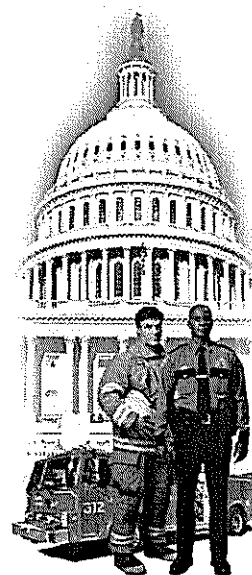




5STAR GROUP LEVEL TERM LIFE INSURANCE EMERGENCY SERVICE PROVIDERS



5STAR GROUP LEVEL TERM

BACKGROUND & ELIGIBILITY

AFBA was established in February 1947. Our mission at AFBA is to provide financial solutions that meet the needs of our members and their families at every stage of their lives. AFBA is constantly improving its life insurance products and member benefits; additionally, through its related enterprises, we offer unique and competitive products to help you meet your financial goals. AFBA has over 350,000 members and associate members with over \$37 billion of insurance in force. We have expanded our eligibility to include all families of the uniformed military services; all Department of Defense and Federal Government employees; all contractors in support of the above; all state, municipal and local government employees to include Emergency Service Providers (Law Enforcement, Firefighters, and Emergency Medical Service Providers); and all their families. You are eligible to enroll for a maximum of \$500,000 through age 64 provided you are a United States citizen. Your spouse may also apply for coverage up to \$500,000 through age 64.

Within 24 hours after receiving notice of a death, an Emergency Death Benefit of up to \$15,000 will be mailed to the beneficiary for all valid claims.

CHILDREN'S RIDER

Dependent children under age 21 (23 if a full-time student) are eligible for coverage under the Children's Rider. All eligible children are covered under one contribution. Statement of Health questions must be answered for **all** children. **Ages 15 days to 6 months:** \$1.00 per \$1,000 unit for a maximum of 5 units (\$5,000). **Ages 6 months to 21 years (23 if full time student):** \$1.00 per \$5,000 unit with maximum of 5 units (\$25,000).

MEDICAL REQUIREMENTS

Individuals under age 50 are asked to complete a Statement of Health and those over age 50 are required to undergo a medical evaluation by a paramedic or medical doctor. In most cases, this will be accomplished in the privacy of your own home or office. A paramedical service will contact you for an appointment for the necessary tests and/or exams. Physical exams, when required, will be arranged and paid by AFBA.

SCHOLARSHIP BENEFIT

Families of Emergency Service Providers are eligible to benefit from the Charles C. Blanton AFBA Family Survivor College Scholarship. The surviving spouse and children of **Law Enforcement, Firefighters and Emergency Medical Service Providers** who are AFBA members and die while involved in operations at the scene of an "incident" are eligible for this scholarship. The scholarship provides up to \$10,000 per family, per year, for a maximum benefit of \$40,000 toward a college degree. Further details are available at www.afba.com on the Life Planning pages.

MONTHLY CONTRIBUTIONS - MALE/FEMALE

Age	\$100,000		\$250,000	
	Non-Tob	Tobacco*	Non-Tob	Tobacco*
18 - 39	\$ 10.00	\$ 20.00	\$ 25.00	\$ 50.00
40 - 49	18.00	36.00	45.00	90.00
50 - 59	40.00	80.00	100.00	200.00
60 - 64	80.00	180.00	200.00	400.00
65 - 69	140.00	280.00	350.00	700.00

*Tobacco contributions are 2 times non-tobacco. A Tobacco User is one who has used tobacco products in the past 12 months.

Coverage continues to age 70 and cannot be cancelled as long as insurance contributions are paid. Contributions increase on the anniversary of the effective date of issue for ages 18, 40, 50, 60, & 65. Contributions are based on current age at enrollment. AFBA reserves the right to change contributions in any year subsequent to issue of your coverage based on experience.

Additional contribution examples on reverse side.

5 Star Group Level Term is underwritten by 5 Star Life Insurance Company, rated "A-" by A.M. Best*. 5 Star Life is a wholly owned subsidiary of 5 Star Financial LLC. It is a related enterprise of AFBA.

This brochure is intended to outline the principal feature of this group term life insurance. Refer to the Certificate of insurance for details of coverage. Product not available in all states.

IMPORTANT FEATURES

- ✓ No War or Terrorism Exclusions
- ✓ No Occupation Restrictions
- ✓ Coverage ON and OFF Duty
- ✓ Payment of Emergency Death Benefit within 24 hours

*A.M. Best rating effective 1/16/08. Ratings on a scale of A++ to S.

MONTHLY CONTRIBUTIONS (MALE/FEMALE) NON-TOBACCO*

AGE	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
1 – 17	\$4.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18 – 24	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	N/A	N/A	N/A	N/A	N/A
25 – 39	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00
40 – 49	\$9.00	\$18.00	\$27.00	\$36.00	\$45.00	\$54.00	\$63.00	\$72.00	\$81.00	\$90.00
50 – 59	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00	\$140.00	\$160.00	\$180.00	\$200.00
60 – 64	\$40.00	\$80.00	\$120.00	\$160.00	\$200.00	\$240.00	\$280.00	\$320.00	\$360.00	\$400.00
65 – 69	\$70.00	\$140.00	\$210.00	\$280.00	\$350.00	\$420.00	\$490.00	\$560.00	\$630.00	\$700.00

*Tobacco contributions are 2 times non-tobacco. A Tobacco User is one who has used tobacco products in the past 12 months

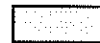
Coverage continues to age 70 and cannot be cancelled as long as insurance contributions are paid. Contributions will increase at each age as indicated above and change the month following entry into a new age group. Contributions are based on current age at enrollment. AFBA reserves the right to change contributions in any year subsequent to issue of your coverage based on interest rates and mortality experience.


This brochure is intended to outline the principal features of this group term life insurance. Refer to the Certificate of insurance for details of coverage. Product not available in all states.


MEDICAL REQUIREMENTS

Applicants may be required to undergo a medical evaluation by an authorized paramedic or examiner (refer to chart below). In most cases this can be accomplished in the privacy of your own home or office. A paramedic examiner will contact you for an appointment for the necessary tests and/or exams. Paramedical exams, when required, will be arranged and paid for by AFBA.

AGE	\$50,000	\$51,000 - \$100,000	\$101,000 - \$150,000	\$151,000 - \$200,000	\$201,000 - \$250,000	\$251,000 - \$300,000	\$301,000 - \$500,000
50 – 64	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis
40 – 49	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis
25 – 39	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis	Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis
18 – 24	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	N/A	N/A
1 – 17*	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG	N/A	N/A

 Complete Statement of Health (SOH). If any "yes" answers on SOH, additional medical information may be requested.

 Complete (SOH), Paramedical Exam, Blood Profile and Urinalysis.

 Complete (SOH), Paramedical Exam, Blood Profile, Urinalysis and Resting EKG.

* Dependents.

Agent Sales Group
 117 Main Street
 LaGrange, GA 30240
 800-353-8876
www.AgentSalesGroup.com



AGENT BIOGRAPHICAL INFORMATION

PERSONAL INFORMATION

Individual: SS# Corporation: Tax ID# Corporations must complete all personal information for Principal

Date of Birth Gender: Male Female

Individual or Corporation Name If Corporation, Name of Principal

Business Address

Home Address (required)

Mail Correspondence to: Home Business

Business Phone Fax # Home Phone

Do you have a computer? No Yes

Do you have E-Mail? No Yes, Email Address

Do you have a web site for your insurance business? No Yes, Site:

LICENSE INFORMATION

Resident License state: Non-Resident License state(s):

Are you NASD registered? No Yes Series

BACKGROUND INFORMATION

Give details to any "yes" answers in comments section and provide supporting documentation. If necessary, attach a separate sheet of paper.

- 1. Have you ever had an insurance license refused, revoked or suspended?
2. Have you ever been convicted of a felony or misdemeanor?

BACKGROUND INFORMATION cont.

- | | Yes | No |
|--|-----|-----|
| 3. Have you declared bankruptcy in the last ten (10) years either personally or in business? If yes, list date and in what city: _____ | [] | [] |
| 4. Have you any civil suits, bad debts, collection and/or judgments against you within the past seven (7) years? | [] | [] |
| 5. Have you had any tax liens which are currently outstanding or which have been paid within the last seven (7) years? | [] | [] |
| 6. Do you have Errors & Omissions insurance? | [] | [] |

Comments _____

I certify that all information given to 5Star Life by me is complete, true and correct. I understand that failure to disclose information about my background may result in denial or cancellation of my appointment. I authorize 5Star Life to conduct a background investigation on me including a review of credit worthiness, character, general reputation, business activities and personal characteristics, now or at any time. A photocopy of this authorization shall be as valid as the original.

Signature of Applicant _____ Date _____

MUST be completed by the Regional Director:

I, _____ certify that I have reviewed this agents background information and recommend him/her for contracting.

Signature: _____ Date: _____
(Regional Director Signature)



5STAR LIFE INSURANCE COMPANY
909 N. Washington St. Alexandria, VA 22314

INDEPENDENT FIELD SERVICE REPRESENTATIVE AGREEMENT

The *5Star Life Insurance Company* (hereinafter “the Company”) and

Field Service Representative Name

FSR#

in consideration of the mutual promises and agreements set forth herein, hereby agree as follows:

I. APPOINTMENT AND RELATIONSHIP

A. The Company hereby appoints you a Field Service Representative (hereinafter “FSR”) to act on its behalf and represent it only to the extent authorized herein.

B. Your performance hereunder shall be conducted as an independent contractor with respect to the Company, and nothing contained herein shall create or be construed to create the relationship of principal and agent, employer and employee, or partner between the Company and you or between the Company and any employee of yours.

II. AUTHORITY OF THE FIELD SERVICE REPRESENTATIVE

A. You are hereby authorized to solicit and obtain applications for the approved products offered by the Company. However, this authorization is limited to those states and jurisdictions where the Company is authorized to do business, and on the condition that you are in compliance with all applicable regulatory licensing requirements. You must also have been duly appointed to represent the Company at the time of solicitation.

B. At all times during the term of this Agreement, you shall be properly appointed and maintain in full force and effect all regulatory licenses necessary or appropriate to the performance of this Agreement.

C. You are authorized to collect the initial required premium for any policy or contract issued upon application solicited by you, and to service policies, contracts, and certificates of group coverage so issued, upon the following conditions:

1. All check or money orders are to be made payable to the Company. In no event are you authorized to accept any check or money order not specifically made payable to the Company.
2. All such premium payments shall be received and held in a fiduciary capacity by you as trustee of the Company and should be immediately remitted to the Company. Receipts are to be issued for all cash payments.

D. You are authorized to publish advertising material referencing the Company’s name, its products or services only upon the **prior written approval** of the Company Compliance Department.

III. LIMITATION OF AUTHORITY

- A. You do not have the authority to make, alter, modify or discharge any policy or contract; extend any provision thereof; extend the time for payments; waive any forfeiture; incur any debts or expenses for which the Company may be liable; receive any monies for the Company except as may be herein or elsewhere specifically authorized in writing by a Company officer; withhold or convert to your own use or for the benefit of others, any monies, securities, contracts, certificates or receipts belonging to the Company; or fail to submit promptly to the Company any completed application for life insurance; or accept payments other than in current funds of the United States.
- B. You do not have the authority to endorse or present for collection any check, draft or other instrument made payable to the Company.

IV. PROVISIONS RELATING TO ALL FEES PAID

- A. You shall remit promptly to the Company gross payments and other monies received or collected on behalf of the Company in the form of premium payments and shall not deduct or retain fees which may be payable hereunder.
- B. All fees due for business approved will be paid by the Company on or about the 10th and 25th of each month or the Friday before when the 10th or 25th day falls on a weekend.
- C. Any fees to which you may be entitled hereunder shall be payable to you only after the due date of the payment and after receipt of the gross payment by the Company at its administrative office. Any commission paid to subagents working under you reduces your compensation by that amount.
- D. There shall be no additional compensation or reimbursement to you for costs or expenses incurred in performing services hereunder.
- E. You will continue to receive all renewals due you (personally produced business and overrides) provided your commission account is in good standing and you maintain a current mailing address with the Company. In no event will the Company continue to pay renewal compensation to you when the amount thereof would be less than a total of \$100 in any calendar year.
- F. Fees payable according to the Company's commission addendum may be amended by notice in writing from the Company and such amendment shall take effect at the time specified in the notice. Notices shall be mailed to your last known address as reflected in the Company's records.
- G. This Agreement will terminate immediately upon your death, and any fees due and payable to you at the time of your death or thereafter under this Agreement shall be paid to your estate, or to your heirs or assigns, as applicable.

V. GENERAL PROVISIONS

- A. **Conduct of FSR:** It is understood that you shall exercise personal judgment as to the time, place and manner of performing services authorized under this Agreement, but shall be guided by such rules as adopted by the Company concerning general business and market conduct. In all cases, you shall act in strict accordance with the laws and regulations of the jurisdiction in which you are licensed, and in observance of the highest standards of professional conduct and integrity.

- B. Training/Conduct of Subagents: You are responsible for assuring that subagents employed by you are trained properly on all Company insurance products, operating procedures and sales practices, (including correctly filling out applications, medical requirements, and conducting their affairs strict accordance with the laws and regulations in which they are licensed) and in observance of the highest standards of professional conduct and integrity. These subagents must be licensed and appointed with 5Star Life prior to any sales activity.
- C. Prior Contract Superseded: This Agreement shall supersede any and all prior agreements between the parties hereto, whether written or oral except for payments of renewals as pertains to active Field Service Representative Agreements where producers are in good standing with the Company.
- D. Code of Conduct: Signed *Ethical Code of Agent Market Conduct* must be read, understood, and signed by you and be on file at 5Star Life.
- E. Privacy: You agree to keep confidential, protect and secure and not share, reveal or disclose to any party other than the Company, any personal customer information you receive in applications, or other forms associated with life insurance benefits or programs offered through the Company. This is Company policy in accordance with state and Federal law and regulation.
- F. Terminated Cases: You are solely responsible for all charge backs.
- G. Commission Charge Backs: All products sold and subsequently terminated during the first twelve (12) months will have fees on commission charged back to your account and repaid to the Company according to the following schedule:

Terminations within three (3) months	— total fees paid will be charged back
month 4	— 9/12 th of total fees paid will be charged back
month 5	— 8/12 th of total fees paid will be charged back
month 6	— 7/12 th of total fees paid will be charged back
month 7	— 6 /12 th of total fees paid will be charged back
month 8	— 5/12 th of total fees paid will be charged back
month 9	— 4/12 th of total fees paid will be charged back
month 10	— 3/12 th of total fees paid will be charged back
month 11	— 2/12 th of total fees paid will be charged back
month 12	— 1/12 th of total fees paid will be charged back
month 13	— 0 (zero charge-back)

- H. Escrow Account: The Company may elect to retain in escrow for the charge back period all or any portion of fees accruing from new business, pending satisfactory maintenance of scheduled premium payments.
- I. Indebtedness:
 1. You hereby grant to the Company a first security interest in all fees becoming due hereunder to secure any indebtedness to the Company; and the Company may at any time apply fees payable to you hereunder or any other monies payable to you by the Company to reduce any such outstanding indebtedness.
 2. Your entire indebtedness to the Company as recorded in the records of the Company, may, at the election of the Company, be deemed due and payable in full at any time.
 3. In addition to payment of the principal sum of any indebtedness owed to the Company, you shall also be liable for any costs, including reasonable attorney fees and other collection expenses, incurred by the Company in connection with the recovery from you of such indebtedness.

- J. Assignment: No assignment or other transfer by you of any right, title or interest herein, or of any benefits accruing hereunder, in whole or in part, shall be valid and any such attempted assignment of transfer shall be void unless the written consent of the Company thereto has first been given. Any assignee of rights or benefits hereunder shall be subject to all the terms and provisions hereof.
- K. Amendment: This Agreement may be amended at any time by written notice from a duly authorized officer of the Company.
- L. Hold Harmless: You agree to indemnify and hold the Company harmless from any losses, expenses, costs or damages resulting from acts or omissions on your part constituting a breach of any of the terms of this Agreement.
- M. Maintain proficiency in insurance knowledge and sales techniques.
- N. Assure that you and your subagents are in compliance with applicable state laws and rulings of insurance departments in any state in which you operate.
- O. Assure that you comply with our Company policies, guidelines and directives as issued from time to time in the form of manuals, newsletters, bulletins and other announcements

VI. TERMINATION

- A. Termination by Notice: This Agreement may be terminated without cause by either party upon at least thirty (30) days prior written notice to the other party. Such termination shall be effective thirty (30) days after the mailing of written notice thereof, or on the date specified in such notice, if later.
- B. Termination for Cause: This Agreement may be terminated immediately by the Company without notice for "cause" which terms shall include, but not be limited to, the following:
 - 1. Allegations or commissions of a fraudulent, illegal or dishonest act by you.
 - 2. Violation of the laws, regulations, or rules of any jurisdiction in which you operate, or of any regulatory authority exercising jurisdiction over you.
 - 3. Breach of any provision of this Agreement, including, but not limited to the performance of your responsibilities under this Agreement in bad faith.

Termination for "cause" may, at the option of the Company, result in forfeiture of all unpaid fees which may be due to you under this Agreement as of the termination date or thereafter.

- C. Return all Material: You agree, promptly upon termination of your appointment for any reason, to return to us all material we have furnished to you including manuals, forms, promotional material, supplies, equipment, customer records and accounts.

VII. SIGNATURE

I hereby acknowledge that I have read and understand the provisions of the foregoing Field Service Representative Agreement. I further acknowledge that said Agreement will not be deemed in effect until such time as I am in receipt of the counter-signed copy of this signature page of the Agreement.

1. *FIELD SERVICE REPRESENTATIVE:*

Name (Print or Type)

Signature

City, State

Date

2. *REGIONAL SALES DIRECTOR:*

Name

Signature

City, State

Date

3. *5STAR LIFE:*

V.P. Regional Operations

Signature & Date

Sr. V.P Operations

Signature & Date

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Please print or type	Name (See Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. 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 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number										
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or										
Employer identification number										
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List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



PRINCIPLES OF ETHICAL MARKET CONDUCT

These are our principles of ethical market conduct in matters affecting the sale of individually sold life products. 5 Star Life Insurance Company and its Sales Representatives pledge:

- I. To conduct business according to high standards of honesty and fairness and to render that service to our customers which, in the same circumstances, we would apply to or demand for ourselves.
- II. To provide competent and customer-focused sales and service.
- III. To engage in fair and active competition.
- IV. To provide advertising and sales materials that are clear, honest and fair.
- V. To provide for fair and expeditious resolution of customer complaints and disputes.
- VI. To maintain a system of supervision and conduct of sales activities to achieve compliance with these principles of ethical market conduct.

Sales Representative

Date

ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORTS

5Star Life Insurance Company

In connection with your application for employment (including contract for services), with 5Star Life Insurance Company, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma residents only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California residents only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature: _____

Date: _____

Social Security #: _____

Current Address: _____

city

state

zip

Other Names Used: _____

Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave, etc.

DL #: _____

State: _____

DOB: _____



Direct Deposit

Did you Know?

Direct Deposit is safe and confidential.

- Payments are made directly into your account. A check passes through many more hands than an electronic transfer.
- You are much more likely to have a problem with a check than with direct deposit. If you can take up to 2 weeks to get a replacement check. Checks can be misplaced or stolen – direct deposits can't.

Direct Deposit can save you time.

- You can save the equivalent of up to three workdays a year by not having to go to your bank to deposit your paycheck.
- If you are out of town, sick or on vacation on payday, don't worry, your paycheck will be deposited and available without having to pick it up.

Each payday, we will provide you with a pay stub, the same as you would receive with an ordinary paycheck. Your pay stub will detail how much was deposited in your account, tax information and so on.

***Attach a voided check below. Sign and return this form to FSR to start your direct deposit today!**

*** ATTACH VOIDED CHECK**

NAME: _____

FSR #: _____

Signature required to initiate: _____



License Appointment Fee Deduction
Authorization

I, _____ (print name), authorize

5Star Life Insurance Company to deduct from my commissions

any state license appointment fees.

Signature: _____

Date: _____



909 N. Washington Street Alexandria, VA 22314 (800) 776-2322

LICENSE APPOINTMENT FEES

(Last update: 3/2010)

Checks should be made payable to 5STAR LIFE INSURANCE CO.

STATE	RESIDENT Appointment Fee	NONRESIDENT Appointment Fee
ALABAMA	\$30	\$30
ALASKA	N/A	N/A
ARIZONA	N/A	N/A
ARKANSAS	\$20	\$60
CALIFORNIA	\$23	\$23
COLORADO	N/A	N/A
CONNECTICUT	\$80	\$80
DELAWARE	\$25	\$25
DIST. OF COLUMBIA	\$25	\$25
FLORIDA	\$60	\$60
GEORGIA	\$17.85	\$17.85
HAWAII	No Fee	No Fee
IDAHO	No Fee	No Fee
ILLINOIS	N/A	N/A
INDIANA	N/A	N/A
IOWA	\$5	\$5
KANSAS	\$5	\$5
KENTUCKY	\$40	\$50
LOUISIANA	\$20	\$20
MAINE	\$30	\$70
MARYLAND	N/A	N/A
MASSACHUSETTS	\$75	\$75
MICHIGAN	\$5	\$5
MINNESOTA	\$10	\$10
MISSISSIPPI	\$25	\$25

STATE	RESIDENT Appointment Fee	NONRESIDENT Appointment Fee
MISSOURI	N/A	N/A
MONTANA	No Fee	No Fee
NEBRASKA	\$8	\$20
NEVADA	\$15	\$15
NEW HAMPSHIRE	\$25	\$25
NEW JERSEY	\$25	\$25
NEW MEXICO	\$23	\$23
NEW YORK		
NORTH CAROLINA	\$20	\$20
NORTH DAKOTA	\$10	\$10
OHIO	20	20
OKLAHOMA	\$55	\$55
OREGON	N/A	N/A
PENNSYLVANIA	\$15	\$15
RHODE ISLAND	N/A	N/A
SOUTH CAROLINA	\$40	\$40
SOUTH DAKOTA	\$10	\$20
TENNESSEE	\$15	\$15
TEXAS	\$10	\$10
UTAH	No Fee	No Fee
VERMONT	\$60	\$60
VIRGINIA	\$12	\$12
WASHINGTON	\$20	\$20
WEST VIRGINIA	\$25	\$25
WISCONSIN	\$16	\$50

For fee questions please contact:

*Sheree Jackson
(800) 776-2322 x2451
sjackson@afba.com*

Last update: 3/10



909 North Washington Street Alexandria, VA 22314

AGENT’S LICENSE ONLY AGREEMENT

5Star Life Insurance Company, the “Company” is hereby requested to make application to the Department of Insurance of the State(s) of _____ for the issuance of a life and/or health insurance agent’s license/appointment authorizing

_____ to solicit applications on behalf of the Company.
Agent Full Name

I hereby agree that issuance of such license is subject to, and I hereby agree to be bound by each and all of the following conditions:

1. That I shall be an agent assigned to the jurisdiction of Regional Sales Director or Field Service Representative: _____ Agent # _____
2. That the Company has no obligation to me for commissions or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my Regional Sales Director or Field Service Representative who has personally agreed to compensate me for such services.
3. That I have no contractual relationship with the Company and that I am not and I shall refrain from holding myself out as, an employee, partner, joint venture or associate of the Company.
4. That I shall not solicit insurance on behalf of the Company unless and until properly licensed and I shall be governed strictly by all rules, regulations and instructions contained in the Company rate books, bulletins, newsletters and manuals, together with all other regulations and Company policy and procedures instituted from time to time, and observe and comply with the insurance laws and regulations of the state or states in which I operate.
5. That I shall use only those sales or advertising materials (“sales solicitation literature”) (including generic advertising materials which do not include the Company’s name) the company has approved in writing for my use before I use such material. I shall maintain complete records indicating the manner and extent of my distribution of all sales solicitation literature. I shall hold the Company and its affiliates harmless from any liability (including regulatory penalties, however, denominated) arising from my use of any sales solicitation literature which the Company has not specifically approved in writing before I use it or which I use after been disapproved for further use.
6. That I shall promptly remit to my Regional Sales Director or Field Service Representative of the Company any and all monies received by me on behalf of the Company, and I shall not commingle any such monies with my own funds.
7. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever.
8. That I understand and agree that I am not authorized and have no authority for and on behalf of the Company:

- a. To make, alter or discharge any contract.
 - b. To endorse any check or draft that has been made payable to the Company.
 - c. To accept any premium after the initial remittance.
 - d. To waive or modify any policy or application provision, condition, or obligation.
 - e. To extend the time for payment of any premium or accept payment of any past due premium.
 - f. To approve evidence of insurability.
 - g. To bind or otherwise commit the Company to any insurance risk.
9. That the Company may, without liability to me whatsoever, upon request of my Regional Sales Director or Field Service Representative or upon its own initiative, cancel my license/appointment at any time.

10. I agree to keep confidential, protect and secure and not share, reveal or disclose to any party other than the Company, any personal customer information I receive in applications, or other forms associated with life insurance benefits or programs offered through the Company. This is Company policy in accordance with the Federal Privacy Act.

AGENT ACCEPTANCE & CERTIFICATION

IN WITNESS WHEREOF, I have affixed my signature this _____ day of _____
20_____

Signature of Agent

Name (print)

Street

City/State/Zip

Social Security Number

REGIONAL SALES DIRECTOR or FIELD SERVICE REPRESENTATIVE CERTIFICATION

The foregoing applicant is hereby recommended as an Agent assigned to my jurisdiction, subject to the terms of my Regional Sales Director and Field Service Representative contract with the Company and this request. I further understand that I am solely responsible for all charge-backs and debt associated with this agent's business written with the Company.

Regional Sales Director or Field Service Rep. Signature

Date

Regional Sales Director or Field Service Rep. Number