



Independent Producer Contract Requirements Checklist:

Producer Name: _____
(print)

Producing General Agent Name: _____
(please print and include your CL Number)

Notice to General Agent; if your producer is appointed in any of the following states: CA, GA, KY, LA, MA, MS, MT, NM, PA, SD, TX, UT, VA, WA or WV, any person or entity receiving compensation must also be licensed in the listed states.

- Complete and sign the Application for Contract (CL 5.6). If you are contracting your corporation, Section 2 and Section 3 must be completed.
- Attach current E&O proof of coverage or complete the Application for Columbus Life Insurance Company sponsored E&O program (CL 5.624) and include the E&O direct deposit form (CL.5.624-PAT) if paying monthly. **Errors and Omissions coverage is required** for contracting with Columbus Life Insurance Company.
- Complete and sign the Direct Deposit form (CL 5.625). Include a **voided check** or letter from your Financial Institution. **Direct Deposit of commissions is required** for contracting with Columbus Life Insurance Company.
- ANTI-MONEY LAUNDERING VERIFICATION. **Anti-Money Laundering verification is required** for contracting with Columbus Life Insurance Company.
- Annuity Producers are required to submit verification of:
 - 1) 4 hours of Continuing Education credits
 - 2) Product Specific training
- Return the signed Independent Producer Contract.
- PGA:** Please complete and sign Commission Level Assignment form (CL 5.874).
- Beneficiary Designation.

Producers please return your completed paperwork to your Producing General Agent. Producing General Agent please fax, mail or email completed paperwork to our Licensing Department at:

Columbus Life Licensing Department
303 Broadway
Cincinnati OH 45202
Email: licensingcl@westernsouthernlife.com
Fax: 513-362-8318



APPLICATION FOR CONTRACT

SECTION 1: PERSONAL INFORMATION

Last Name: _____
(print)

First Name: _____ M/I: _____

Date of Birth: _____ M F

Social Security Number: _____

Designations: _____

Home Address: _____

Phone Number: _____

Home addresses for past ten (10) years:

SECTION 2: MAILING ADDRESS

Name of Agency/Business entity: _____

Mailing Address: _____

Street Address: *if above is a P.O. Box*

Phone Number: _____

Fax Number: _____

Email: _____

Website: _____

Please indicate the state(s) where appointment is desired: _____

May Columbus Life use your name and/or your corporation's name in our publications? Yes No
If you check **No**, you will not be eligible to participate in Columbus Life sales conferences and contests.

If commissions are being assigned (paid to any entity other than your personal account) complete this section.



SECTION 3: COMMISSION ASSIGNMENT By assigning your commissions, you are consenting to have all compensation paid and reported to a separate entity as indicated below.

As an authorized representative of the entity listed below, I hereby instruct Columbus Life Insurance Company to assign and report commissions and other compensation as income to this entity.

Name of entity _____
*If different than business name above

Address: _____

Phone Number: _____

Fax Number: _____

Date

Authorized Representative (print)

Tax ID Number

Authorized Representative's Signature

*If the producer is doing business in any of the following states, any person or entity receiving compensation MUST be licensed with the state in order for compensation to be paid to that person or entity: CA GA KY LA MA MS MT NM PA SD TX UT VA WA WV.

SECTION 4: ANTI-MONEY LAUNDERING COMPLIANCE

Columbus Life Insurance Company (CLIC) has implemented an Anti-Money Laundering program to comply with federal Anti-Money Laundering regulations for insurance companies, effective May 2006. The regulations apply to all products offered through CLIC.

As a result, you are required to show proof that you have completed Anti-Money Laundering training within the last 24 months in order to be appointed with CLIC. After initial appointment, you are required to complete Anti-Money Laundering training every two years in order to maintain your appointment. We will contact you when recertification is due. Producers may either take AML training provided by Columbus Life Insurance Company through LIMRA or provide suitable proof of other training from another insurance carrier or a FINRA-registered broker-dealer. Acceptable proof must be included with your contracting paperwork at the time of submission before you will be appointed with Columbus Life.

Please indicate below how you are meeting this requirement:

- I completed an AML course through LIMRA on: _____
Date
- Attached is a valid certificate of completion. *The certificate must include your name, the name of the training course and date of completion.*

SECTION 5: ANNUITY SUITABILITY TRAINING

- Are you an annuity producer?
- No – please skip to section 6. You must complete all training prior to selling or soliciting annuity products in the future.
- Yes – you are required to complete training prior to selling or soliciting annuity products.

If you are licensed in **AK, CA, CO, CT, DC, HI, IA, IL, IN, KY, MD, ND, OH, OK, OR, RI, SC, TX, WI, or WV**, your State Insurance Regulations now require all Insurance Producers to complete training before they can solicit or sell Annuity Products. **NJ** has adopted the Suitability Questionnaire only. We anticipate the following states to adopt this regulation in 2012: **MI, MN, TN, and WA**. Prior to soliciting the sale of an annuity product, an insurance producer must have adequate knowledge of the annuity product and must be in compliance with the insurer's standards for product training. No producer will be contracted for the sale of an annuity product in these states without meeting the following training requirements:

1. Producers must obtain four continuing education credits by an approved vendor offering an Annuity Products course. This is a one-time requirement.
2. In addition, all Insurance Producers are required to complete Product Specific Training for all annuity products available through Columbus Life.

All training is available through Kaplan. You will receive an email or letter with instructions on how to access the Kaplan training once we receive your contracting paperwork and you are set up in our system. We will be notified directly from Kaplan when you have completed the training.

If you have obtained the 4 hours of CE training through a different vendor, please include a copy of your 4 hour CE credit certification.

SECTION 7: PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

Public Law 91-508 requires that the Company advise you that a routine inquiry will be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics, mode of living, and credit history. These include, but are not limited to: consumer credit report, and debit reporting services. Upon written request, additional information as to the nature and scope of inquiry, if one is made, will be provided.

This is not an application for employment, but an application for contract as an agency/producer to represent Columbus Life Insurance Company in the sale of insurance.

APPLICANT'S DECLARATION AND AUTHORIZATION

1. I hereby certify that my answers to the questions appearing in this application are true and complete.
2. Under penalty of perjury, I hereby certify that A) the Social Security number (TIN) on this application is correct, and B) that I am currently not subject to backup withholding.

3. AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern: I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish Columbus Life Insurance Company, 400 East Fourth Street, Cincinnati, OH 45202, with any and all information in their possession regarding me in connection with an application for contract with Columbus Life. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written contract application which I sign.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for contract, promotion, reassignment, or retention as a producer with Columbus Life Insurance Company.

California, Minnesota and Oklahoma residents only - Please check this box if you would like to receive a copy of the consumer credit report obtained during the background investigation.

Name of Applicant (print)

Signature of Applicant / Date*

STATEMENT OF PRODUCING GENERAL AGENT (OR REGIONAL MARKETING DIRECTOR)

I have investigated the reputation and character of the above applicant, whom I believe to be trustworthy, honorable, and reliable in dealing with the public and with Columbus Life Insurance Company.

Producing General Agent (print)

Producing General Agent Signature / Date*

or

Regional Marketing Director Signature / Date

**Note to Applicant / PGA and/or RMD: Please sign this application to eliminate any delays in the contracting process.*

CONSUMER NOTIFICATION

Pages 5 & 6 should be retained for your records

This is to inform you that an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for contract as a producer with Columbus Life Insurance Company.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have the right to request additional disclosures regarding the nature and scope of the investigation.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](http://www.ftc.gov), 15 U.S.C. 1681 et seq., at the Federal Trade Commission's website (<http://www.ftc.gov>). FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report must be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

- **You can dispute the inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violation of the FCRA.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federal chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051



Columbus Life Insurance Company

A member of Western & Southern Financial Group

Independent Producer Agreement

Between Columbus Life Insurance Company and _____
(print Independent Producer name)

Dated at Cincinnati, Ohio _____

SECTION I. Terminology

As used in this agreement "you" refers to the Independent Producer and "the Company" refers to Columbus Life Insurance Company, located in Cincinnati, Ohio. "Contracts" refer to insurance, annuities, and other products offered by the Company.

participate in any fringe benefit programs sponsored by us for our employees.

In consideration of the Company's agreements, you agree:

SECTION II. General Agreements and Definitions

Appointment: You are hereby appointed Independent Producer for Columbus Life Insurance Company. The Company agrees:

1. To compensate you for the sale of life insurance and annuities of the Company. By signing this Agreement, you hereby accept your appointment as an Independent Producer and agree to be bound by its terms.

4. To solicit sales of Contracts only in those jurisdictions where the Contracts are authorized for sale, obtain completed applications therefor on forms authorized by the Company and collect the full initial premiums for the Contracts to be issued, subject to and in accordance with the rules and regulations of the Company. All such applications and the full amount of all premiums, without setoff, demand or deduction shall be promptly remitted to the Company.
5. To immediately communicate, deliver and distribute to the intended recipient Contract Owners and, policy owners any bulletins, notices, checks, statements, and any other communication or information received from the Company.
6. To make best efforts to maintain the Company's Contracts in force and to provide assistance to the Company's Contract owners.
7. To keep all Company funds received by you separate from personal funds, and immediately forward such Company funds to the Home Office of the Company.
8. To keep records of solicitations, sales and service consistent with normal good business practice.
9. To permit authorized persons of the Company to review and examine your records for the purpose of verifying compliance with this Agreement; and to fully assist and cooperate with the Company in obtaining information and statements in the

Relationship with Company:

2. You shall be free to exercise your own independent judgment as to the time, place and manner in which you perform the services authorized under this Agreement, subject to any rules we may adopt relating to the conduct of our business.
3. You will be an independent contractor and nothing contained herein shall be construed as creating the relationship of employer and employee between you and us for any purpose, including federal tax purposes. You shall be responsible for and pay any and all expenses incurred in conducting business under the terms of this Agreement. You are not eligible to

investigation of any complaint, claim or other matter.

Certain Definitions

10. **Agency Year:** The production year shall be based on a calendar year, or in the event that this Contract terminates, that part of the calendar year prior to termination.
11. **Persistency:** Unless otherwise specifically noted, measurement is for a block of business written over a twelve-month period. This is the ratio of the business in force for which premiums were actually paid for a duration of 13, 25, or 37 months from date of issue—to the business in force for which all premiums were due for the same respective duration
12. **Commission Schedule:** The schedule of commissions applicable to your production at any time.

Representations

13. You represent to the Company that you are licensed under state insurance or other laws to the extent required to perform this Agreement and shall be duly appointed to solicit and sell Contracts of the Company.
14. You represent to the Company that you have never been the subject of any arrest, warrant for arrest, indictment, charge of any kind or conviction for (a) any felony, or (b) any crime or offense involving fraudulent or dishonest practices, or a breach of fiduciary duty. You agree to defend and indemnify Company with respect to any action brought against Company to the extent that such action is based upon a claim that the engagement by Company of you or any employee of yours violated any state or federal proscription against such engagement, including but not limited to The Violent Crime Control and Law Enforcement Act of 1994, as may be amended.
15. You acknowledge and agree to notify the Company in writing within seven (7) business days if any of the above-referenced representations change during the term of this Agreement.

SECTION III. Independent Producer Compensation

1. **Account:** The Company will establish an account to which your compensation will be credited. We agree to keep an accurate account of all business produced by you, and will render

to you an itemized statement of said business, no less than monthly. You agree to examine the statement immediately and to notify us at once, in writing, of any difference between said statement and your records. If you do not notify us of any discrepancy within 60 days, you shall be considered to have accepted the accuracy and correctness of the statement. We reserve the right to correct records periodically to preserve accuracy.

2. **Production Requirements:** The Company has established guidelines regarding production levels required to maintain this Agreement. We reserve the right to terminate your Agreement if said requirements are not met. We reserve the right to review and adjust these guidelines.
3. **Compensation:** Your full compensation will be the commissions provided for in the applicable Commission Schedules. Compensation includes first year and renewal commissions. There shall be no additional compensation or reimbursement to you for services performed or expenses incurred. Commissions are paid only on policies delivered for which premiums have been paid. No applications will be accepted nor will any commissions be paid on policies or contracts which are not approved in the state where written. In order to receive commissions, you must be properly licensed and appointed in all states in which you do business. The amount of the commission will equal the percentage of premium paid as specified in the Commission Schedule indicated on the last page of this Contract. Commissions apply to contracts listed in the Commission Schedule as published and modified from time to time by the Company. If any Contract lapses or is surrendered within 12 months of the issue date, or if there is a refund of any premiums, commissions will be charged back to you pursuant to the applicable Commission Schedule, and will be immediately repaid to the Company or, at the option of the Company, deducted from any compensation payable to you. The amount, if any, and the time of payment of commissions on replacements, changes, exchanges, term renewals, premiums paid in advance, premium rate increases and other special cases are governed by the rules and regulations of the Company.
4. **Sale, Assignment, or Transfer of Compensation:** No sales, assignment or transfer of compensation by you shall be binding upon the Company unless it agrees to it in writing.

5. If termination of this Agreement is due to the death of Producer, any remaining compensation owed under the Compensation Schedule will be paid to Producer's estate, or alternatively to their named beneficiary on a form acceptable to us.

SECTION IV. Vested Renewals

1. **Vested Renewals:** As long as this Agreement remains in effect, all first year and renewal commissions shall be paid as premiums are received. Such payments are determined by the Commission Schedules in effect on the date the first premium for a Contract is received by the Company. If this Agreement is terminated for any reason, all first year and renewal commissions shall be paid to you as they accrue; however, any such payments are subject to the provisions and rules of the Company regarding commissions and the minimum compensation required to issue a check or electronic funds payment.
2. **Commissions on increases of existing Universal Life policies** shall be credited to the Independent Producer writing such increases as determined by the Company.

SECTION V. General Provisions

1. **Appointment or Transfer of an Independent Producer:** Independent Producers may not be appointed or transferred to another organization without the written consent of the Company.
2. **Indebtedness to Company:** Any advance or loan, chargeback of commissions or extension of credit from the Company and/or any obligation incurred for any reason, along with interest described below, shall constitute your indebtedness to the Company and you shall not be entitled to receive any compensation due, held or becoming due under this Agreement until said indebtedness is fully satisfied. The entire indebtedness as shown in the Company's ledger accounts may be deemed by the Company due and payable at any time. Should you become indebted to the Company, this indebtedness shall be a first lien on all compensation due, held or becoming due under this Agreement and said compensation is hereby assigned to the Company when and as it becomes due to be applied on said indebtedness. you shall have no right to sell, assign or transfer any compensation until the Company's claim is satisfied. Any existing assignment shall be subordinate to any claim by the Company that arises after the

assignment. You agree to pay interest on amounts that are outstanding from time to time. Interest shall be calculated at the prime rate as of April 30 and October 30 of each calendar year, as published in the Wall Street Journal, and shall be charged to your account each week. In the event that the Company takes legal action or undertakes an arbitration proceeding to collect any indebtedness, you agree to pay the attorneys' fees and any other expenses of collection.

3. **Waiver:** The Company's neglect or failure to enforce the terms and/or provisions of this Agreement will not constitute a waiver of any rights under this Agreement.
4. **Cancellation of Policy with Refund of Premium:** If the Company shall find it necessary to cancel a Contract after its issue and return the premium paid thereon, any compensation previously credited will be charged back against your account in accordance with Section III above.

SECTION VI. Registered Products

1. Registered products can be sold only by properly licensed Registered Representatives, registered with a FINRA member Broker-Dealer that has a Selling Agreement in effect with Columbus Life. Compensation to you for registered insurance products will then be in accordance with the compensation agreement and schedules between the Broker-Dealer and you currently in effect. Additional information regarding licensing, appointments or compensation may be obtained from your Broker-Dealer.

SECTION VII. Your Responsibilities

1. **Compliance with Law:** You agree to comply with the laws and regulations applicable to you in the sale of the Company's products, including but not limited to all applicable privacy, insurance and securities laws and regulations.
2. **Errors and Omissions Insurance:** You, and all of your principal shareholders, shall be responsible for maintaining Errors and Omissions coverage satisfactory to the Company and providing proof of same to the Company on an annual basis.
3. **Ethical Conduct:** You agree to conduct yourself in a manner that reflects the following professional pledge: "In all my professional relationships, I pledge myself to the following rule of ethical conduct: I shall, in light of all conditions surrounding those I serve, which I shall make

every conscientious effort to ascertain and understand, under the same circumstances, I would apply to myself.”

4. **Rebating:** You shall not pay or allow any rebate of premiums or commissions in any manner, either directly or indirectly on business written by you.
5. **Sales Material, Advertising:** You agree not to use advertising copy, direct mail letters, or other electronic or printed sales material unless approved prior to use in writing by the Company.
6. **Company Rules and Regulations:** You agree to comply with all rules and operating procedures of the Company as published from time to time. In the event of any dispute between the parties hereto as to the interpretation of any Company rules, regulations and operating procedures, the Company's position shall control.
7. **Writing Agent:** The Company will not accept business from nor pay commissions to any person who is not a licensed and appointed representative of the Company in the jurisdiction in which the insurance application was written.
8. **Policy Delivery:** You agree to deliver all policies in accordance with the Company's current rules and procedures. Delivery may only be made if the proposed insured is, to the best of your knowledge, in as good a condition of health and insurability as is stated in the application for such policy. If any policy cannot be delivered within 90 days following the date of issue, unless given written permission by the Company, such policy must be returned to the Company.
9. **Replacement:** You agree not to engage in the systematic replacement of any insurance products, including the Company's products. Consistent with applicable law, you shall make necessary inquiries to each applicant for a Company product as to any insurance already in effect by the applicant and, upon determination that a prospective sale involves the replacement of existing coverage, you agree to furnish the applicant with and effect proper execution and retention of any replacement notices and information as required by applicable law.

SECTION VIII. Termination

1. This Agreement will automatically terminate:
 - a) Upon your filing a petition for bankruptcy or one being filed for you or your being adjudged bankrupt or by your executing a general assignment for the benefit of creditors.
 - b) Upon revocation, termination or non-renewal of your agent's license(s).

- c) This Agreement is terminated automatically without cause upon your death if it is an individually signed (non-corporate) Agreement, or if you are a partnership, LLC or corporation, upon any event legally causing the dissolution of that entity.
- d) Upon your violation of or non-compliance with the terms of this Agreement.

2. It may also be terminated by either party, for any reason, effective the date notice is mailed to the last known post office address of the other party.
3. Upon termination of this Agreement, you agree to return to the Company all records, manuals, software or material of any kind having to do with the business of the Company.
4. Upon termination of this Agreement, your indebtedness to the Company shall become due and payable immediately and all rights hereunder shall cease, except such as may have become vested by the provisions of Section IV.

SECTION IX. Prior Agreements

This Agreement and the applicable Commission Schedule(s) supersede all prior schedules and agreements. The Company reserves the right to change the Commission Schedules at any time, but any change will not affect any renewal commissions that have already been vested.

SECTION X. Anti-Money Laundering

You warrant and represent that you are in compliance with the Anti-Money Laundering requirements of the USA PATRIOT Act including, but not limited to, the regulations thereunder, and further agree to report to the Financial Crime Enforcement Network (FinCEN) and to Company, without any undue delay, any unusual or suspicious activity or transaction involving customers and/or potential customers involving products offered by or through the Company. You will ensure that any activity reported to the Company remains confidential and is not disclosed to the customer(s) involved in such report or to any third party other than those you are required to inform under applicable law. You will be required to complete periodic AML training. You will ensure that the AML program training, includes an explanation of regulations and rules related to AML, the identification and/or examples of "suspicious activity," and identification of source of funds and expected account activity.

SECTION XI. Suitability

To the extent any state in which you do business has adopted the NAIC Suitability in Annuity Transactions Model Regulation or any related or analogous law (SATMR), you represent that you are in compliance with the provisions of such law applicable to insurance agencies and/or insurance agents. Specifically, you represent that you have or will establish and maintain a system to capture recommendations to consumers that is reasonably designed to achieve compliance with SATMR, including but not limited to: (a) written procedures; and (b) periodic review of your distribution methods that are reasonably designed to assist in detecting and preventing violations of SATMR.

You acknowledge that the Company has obligations under SATMR that are independent of those applicable to insurance agencies and insurance agents. In connection with these obligations, the Company in its sole discretion may require you to submit a suitability form with an application for a Contract. You agree to cooperate with the Company in this regard. Without reducing any duty you have to determine the suitability of a Contract for an applicant, the Company reserves the right to deny applications based on the content of the suitability form. This provision will survive termination of the Agreement to the extent necessary to allow the Company to comply with the record-keeper requirements of SATMR. Notwithstanding the foregoing, nothing herein shall be construed to create greater obligations than are imposed under SATMR as adopted in any state.

SECTION XII. Miscellaneous

1. **Governing Law:** The laws of the state of Ohio shall govern this Agreement.
2. **Entire Agreement, Amendments:** This is the entire Agreement between you and the Company. There are no other agreements or understandings that obligate the Company. This Agreement may only be amended or modified by a written agreement signed on behalf of the Company by an authorized officer of the Company.
3. **Assignment:** You shall not assign any rights or delegate any duties under this Agreement unless allowed under applicable state law and unless you have obtained the prior written consent of the Company. The Company may assign its rights under this Agreement to any entity that owns, controls, or is owned or controlled by, or shares common ownership or control with, the Company. Should the Company assign its rights to any other entity, it will provide you with prior written notice of such event.

Signed this _____ day of _____, _____.

Name of Independent Producer (*please print*)

Signature of Independent Producer

For Home Office Use Only:

Accepted for the Company:

Signature of Company Officer

Company Officer (*print name*)

Date



**ERRORS AND OMISSIONS
APPLICATION**
Policy Period: March 1, 2012 to March 1, 2013

SECTION A: ACCEPTANCE / DECLINATION

- NO, I decline the offer to participate in the Columbus Life Errors & Omissions program.**
I understand it is my obligation to make certain that a current copy of my E&O declarations page is on file with Columbus Life at all times. (Please attach a current declarations page.)
- YES, I wish to participate in the Errors and Omissions coverage sponsored by Columbus Life.**
By participating in Columbus Life's E&O program, I acknowledge that the full annual premium is fully earned when coverage begins and I expressly agree that the elected coverage will be paid for through the end of the plan year even if I am terminated (for any reason) from Columbus Life or Lafayette Life. As such, I agree that the full payment will be made to Columbus Life either through a continuation of monthly drafts from my account or by lump sum payment for the balance of premium owed.

SECTION B: LIABILITY LIMIT

Basic Coverage

- \$1,471 per year provides Liability Limit of \$1,250,000 (annual aggregate per agent)
Note: Investment Coverage is included in the Basic Coverage. You must be Securities licensed for investment coverage.

Benefit Cost

\$ 1,471

No add'l charge

Additional Limits

- \$176.00 Increases Liability Limit to \$2,000,000
 \$562.00 Increases Liability Limit to \$3,000,000
 \$1,020.00 Increases Liability Limit to \$4,000,000 (*subject to Home Office approval*)

+ \$

Property & Casualty

- Additional \$150.00 per year

+ \$

Total

= \$

SECTION C: PAYMENT MODE:

- Annual
- Enclose check or money order made payable to Columbus Life for Total Cost
 - If enrolling in plan mid-year, payment will be based on the following formula:
Total Benefit Cost / 12 x number of months, including current month, through February 2013
- Monthly
- Enclose PAT Form (CL 5.624 PAT) and Voided Check
 - Monthly payment will be determined based on the following formula: Total Benefit Cost x .091

SECTION D: APPLICANT INFORMATION: (must complete if participating in program)

Producer Name (print): _____ Producer Number: _____

Producer Signature: _____ SS#: _____
(new producers only)

Address: _____

Email Address: _____ Date: _____

Phone Number: _____

RETURN THIS FORM TO:
Columbus Life Agency Operations
400 East Fourth Street, Cincinnati, Ohio 45202-3302
1-800-677-9696 Ext 6733 • 513-361-6899 fax



**Errors & Omissions Coverage
Authorization for Pre-Authorized Transfer**

By completing this form and submitting a **voided check or letter from your financial institution**, Columbus Life will automatically draft E&O premiums once a month through your checking account.

We need your bank's name and address as well as the signature(s) of the premium payer(s). Joint checking accounts require both parties' signatures.

Bank Name _____

Bank Address (number, street and branch) _____

City _____ State _____ ZIP _____ Phone Number _____

Routing Number: _____ Bank Account Number _____

As a convenience to me, I hereby request and authorize you to electronically transfer funds to Columbus Life Insurance Company, Cincinnati, Ohio, or pay and charge to my account checks drawn on my account by and payable to the order of Columbus Life Insurance Company, Cincinnati, Ohio, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such electronic transfer or check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such electronic transfer or check. I further agree that if any such transfer or check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

By participating in Columbus Life's E&O program, I acknowledge that the full annual premium is fully earned when coverage begins and I expressly agree that the elected coverage will be paid for through the end of the plan year even if I am terminated (for any reason) from Columbus Life or Lafayette Life. As such, I agree that the full payment will be made to Columbus Life either through a continuation of monthly drafts from my account or by lump sum payment for the balance of premium owed.

This authorization is being submitted to:

- 1. Establish a new PAT account
- 2. Change an existing account

Attach a voided check or letter from financial institution, for the account from which drafts will be made.

Withdrawals to begin _____ Amount _____
Month Day* Year

***Automatic withdrawals can be created any day of the month except the 29th, 30th, or 31st**

Signature of Account Holder

Signature of Joint Account Holder

Print Name of Account Holder

Print Name of Joint Account Holder

Today's Date

Authorized Signature (Producer)



Direct Deposit Authorization for Commissions - REQUIRED

Producer Name: _____ Producer Number: _____

Payee Name: (if other than Producer): _____
Last Name First Name Middle Initial

If Payee is a Corporation*, please complete below:

Corporation Name: _____

Tax I.D. Number: _____

Address: _____

*If the named producer is soliciting in any of the following states, the payee MUST be licensed with the state in order for commissions to be paid to that entity: CA GA KY LA MA MS MT NM PA SD TX UT VA WA WV.

If the payee is not licensed, please provide bank information for your personal account.

<input type="checkbox"/> Start or Change Direct Deposit	Effective Date: _____
EFT Type: (check one):	<input type="checkbox"/> 01 Checking <input type="checkbox"/> 02 Savings <input type="checkbox"/> 03 Credit Union
Account Number: _____	Routing Transit: _____
ATTACH VOIDED CHECK IF DEPOSITING TO A CHECKING ACCOUNT OR VERIFICATION FROM YOUR FINANCIAL INSTITUTION	

<input type="checkbox"/> Stop Direct Deposit	Effective Date: _____
EFT Type: (check one):	<input type="checkbox"/> 01 Checking <input type="checkbox"/> 02 Savings <input type="checkbox"/> 03 Credit Union
Account Number: _____	Routing Transit: _____

I hereby authorize Columbus Life Insurance Company (hereinafter called the Company), to initiate the action(s) indicated above for credit entries representing compensation to be deposited into my account at _____ (hereinafter called the Depository). In consideration of initiating these deposits to my account, I specifically authorize the Company to initiate debit entries to recover funds which it has deposited to my account in error, and, on behalf of myself, my heirs, executors, administrators and assigns, I release and relieve from any liability to me, both the Company and the Depository for any such correcting entries.

This authorization supersedes any previous authorization concerning the above account(s) and shall remain in full force and effect until the Company has given written or oral notification to me or has received written notification from me in such time and in such manner as to afford the Company a reasonable opportunity to act on it.

Signature of Payee (or Officer of Entity) _____ Date: _____



Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 East Fourth Street
Cincinnati, OH 45202-3302
toll free 800.677.9696
www.columbuslife.com

BENEFICIARY DESIGNATION

This form enables the Agent to designate a beneficiary to receive compensation due the Agent from Columbus Life Insurance Company ("Company") after the death of the Agent.

I designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Address	Share%
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies):

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Address	Share%
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

Unless this form is completed and received by the Company at its Home Office prior to the Agent's death, compensation due the Agent under the Agreement shall be paid to the Agent's estate, executors, or administrators as determined by the Company in its sole discretion.

THIS DESIGNATION SUPERSEDE ANY PREVIOUS DESIGNATION

Name of Agent (please print)

Date

Signature of Agent

Signature of Witness