with its home office at 5551 N. University Drive, Coral Springs, FL 33067, and \_\_\_\_\_ ("You" or "Your"), whose principal place of business is set forth below:

Address

City

State

Zip

## I. APPOINTMENT AND PRODUCTION

(a) **Appointment.** You are hereby appointed by Levinson to solicit insurance policies underwritten by Fidelity Security Life Insurance Company ("FSL").

(b) **Authority to Solicit.** In connection with the appointment, you are authorized, subject to the limitations set forth below, to: (1) solicit applications for such policies as Levinson may designate from time to time; (2) collect and pay to Levinson the first premium on each policy or certificate on which an application is obtained; (3) to carefully evaluate all applications for insurance and make full and accurate disclosure to Levinson all material facts and circumstances which may affect the underwriting of the risk; (4) to keep records of solicitations, sales and service consistent with normal, good business practice; (5) deliver policies or certificates as Levinson directs, if the insured(s) is/are in good health and the first premium has been paid; and (6) perform any other duty which is specifically authorized in writing signed by one of Levinson's officers.

(c) **Limitation as to Territory.** You may solicit applications only in states in which both Levinson and You are duly licensed.

## II. SUB-AGENTS

**Authority With Respect to Recruitment of Other Agents.** You are also authorized to recruit other agents and recommend them to Levinson for appointment for all future business. Levinson reserves the right to approve, disapprove and terminate such recommended agents, at Levinson's sole discretion. All such agents whom FSL appoints with the applicable state(s) upon Your recommendation are referred to herein as "Sub Agents." You will be responsible to forward to Levinson initial and renewal appointment fees for those Sub-Agents who continue to solicit, and termination fees for those Sub-Agents who are terminated. You are responsible to Levinson for acts of agents and employees, and shall promptly report to Levinson any known or alleged acts as defined in Section IV Items 1-11, by such agents or employees regardless of whether such known or alleged acts are with respect to Levinson, FSL, or any other company.

## III. COMMISSIONS AND SERVICE FEES

(a) **General.** Subject to all other provisions of this Agreement, You shall receive, as full compensation for all of Your services and expenses hereunder, commissions and service fees based: (1) on all business produced by You personally while Your Agreement hereunder is in effect; and (2) as long as Your Agreement hereunder is in effect and You have

Sub-Agents, on all business produced by such Sub-Agents.

(b) **Commission Schedule.** The amount of commissions paid to You shall be fixed by the Schedule of Commissions ("the Commission Schedule") in effect. The current Commission Schedule is attached. Levinson may alter the Commission Schedule at any time, which alterations shall be effective as to applications received after such changes are mailed to You. Upon termination of this Agreement, the commissions shown in the Commission Schedule will continue to be payable, subject to all the terms of Section IV, Items 1-11 of this Agreement and subject to the following: (1) If You commit any of the acts listed in Section IV, Items 1-11, all commissions or other compensation becoming due to You will be forfeited, in addition to any other damages sustained by Levinson; and (2) no further commissions following termination will be payable after any calendar year in which You have changed address, leaving no forwarding address with Levinson, and Levinson, through reasonable efforts, is unable to locate You.

(c) **Earned Commissions and Service Fees and Premium Refunds.** Commissions shall be earned only when the premium on which it is based has become due and is paid in collected funds to FSL and is received by FSL. Should any premium which has been received be returned to the insured for any reason, any commission paid on such premium shall be charged back to You.

(d) **Vesting of Commissions.** After Your Agreement hereunder terminates, You, or in the case of Your death, Your heirs or legal representatives, shall continue to be paid on policies issued on which applications were received by FSL prior to termination. No such commissions shall be payable, however, if: (1) total net commissions so payable is less than \$180 in any calendar year; (2) you attempt to, or assist or acquiesce in any attempt to, cause any policies of FSL, whether or not written by You, to lapse or to be rewritten with another company; (3) this Agreement is terminated under section IV Items 1-11; (4) You fail to pay over on demand any monies belonging to or due Levinson, or Your material violation of any other requirement of this Agreement; or (5) Your license is terminated for cause (other than death or disability) by the Insurance Department of any state.

(e) **Indebtedness.** We may offset any amounts You owe to Levinson, whether or not then due, arising from transactions under this Agreement, including debts arising from the failure of Your Sub-Agents to pay

amounts for which they are responsible against any commission specifically provided.

#### IV. TERMINATION

This Agreement shall terminate upon Your death, if You are an individual; or upon Your dissolution, if You are a partnership or corporation, or by nonrenewal of Your license. This Agreement may be terminated by either party by giving at least 30 days written notice to the other. During this 30-day notice period You shall not write or bind any new business or perform those acts listed in Section 1(A), Items (1),(2),(3), and (5), without specific written approval. Levinson may immediately terminate this Agreement and resulting compensation of You or any Sub-Agent appointed by You for any one of the following reasons: (1) improperly withholding, misappropriating or converting to his/her own use any monies received in the course of the appointment or money belonging to FSL's certificateholders, insureds, beneficiaries or others; (2) making any materially untrue statement in the FSL Agent Data Sheet for appointment; (3) committing any acts of fraud; (4) receiving a felony conviction; (5) replacing insurance business written through Levinson by another Insurance Company; (6) bankruptcy or assignment for the benefit of creditors; (7) obtaining or attempting to obtain an insurance license through intentional misrepresentation or fraud; (8) misrepresenting the terms of the actual or proposed insurance contract; (9) falsifying any document prepared by Levinson or prepared for Levinson; (10) revoking or suspending of Your Agent's license by state or by tribunal; (11) violating any insurance law, rule, regulation, order of a tribunal, or terms of this Agreement. In the event of termination, You shall immediately turn over to Levinson all undelivered Policies or Certificates of Insurance, rate books, correspondence, records pertaining to the business produced, sales and training material. Those portions of this Agreement dealing with Your obligation to pay monies owed by You or Your Sub-Agents to Levinson, and to maintain the confidentiality of Levinson's proprietary information and shall survive the termination of the Agreement.

#### V. GENERAL PROVISIONS

- (a) **Other Limitations on Authority.** You shall not on Levinson's behalf: (1) alter, modify, waive, change or interpret any of FSL's policies, certificates, or contracts; (2) collect or issue receipts for premiums other than the first premium; (3) endorse checks payable to FSL or Levinson; (4) publish, broadcast, or mail, or otherwise distribute any advertisement or solicitation about Levinson or any of FSL's policies or certificates without prior written permission from Levinson; (5) commit Levinson to any costs or expenses, other than as authorized in advance, in writing, by Levinson; or (6) perform any act other than as expressly authorized herein.
- (b) **Premium Account.** In no case are you authorized to accept any premium, except the first in any form other than a check or money order payable to Levinson. If, notwithstanding any funds intended for the payment of premiums, or the refund of premiums coming into Your

possession shall be held in a fiduciary capacity, deposited only in a properly identified premium account and in no event commingled with Your own funds.

- (c) **Relationship.** You are an independent contractor, and not a Levinson or FSL employee, partner, joint venture or, except as expressly provided herein, agent. Subject to Levinson and FSL rules and regulations, You shall be free to exercise independent judgment as to the time and manner in which You may perform Your services under this Agreement. Levinson reserves the right to reject any and all applications submitted, to change the products as to which You are authorized to solicit applications and to cease doing business in any jurisdiction.
- (d) **Rules and Regulations.** You shall comply with rules and regulations which Levinson and FSL may establish from time to time, by notice to You.
- (e) **Sales and Training Materials.** Any sales or training materials which Levinson furnishes to You shall be considered to be Levinson's proprietary information and intellectual property and are deemed confidential. You agree not to disclose such confidential information without prior written consent from Levinson. You acknowledge that unauthorized retention or disclosure of this information or material will damage Levinson and FSL. All such materials will be returned to Levinson upon request or upon termination of this Agreement.
- (f) **Expenses.** You shall be responsible for all expenses incurred by You or Your Sub-Agents in the performance of this Agreement.
- (g) **Assignment.** This Agreement may not be assigned, sold, transferred or hypothecated. You may assign Your right to receive commissions and service fees due to or to become due You hereunder, but no such assignment shall be binding on Levinson unless: (a) it is in writing; and (b) it is authorized in writing by an Officer of Levinson, and then only after such written assignment has been received and acknowledged by Levinson. Any assignment shall be subject to Levinson's prior right to offset against commissions all of Your indebtedness, and indebtedness of any of Your Sub-Agents, to Levinson then existing or thereafter accruing.
- (h) **Amendment.** This Agreement cannot be changed by any verbal promise or statement by anyone. No written modification or change will bind Levinson unless it is signed by an authorized officer of Levinson, and expresses an intention to modify or change this Agreement.
- (i) **Severability.** In the event that any provision of this Agreement is deemed to be invalid or unenforceable, the remainder of this Agreement shall remain in full force and effect.
- (j) **Indemnification.** You agree to defend, indemnify and hold harmless Levinson, its directors, officers, employees and agents with respect to any and all claims, suits, actions, liabilities, losses, damages,

attorney's fees, interest, penalties, costs and any other losses of any kind arising directly or indirectly from Your activities hereunder, unless it is determined that such claim, suit, action, liability, loss, damage, attorney's fee, interest, penalty, cost and any other loss of any kind was caused by, or results from the action, negligence or willful misconduct of Levinson, its directors, officers, employees or agents. Levinson agrees to indemnify and hold harmless You, it's directors, officers, employees and agents with respect to any and all claims, suits, actions, liabilities, losses, damages, attorney's fees, interest, penalties, costs and any other such losses of any kind arising from Levinson's unauthorized activities hereunder, unless it is determined that such claim, suit, action, liability, loss, damage, attorney's fee, interest, penalty, cost and any other loss of any kind was caused by, or results from the action, negligence or willful misconduct of You.

(k) **Execution and Effect on Previous Agreements.**

This Agreement contains the entire Agreement of the parties and supersedes any previous oral or written Agreement(s) between You and Levinson.

(l) **Guarantee by Officers or Partners.** If You are a corporation or partnership, each of the individuals who has signed below on Your behalf: (1) represents to Levinson that Your principal stockholders or partners, with their percentage of interest in the total ownership, are as follows; and (2) personally and severally guarantees the full and timely performance of all of Your obligations hereunder. Each guarantor waives notice of default and waives any requirement that Levinson exhaust Levinson's remedies against others before enforcing this guarantee.

(m) **Arbitration.** Any controversy or claim arising out of or relating to this Agreement or the breach thereof shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

(n) **Governing Law.** This Agreement shall be governed as to performance, administration and interpretation by the laws of the State of Florida.

(o) **Agent Acknowledgment.** I hereby acknowledge receipt and understanding of:

- Agent licensing procedures
- Rules governing sales practices
- Rules governing use of advertisement of life, health and annuity contracts.

I understand that if anything in the above written rules applies to Me or My relationship with Levinson, I and My Sub-Agents (if any) will: (1) follow these rules accordingly; (2) monitor any activity applicable to these rules; and (3) report any infraction to the compliance offices of Levinson.

(p) You acknowledge that because You are soliciting policies for FSL that FSL is a third party beneficiary of this Agreement.

**VI. Chargebacks**

Agent is subject to chargebacks and is responsible for repayment to Levinson as follows:

- **Not-Taken Cases** – When case is issued as applied for and then processed as Not Taken, Levinson will charge Your account for any commission paid to the writing agent.
- **Chargebacks for Your Sub-Agents** – Commissions paid to You as overrides on policies or certificates produced by Your Sub-Agents will be charged back on the same basis and at the same time that Your agent's commissions or advances are charged back relative to Not-Taken Cases.

In the event of any chargebacks after termination of Your Agreement, You agree to pay the amount of such chargebacks.

**VII. Sales And Training Materials Of Levinson**

Any sales and training materials furnished to You shall be considered to be Levinson's or FSL's proprietary information and intellectual property. You acknowledge that unauthorized retention, duplication, or disclosure of this information or material will damage Levinson or FSL. All such materials will be returned to Levinson upon request or upon termination of this Agreement.

**VIII. Inducements to Cancel**

You agree that You will not directly or indirectly induce or attempt to induce any insured or policyholder of FSL to lapse, forfeit or surrender a Policy or Certificate of Insurance issued by FSL. If Your Agreement is terminated for any reason, by either You or Levinson, You further agree to refrain from directly or indirectly inducing or attempting to induce any policyholder or certificate holder of FSL to relinquish, by cash surrender or any other manner, any Policy or Certificate of Insurance issued by FSL. You further agree that You will not attempt to recruit or otherwise induce any agent contracted with Levinson to any other carrier, marketing company or agency. You understand that if You fail to honor this Agreement, Levinson or FSL will aggressively pursue legal remedies against You and will notify all appropriate regulatory agencies of Your activity.

You agree that if Your behavior, activities, sales practices, misrepresentation, inducement, or failure to deliver policies or certificates result in any paid premiums being refunded to any insured or policyholder of FSL, that the full amount of the premium will be charged to Your commission account, to be recovered through that account according to the terms of Your Agreement.

**IX. Validity of Contracting Data**

You hereby certify that all information You have provided in all contracts and related documents is true and correct to the best of Your knowledge and belief, and hereby grant authorization to Levinson, and its designated representative, to verify such information. You understand that any false statements may be considered as sufficient cause for rejection of Your application, or for termination if such false statement is discovered subsequent to Your becoming contracted. You hereby authorize the conduct of an investigative consumer report on Yourself, and also understand that any information obtained by Levinson, will be made available to You upon written request.

By: **LEVINSON & ASSOCIATES, INC.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

"YOU" are  an individual,  a partnership or  a corporation, incorporated under the laws of the state of \_\_\_\_\_.

\_\_\_\_\_  
Your business name

\_\_\_\_\_  
Your SS# or TIN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date (please print)

**YOUR SHAREHOLDER/PARTNER GUARANTORS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
% of Interest

\_\_\_\_\_  
Title

\_\_\_\_\_  
% of Interest

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
% of Interest

\_\_\_\_\_  
Title

\_\_\_\_\_  
% of Interest

# COMMISSION SCHEDULE

## POLICIES AND COMMISSION

First Year and Renewal Commissions equal to the percentages shown below shall apply to premiums received on Policies/Certificates placed in force under this Agreement during the effectiveness of this Schedule. The Policy(ies) covered by the Agreement to which this Commission Schedule is attached are as follows:

### COMMISSIONS\*

Policy Numbers / Coverage

Compensation (as a percentage of gross premium)

Lightning Issue Term Life Insurance- Decreasing Term  
FSL Home Office Policy Number TL-40

<u>First Year</u>	<u>Years 2+</u>
_____ %	_____ %

Lightning Issue Term Life Insurance – Level Term  
FSL Home Office Policy Number TL-145

<u>First Year</u>	<u>Years 2</u>	<u>Years 3-10</u>
_____ %	_____ %	_____ %

Commissions will be paid when a minimum of \$25.00 is accumulated.

\*Any commissions paid or credited to Your Sub-Agents will reduce the commission percentages shown. Unless otherwise identified, commissions will only be applied to collected premiums. Renewal commissions will be paid only upon receipt of additional premium.

Any compensation may be adjusted in accordance to the provisions of the attached Agent Agreement.

All commissions paid to You shall be paid by the Insurer, Fidelity Security Life Insurance Company ("FSL"), at the direction of Levinson.

### **Chargebacks**

Compensation paid to You will be reversed on business not issued or not taken, or premiums refunded for any reason, except death of an insured. Should any such reversal of compensation create a deficit on Your earnings statements, the deficit will be repaid upon demand, and will be offset against compensation otherwise payable to You.

This Schedule is not valid or effective until properly signed and counter-signed by Levinson.

By: **LEVINSON & ASSOCIATES, INC.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Agent/Agency Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



FSL Renewal Fee Electronic Payment Form

I certify that I have elected to pay my FSL appointment/renewal fee(s) via electronic payment using my MasterCard or Visa charge card. I understand that FSL does not store my credit card information in its records and it will never be used for future transactions.

I wish to pay my fees by:

MasterCard # \_\_\_\_\_

Visa # \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Zip \_\_\_\_\_

Resident State: \_\_\_\_\_ Non-Resident States: \_\_\_\_\_

**Required :**

\_\_\_\_\_

Producer Signature

Date

**Initials. \_\_\_\_\_ I further understand that Prior home office approval is required when marketing this product to groups, organizations, associations or when special billing is requested**

\_\_\_\_\_

E-Mail Address



## **APPOINTMENT FEE GUIDE**

Revised: 01/10/2017

FSL Appointment Requirements:

The following items must be completed and returned:

- Completed FSL Agent Data Sheet
- Copy of State License
- **Appointment fee as follows:**

(Please make check/money order payable to Fidelity Security Life Insurance Company)

State	Fee	Special Fees	State	Fee	Special Fees
Alabama	40.00	See Below	Montana	0	None
Alaska	0	None	Nebraska	8.00	See Below
Arizona	0	None	Nevada	15.00	None
Arkansas	0	None	New Hampshire	25.00	None
California	29.00	None	New Jersey	35.00	See Below
Colorado	0	None	New Mexico	20.00	None
Connecticut	0	None	New York	N/A	None
Delaware	25.00	None	North Carolina	20.00	None
District of Columbia	25.00	See Below	North Dakota	10.00	See Below
Florida	60.00	See Below	Ohio	15.00 per line	See Below
Georgia	10.00	None	Oklahoma	30.00	None
Hawaii	0	None	Oregon	0	None
Idaho	0	None	Pennsylvania	15.00	None
Illinois	0	None	Rhode Island	0	None
Indiana	0	None	South Carolina	0	None
Iowa	0	None	South Dakota	10.00 (R) 20.00 (NR)	None
Kansas	5.00	See Below	Tennessee	15.00	None
Kentucky	See Below	See Below	Texas	10.00	None
Louisiana	20.00	None	Utah	0	None
Maine	30.00 (R) 70.00 (NR)	See Below	Vermont	60.00	None
Maryland	0	None	Virginia	10.00	None
Massachusetts	75.00	None	Washington	20.00	None
Michigan	5.00	See Below	West Virginia	25.00	See Below
Minnesota	30.00	None	Wisconsin	16.00 (R) 50.00 (NR)	None
Mississippi	25.00	See Below	Wyoming	15.00	See Below
Missouri	0	None			

**Alabama**-- The appointment fee is \$40.00 when submitting appointment request October 1<sup>st</sup> through November 15<sup>th</sup>.

**District of Columbia**- The appointment fee is \$50.00 when submitting appointment request during the month of April.

**Florida**—Non-Residents please include an additional \$6.00 per designated county.

**Kansas**- The appointment fee is \$10.00 when submitting appointment request October 1<sup>st</sup> through December 30<sup>th</sup>.

**Kentucky**-Resident Agent (\$40.00) Resident Agency (\$100.00)

Non-Resident Agent (\$50.00) Non-Resident Agency (\$120.00)

**Michigan**- The appointment fee is \$10.00 when submitting appointment request January 1<sup>st</sup> through March 31<sup>st</sup>.

**Mississippi**- The appointment fee is \$50.00 when submitting appointment request April 1<sup>st</sup> through May 31<sup>st</sup>.

**Nebraska**- The appointment fee is \$16.00 when submitting appointment request March 1<sup>st</sup> through April 15<sup>th</sup>.

**New Jersey**- The appointment fee is \$60.00 when submitting appointment request January 1<sup>st</sup> through March 31<sup>st</sup>.

**North Dakota**- The appointment fee is \$20.00 when submitting appointment request December 1<sup>st</sup> through March 1<sup>st</sup>.

**Ohio**- The appointment fee is \$30.00 when submitting appointment request March 1<sup>st</sup> through June 30<sup>th</sup>.

**West Virginia**- The appointment fee is \$50.00 when submitting appointment request January 1<sup>st</sup> through March 1<sup>st</sup>.

**Wyoming**- The appointment fee is \$30.00 when submitting appointment request January 1<sup>st</sup> through March 1<sup>st</sup>.

REVISED 01/10/2017

**RENEWAL FEE GUIDE**

**FSL Renewal Requirements:**

- Completed Renewal Listing or Current License Copy.

- **Renewal Fee as follows:**

(Please make check/money order payable to Fidelity Security Life Insurance Company)

State	Renewal Fee	Renewal Date	State	Renewal Fee	Renewal Date
Alabama	20.00	11/ 15 Yearly	Montana	0	License Copy
Alaska	0	License Copy	Nebraska	8.00 Termination Fee: 3.00	5/1 Yearly
Arizona	0	License Copy	Nevada	15.00	6/30 Yearly
Arkansas	0	6/ 30 Yearly	New Hampshire	0 Termination Fee: 25.00	License Copy
California	0 Termination Fee: 29.00	License Copy	New Jersey	25.00 Termination Fee: 35.00	5/1 Yearly
Colorado	0	License Copy	New Mexico	20.00	4/30 Yearly
Connecticut	0	4/ 30 Every Even Year	New York	N/A	
Delaware	0	License Copy	North Carolina	20.00 Termination Fee: 10.00	3/31 Yearly
District of Columbia	25.00	4/ 30 Yearly	North Dakota	10.00	4/30 Yearly
Florida	60.00	Agent's Birth Month-Biennial	Ohio	15.00 per line	6/30 Yearly
Georgia	10.00	12/31 Yearly	Oklahoma	30.00	12/31 Yearly
Hawaii	0	License Copy	Oregon	0	License Copy
Idaho	0	License Copy	Pennsylvania	15.00	3/1 Yearly
Illinois	0	License Copy	Rhode Island	0	License Copy
Indiana	0	License Copy	South Carolina	0	8/31 Every Even Year
Iowa	0	12/1 Yearly	South Dakota	10.00 (R) 20.00 (NR)	4/30 Yearly
Kansas	5.00	12/31 Yearly			
Kentucky	See Below	3/31 Every Odd Year	Tennessee	15.00 Termination Fee: 15.00	License Copy
Louisiana	20.00	4/30 Yearly	Texas	0	License Copy
Maine	30.00	8/31 Every Odd Year	Utah	0	License Copy
Maryland	0	License Copy	Vermont	60.00	6/1 Every Odd Year
Massachusetts	75.00	6/30 Yearly	Virginia	10.00	7/1 Yearly
Michigan	5.00	3/31 Yearly	Washington	20.00	4/22 Every Even Year
Minnesota	0	License Copy	West Virginia	25.00	5/1 Yearly
Mississippi	25.00	5/31 Yearly	Wisconsin	16.00 R 50.00NR	1/1 Yearly
Missouri	0	License Copy	Wyoming	15.00 Termination Fee: 15.00	3/31 Yearly

**Kentucky-Resident Agent (\$40.00) Resident Agency (\$100.00)**

**Non-Resident Agent (\$50.00) Non-Resident Agency (\$120.00)**

## Assignment of Commissions

For Value received, \_\_\_\_\_ (hereinafter referred to as Assignor), hereby sells, assigns, transfers and sets over to \_\_\_\_\_ (hereinafter referred to as Assignee), all of Assignor's right, title and interest in and to all commissions, renewal commissions, fees, bonuses and other compensation (hereinafter called "monies"), to which Assignor is now or may hereinafter become entitled under \_\_\_\_\_ Account Number \_\_\_\_\_, with Fidelity Security Life Insurance Company, Kansas City, MO (hereinafter referred to as "FSL"), dated \_\_\_\_\_, 20\_\_\_\_, subject to Assignor's indebtedness to FSL.

Assignor directs and Assignee agrees that FSL may deduct from such monies any indebtedness, now existing or hereafter incurred, owned by the Assignor to FSL, and that the balance of said monies remaining after satisfying said indebtedness shall be paid by FSL directly to the Assignee.

This assignment shall be effective as of \_\_\_\_\_, 20\_\_\_\_, or as of the date of Consent of FSL, as set forth below, is duly executed, whichever date is the later.

In witness whereof, the parties have hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Assignor

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Address of Assignor

\_\_\_\_\_  
Address of Assignee

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

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

FSL hereby consents to the foregoing Assignment and acknowledges that it will disburse monies therein described in accordance with the terms thereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

FIDELITY SECURITY LIFE INSURANCE COMPANY

\_\_\_\_\_  
Authorized Signature, Title



## ADVISOR TERMS & CONDITIONS

Partner agrees that its advisors, to participate, will be required to agree to standard terms and conditions. The following terms & conditions shall serve as a "model" but may be modified as mutually agreed:

Tuition Rewards®, created by SAGE Scholars, Inc. (hereafter "SAGE"), is designed to:

- a) Encourage families to save money (or identify assets) to help finance a college education;
- b) Provide tuition discounts at participating colleges to students ("Beneficiaries") identified by eligible account-holders ("Sponsors") who are clients / customers of SAGE financial partners;
- c) Provide participating colleges with certain information, enabling student recruiting, in return for the colleges providing the agreed tuition discounts to participants in Tuition Rewards.

### **As a Participating Advisor ("Advisor"), I agree that:**

1. **Terms:** I understand that: (a) Tuition Rewards are provided in **points**, not cash, and have absolutely no value other than the opportunity to qualify for scholarship assistance at participating colleges and universities in accordance with program terms & conditions. (b) Rewards Points can be redeemed for discounts on undergraduate tuition at participating 4-year colleges & universities, starting with the freshman year. (c) Rewards Points must be submitted at time of application. (d) Rewards are limited to a maximum per student of up to one year's tuition, spread evenly over 4 years, or as contractually agreed.\* (e) Colleges reserve the right to use Tuition Rewards as part of, or separate from, any financial aid or scholarship package.

\* Amounts vary by college, with some early members still "capping" students at \$13,800 or other fixed amounts. The current standard college contract is "indexed" for inflation; as tuition rises, the maximum Reward rises. Colleges that offer 5-year co-op programs typically divide the full Reward amount by five years, not four.

2. **Free to Families:** I will provide Tuition Rewards to individual clients as an **added benefit**; I agree NOT to charge clients to receive Reward Points. I understand that I am prohibited from receiving checks from clients made out to "SAGE Tuition Rewards" (or the like) from clients wishing to participate.

3. **Clients:** I will enroll only those Clients with sufficient assets to finance some or all of an undergraduate four-year private college education. I will enroll only my personal clients. I understand that I am prohibited from enrolling clients of non-participating colleagues with whom I work. I understand that any agreement involving clients who are banks, credit unions, companies, associations, churches, groups, organizations, unions and other entities must be negotiated separately with SAGE. I understand that I am prohibited from providing points to organizations to "parcel out" to members. **"Clients must log-into their SAGE account each year to receive ongoing rewards points"**

4. **Assets:** I understand that assets that qualify a Sponsor to receive Tuition Rewards Points include: Annuities, Bonds, Certificates of Deposit, Equities, Life Insurance with cash value, Money Market Funds, Mutual Funds, etc. Currently prohibited from consideration are: credit cards, home equity value, loans, Term Life Insurance (with no cash value) and non-financial instruments (automobiles, jewelry, art, home furnishings, etc.). Also prohibited are: (a) 529 Savings Plan balances from states currently participating in Tuition Rewards (as assets already receive Reward points); (b) Company retirement plan assets (401(k), 403(b), etc.); (c) Selling voluntary benefits to organizations without approval of The College Tuition Benefit.

(SAGE may modify eligible assets from time-to-time at its discretion.)

5. **Marketing:** I will provide all marketing materials that I create concerning Tuition Rewards to SAGE's compliance department for review & approval **prior** to production, publication or email marketing. This includes, but is not limited to, brochures, flyers, advertisements, and website or other electronic copy.

6. **Member Colleges** I agree that I will not contact the development, admissions or financial aid offices of any member college for business purposes without prior authorization from SAGE (unless I have a pre-existing relationship or am representing a student client). I agree that I will not tell a college that I "represent SAGE".

[Explanation: Contacting development officers (unfamiliar with an enrollment initiative) is not only a waste of your time and effort -- but can result in the loss of membership of our colleges. Colleges join our program to recruit students.

Member colleges are certain to have pre-existing relationships with trustees, major donors and influential alumni involved in financial services. Colleges are exceedingly reluctant to offer financial products to alumni.]

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_