



Agent Data Sheet

A. General Information

Name (as appears on license):

Gender: Male Female

Social Security Number: Date of Birth:

Business Address:

City: County: State: Zip Code:

Business Phone: Business Fax:

Email: Website:

Current Resident Address:

City: County: State: Zip Code:

Residence Phone: Cell Phone:

B. Licensing Information

(Agent must have an active license in any state where an appointment is being requested. If electronic copy of license is available, it may be attached after completing this form.)

Please list states that you would like 5 Star Life Insurance Company appointments in:

Agent will be billed for all non resident appointment fees.

Resident License #: License State:

Non Resident License #: License State:

License #: License State:

License #: License State:

License type: Individual Agency License Lines: Life Accident & Health

Primary Markets: Years in Insurance Sales:

Are you the principal of an agency where appointment is needed? Yes No

Agency Name: Agency Tax ID:

Address:
Street City State Zip Code

Agency Resident License Number: Agency Resident License State:

C. Agent's Statements

1. Have you ever plead nolo contendere (no contest) or been found guilty of a felony? Yes No
2. Have you ever plead nolo contendere (no contest) or been found guilty of a misdemeanor other than a traffic violation? Yes No
3. Are you now, or have you ever been, party to a legal hearing (including lawsuits initiated by private or government parties) related to your activities in the Insurance Industry? Yes No
4. Are you now, or have you ever been, under sanction in any manner, or a party to an insurance department or regulatory agency hearing relating to your activities in the insurance industry? Yes No
5. Are you indebted to any insurance company, or does any insurance company claim you owe them a debt? Yes No
6. Are you now, or have you ever been, a party to the misappropriation of money, funds, premiums, or other property? Yes No
7. Are you now, or have you ever been, a party to a legal settlement of a dispute involving a client or company for which you worked? Yes No

If you answered "YES" to any of the questions above, please provide a detailed explanation:

I hereby represent and warrant to 5 Star Life Insurance Company that the execution by me of an agency contract with 5 Star Life Insurance Company will in no manner breach or violate any existing contractual relationship between me and any other party or entity. Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. This form authorizes any individual or company to give 5 Star Life, or its authorized representative, any and all information with reference to my character, credit, business reputation, criminal records, employment history, and I release said individual or company from any and all liability whatsoever which results, or might result, from the disclosure of such information. A photocopy of this Authorization shall be as effective as the original.

Entering my name below constitutes my digital signature, and is intended by me to have legally binding effect. By signing in this manner, I am certifying that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that any false statements on this application may be considered sufficient cause for rejection of this application or for termination if such false statement is discovered subsequently.

Signature: Date:

I have reviewed this agent's background information and recommend him/her for contracting.

Regional Director Signature: Date:



ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORTS

5 Star Life Insurance Company

In connection with your application for employment (including contract for services), with 5 Star 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 applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants 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

Gender: Male Female

Other Names Used:

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

DL #: State:

DOB:

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification (required):		
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ 			
<input type="checkbox"/> Other (see instructions) ▶ 			
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)	
City, state, and ZIP code			
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

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 4.

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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



PRODUCER CONTRACT AND SCHEDULE OF COMMISSION

This contract is effective [redacted], is by and between 5 STAR LIFE INSURANCE COMPANY, Alexandria, VA, and [redacted], General Agent. In this contract the General Agent will be referred to as "you" or "your" and 5 Star Life Insurance Company will be referred to as "Company," "us," "we," or "our." It is agreed by the parties as follows:

1. PRIOR CONTRACT. The execution of this contract terminates and renders void all prior agency contracts for life insurance made between you and us, except that it shall not be construed to affect or impair (a) any claim by you against us for compensation provided for in such contracts on business heretofore written and (b) any debts, claims, or liens of any kind, whether for money or otherwise, by us against you under any such contract.

2. INDEPENDENT CONTRACTOR. You are an independent contractor and nothing in this contract shall be construed to create the relationship of principal and agent or master and servant or employer and employee.

3. APPOINTMENT. We appoint you personally and through your agents to procure applications for life insurance contracts as are issued by us subject to our Rules and Regulations. You and your agents agree to abide by our Rules and Regulations now or hereinafter in force, which Rules and Regulations shall constitute a part of this contract.

4. AGENTS. Your agents include: (a) agents and brokers assigned to you by us and (b) agents and brokers appointed by you and subject to the terms of this contract, provided you maintain a valid license and appointment as our agent in each state in which you appoint any such agents. Each agent whom you appoint must execute a written contract directly with us, and such contract shall be effective only when also executed by us. You have no authority to modify or amend any part of such contract. Although we may be required to appoint a person on our behalf in a particular state, such appointment shall not affect the fact that he/she is actually your agent. We reserve the following rights at our discretion without liability to you: (a) to refuse to contract with any proposed agent and (b) to terminate the contract of any of your agents with or without cause.

5. AUTHORITY. Your right, power, or authority on our behalf shall exist only as expressly stated in this contract. No right, power, or authority shall be implied either from the grant or denial of powers specifically mentioned herein or the failure to mention any right or power herein. You agree that you and your agents are without authority to do or perform and expressly agree not to do or perform the following acts on our behalf: (a) incur any indebtedness or liability; (b) make, alter, or discharge contracts; (c) waive forfeitures; (d) quote rates other than as quoted by us; (e) extend the time for payment of any premium; (f) waive payment in cash; (g) guarantee dividends; (h) deliver any policy more than thirty (30) days after issuance by us; or (i) deliver any policy unless the applicant is in the health described in the application and in good health. Further, you agree that you and your agents shall not: (j) violate the insurance laws of any state in which you may be soliciting applications for insurance; (k) withhold any of our, the policyholder's, prospective policyholder's, or applicant's monies or property; (l) rebate or offer to rebate all or any part of a premium on our insurance policies; (m) induce or attempt to induce any of our policyholders to discontinue payment of premiums or to relinquish any insurance policy; (n) induce or attempt to induce any of our agents or brokers to leave our service; (o) perpetrate any fraud against us, our policyholders, prospective policyholders, or applicants; or (p) violate our Rules and Regulations which are incorporated herein. In the event unauthorized act (j), (k), (l), (m), (n), (o), or (p) shall occur, whether before or after termination of this contract, our obligation to pay commissions and any other compensation under this contract and any other contract with you shall cease and terminate immediately, it being agreed that our actual damages resulting from such violations will be difficult to calculate or measure.

6. MONIES. All monies collected, received, or which otherwise come into the control of you or your agents, which belong to us, our policyholders, prospective policyholders, or applicants shall be securely held, and shall not be used for any personal or other purposes whatsoever, but shall be immediately paid over to us. You guarantee the payment to us of all monies intended for or owing to us, our policyholders, prospective policyholders, or applicants that are collected, received, or otherwise come into the control of you or your agents.

8. COMMISSIONS. You shall be paid commissions on premiums paid to and received by us, as set out in the Schedule of Commission accompanying and forming a part of this contract. The Company may, at any time, terminate or amend any Schedule of Commission, or issue a new Schedule of Commission. Any new or amended Schedule of Commission will be subject to the terms and conditions of this contract, and will apply only to policies for which applications are written on or after the effective date of said new or amended Schedule of Commission. The Company will make available to you any new or amended Schedule of Commission by posting it on your agent website. Your commissions shall be reduced by the amount of any commissions to which your agents are entitled whether we pay such commissions to the agents or to third



CONCURRENT, ACTIVE OR PASSIVE, GROSS NEGLIGENCE, WILLFUL MISCONDUCT, OR MALICE RELATING TO YOUR ACTIVITY OR STATUS AS AN AGENT FOR 5 STAR LIFE. You further agree that all expenses of COMPANY'S

defense will be borne by you, but that COMPANY will have the right to choose its own counsel and direct its own defense at your expense. You agree not to institute any regulatory, administrative, or legal proceeding on our behalf without our written approval. You further agree that this defense and indemnity agreement complies with Virginia law, and that you will never contend that this agreement does not satisfy Virginia law concerning indemnity agreements. You further agree that this defense and indemnity agreement shall be construed under the laws of the state of Virginia. Notwithstanding anything to the contrary in this paragraph, COMPANY shall not demand from you any amount that may be recovered against COMPANY in any action, and any attorney's fees and other expenses that may have been paid by COMPANY therein, in any case where COMPANY determines you were not at fault and should not be held responsible.

16. ADVANCEMENTS, COMMISSION FORFEITURE, AND DEBTS. Any sums that may be advanced to you or your agents by reason of our practice to advance against future commission earnings or for any other reason shall be and become a debt from you to us, due and payable on demand. You shall also be liable for any claims we may have against you or your agents, or both, and such claims shall be considered a debt payable on demand. All debts shall bear interest at the highest rate permitted by law. We shall have a first lien on all compensation payable hereunder or any supplement or amendment hereto for any debt due us from you, and we may at any time deduct from any monies due you under this contract, or from any other source, any debts due from you to us. We have the right to demand that any debts be paid by you at any time. In the event we shall, either during the continuance of this agreement or after its termination, refund premiums under any policy for any reason, you shall forfeit all right to compensation on said policy and immediately repay us on demand the amount of commissions received on the premiums so refunded. You agree to pay any collection fees that we may incur in collecting all debts due from you to us, including reasonable attorney's fees and court costs.

17. NON-WAIVER. Forbearance or negligence by us to insist upon compliance by you with the terms and provisions in this contract shall not be construed as or constitute a waiver thereof.

18. CONSTRUCTION, MODIFICATION, AND VENUE. This contract shall be governed by and construed in accordance with the laws of the state of Virginia. All parties agree that any possible ambiguity found in the terms, provisions, and/or construction of this contract shall not be construed against the drafter of this contract. All agreements between the parties are contained in this contract, and no modification of this contract shall be binding on either party unless made in writing in accordance with our policy. Any suit arising out of this contract shall be instituted in Fairfax County, Virginia and tried under Virginia law. Unless otherwise provided, all matters to be performed under this contract shall be performable at our offices in Alexandria, Virginia. Any amount due to either party under this contract shall be payable at our offices in Alexandria, Virginia.

19. SEVERABILITY AND SURVIVAL. In the event that any court of competent jurisdiction shall hold any provision or clause of this contract to be invalid, illegal, or unenforceable in any respect, the validity, legality, and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby.

EXECUTED as of the date first written above.

Acknowledged, Accepted, and Agreed to: **5 STAR LIFE INSURANCE COMPANY**

General Agent

Signature:

Date:

5 Star Life Insurance Company

Signature:

Date:

Regional Director

Signature:

Date:



EFT Form

5 Star Life Insurance Company is pleased to offer you the convenience of electronic funds transfers (EFT) for your commission payments. Commissions payable to you can be automatically deposited to your bank or savings account.

Your commissions will begin to be automatically transferred to the designated bank/savings account after a pre-note testing period.

Be sure to attach a copy of a voided check from your checking account (or a deposit slip from your savings account) after you have completed this form. If you are unable to attach, you may fax to 720-294-6421.

I hereby authorize 5 Star Life Insurance Company to electronically deposit into my checking/savings account all commission payments that are payable to me. I authorize 5 Star Life Insurance Company to electronically deduct from my checking/savings account, as a correcting adjustment, any deposits it may electronically transmit to my checking/savings account in error. This authority remains in force until 5 Star Life Insurance Company receives written notice from me

terminating this service or notice from me changing the account information for this service.

I agree to provide written notice to 5 Star Life Insurance Company of any bank/savings account information changes prior to their effective date so that 5 Star Life Insurance Company can act on them before the next commission payment is due me. I understand that 5 Star Life Insurance Company is not responsible for any payments made prior to its receipt of written change notice.

Please complete the following:

Agent Name:

5 Star Life Insurance Company Agent Number:

I am requesting: EFT for the first time Change in my existing EFT instructions.

I have a(n): Checking Account Savings Account Investment Account

Name(s) on my Bank/Savings Account:

Account Number: Routing Number (9 digits max):

Financial Institution Name:

Financial Institution Address:

City: State: Zip Code:

Financial Institution Phone Number:

Agent Signature: Date:

3. Life Insurance

- Money is deposited beyond the premium value of the policy, and the money is subsequently removed in the form of loans, which are never repaid.
- Overpayment of premiums with a request to refund the excess to a third party or to a bank account in a different country.
- Assignment of a policy to an unidentified third party for which no plausible reason can be ascertained.
- A number of policies taken out by the same insured for low premiums, each purchased for cash and then canceled with instructions to return the premium to a third party.

4. Customers

- The customer is unwilling to provide, or unnecessarily delays providing, account opening information or information routinely provided by a policyholder.
- The customer appears to be acting as an agent for another person or entity but declines, evades, or is reluctant, without legitimate commercial reasons, to provide information about that person or entity.
- The customer manifests unusual concern about secrecy or asks for information about concealing information from government authorities.
- Little or no concern by a customer for the performance of an insurance product, but much concern about the early termination of the product.
- The customer is the subject of a news article about an investigation or an inquiry from a regulatory or criminal investigative agency.
- The customer has difficulty describing the nature of his or her business or lacks general knowledge of his or her industry.

D. REPORTING OF CASH TRANSACTIONS

Agents must follow the procedures described in this section to enable 5 Star Life to comply with the cash transaction reporting requirements under the U.S. Internal Revenue Code (IRC).

Agents must immediately notify 5 Star Life when they receive more than \$10,000 in cash in a single transaction or a series of related transactions for the sale of 5 Star Life products. Under the IRC, any entity engaged in a trade or business that receives more than \$10,000 in "cash" in one transaction, or in two or more "related transactions," must file an information return (Internal Revenue Service (IRS) Form 8300). Note that under the IRC's reporting requirements, the term "cash" means the following:

(a) U.S. and foreign currency, and

(b) cashier's checks, bank drafts, traveler's checks, or money orders with a face amount of less than \$10,000 if received in any transaction in which the recipient **knows** that the instrument is being used in an attempt to avoid the reporting requirements under the IRC or its accompanying regulations.

The term "related transactions" includes the following:

(a) any transactions conducted between a customer and 5 Star Life or its agents in a twenty-four hour period, and

(b) transactions conducted during a period of more than twenty-four hours if 5 Star Life or its agent has reason to know that each transaction is one of a series of connected transactions. For example, payment of a premium in cash over a period of days, weeks, or months for a single insurance product would be considered related transactions; a report would have to be filed when the aggregate total payment exceeded \$10,000 in “cash” even if no single payment were over \$10,000.

When 5 Star Life is required to file a Form 8300, agents must verify the identity of the customer from whom the cash was received:

1. For a non-U.S. citizen, agents must examine the customer’s passport, alien identification card (“green card”), or other official document evidencing nationality or residence.
2. For a U.S. citizen, agents must examine a document normally acceptable as means of identification (e.g., a driver’s license).
3. Agents of 5 Star Life must also identify the principal if the agent knows, or has reason to know, that the customer conducting the cash transaction is serving as another person’s agent.

The reporting requirement encompasses cash received by 5 Star Life’s agents outside the United States; thus, 5 Star Life would have to report the receipt of cash exceeding \$10,000 in value in one transaction or in two or more related transactions by an agent in any country for the purchase of a 5 Star Life product.

If an agent intends to physically transport or mail to the United States a check issued by 5 Star Life or another U.S. entity and made payable to the agent for the amount of the commission, the agent must endorse the check with a restrictive endorsement (e.g., “Pay to 5 Star Life Insurance Company”) before mailing or transporting the check.

E. TRAINING AND CERTIFICATION OF COMPLIANCE

By accepting the role of an agent for 5 Star Life, each agent accepts duties and responsibilities to comply fully with 5 Star Life’s anti-money laundering policy and procedures.

Agents currently contracted with 5 Star Life:

Familiarity with this memorandum constitutes initial anti-money laundering training. New training must be taken at least every 2 years. At the end of this course, agents must check the Certification of Compliance page in the Agent Data Sheet, certifying that training has been completed.

New agents (contracted with 5 Star Life subsequent to the training deadline for current agents):

All new agents will receive a hard copy of this training material. Each agent must execute the Certification of Compliance as part of the new agent appointment process. The Certification of Compliance is located in the Agent Data Sheets.

V. DISCIPLINARY ACTION

5 Star Life may impose disciplinary measures against its agents for actions not in compliance with 5 Star Life’s anti-money laundering policy and procedures, including but not limited to **verbal warning, termination, and notification of law enforcement authorities.**

Whether to impose any or a combination of such disciplinary actions is within 5 Star Life’s sole discretion, and the Anti-Money Laundering Compliance Plan does not create any rights for any agent. 5 Star Life will enforce the compliance program in a consistent manner, imposing appropriate disciplinary action and taking into account any mitigating or aggravating circumstances.

VI. CONCLUSION

5 Star Life and its agents share an important responsibility to comply with the Company’s Anti-Money Laundering Compliance Plan and all applicable anti-money laundering laws. Violation of federal anti-money laundering laws can expose those responsible to substantial civil and criminal penalties, including—but not limited to—fines and imprisonment. If an agent suspects that a customer may be using 5Star Life’s products for money laundering activities, the agent must inform the Company immediately before taking any further action.

Any reporting required of agents under this program may be made to the Compliance Department in writing via email at Compliance@AFBA.com or by fax (703-224-0214).

Please direct any questions that you may have concerning this training material to 5Star Life Insurance Company’s Sales Departments: (866)863-9753 for Worksite; 866-465-0647 for Final Expense; and (800) 776-2322 option “4” for AFBA.

I certify that I have read and understand 5 Star Life Insurance Company’s anti-money laundering training regarding U.S. anti-money laundering laws and the responsibilities that agents have in detecting and preventing money laundering. I understand my responsibilities as an agent of 5 Star Life under the Anti-Money Laundering Compliance Plan and will comply with the requirements of this program.

OR

If such AML training previously taken: I hereby certify that I have taken anti-money laundering training with:
Company Name: Date:

Agent Signature: Date:

5Star Life Insurance Company's Ethical Market Conduct Values and Behaviors do not address all situations that may arise in the course of doing business. If you have specific questions or concerns regarding laws and regulations or the Company requirements, please contact the Company directly.

Good Selling!

Survival - The terms of this document are to survive termination of the producer's agreement with the Company.

I certify that I have read and understand 5 Star Life Insurance Company's Guide for Doing Business and will comply with the terms and conditions set forth.

Agent 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



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: _____