



**Aetna Health and Life  
Insurance Company**  
**Aetna Life Insurance Company**  
**American Continental  
Insurance Company**  
**Continental Life Insurance Company  
of Brentwood, Tennessee**

Aetna Companies  
800 Crescent Centre Dr., Suite 200  
Franklin, TN 37067  
Tel: 800 264.4000 option 3, 5  
Fax: 866 618.4993  
AETSSContracting@Aetna.com

## Producer Information And Appointment Form (PIF)

from Aetna Health and Life Insurance Company (AHLIC),  
Aetna Life Insurance Company (ALIC),  
American Continental Insurance Company (ACI), and  
Continental Life Insurance Company of Brentwood, Tennessee (CLI)

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- **Please print clearly** completing all fields using blue or black ink, and **initial any corrections**.
- If completing electronically, fill in all blue highlighted areas. When complete, sign form, and print a copy for your records and submit.

### 1. Initial appointment

Complete all sections 2 - 9 below.

Your appointment request will be processed for all entities listed above in states where you are appropriately licensed and product is available. You are not authorized to solicit any application on behalf of the company until you receive your welcome letter and producer writing code.

### 2. Individual applicant appointment information

Name *First, Middle, Last, Suffix (As it appears on your Resident License)*

•

Social Security Number (SSN)

National Producer Number (NPN)

•

•

Date of birth

Gender

☐ Female

☐ Male

Residential address *(Not a P.O. Box )*

•

City

State

Zip

•

•

•

Business address *(P.O. Box accepted)*

•

City

State

Zip

•

•

•

Preferred phone

Secondary phone

Fax

•

•

•

Preferred mailing address *Select one*

E-mail address

☐ Residential

☐ Business

•

Previous names *List all other names or aliases you have used in the last 7 years*

•

Attach a separate sheet if more space  
is required for additional names.

### 3. Incorporated Entity, Partnership or LLC appointment information



Proceed to Section 4 if you are not  
Incorporated, a Partnership, or LLC.

Appointment type entity *Select one*

☐ Partnership

☐ LLC

☐ Incorporated Entity

Entity name *As it appears on your Domicile State License*

Tax Identification Number (TIN)

•

•

Entity address

•

City

State

Zip

•

•

•

Entity phone

Entity fax

•

•

Website address

E-mail address

•

•

Officer should complete Section 3.

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4. Appointment states requested



Attach applicable licenses for states listed.

Resident license state

Non-resident state(s) where appointment is requested

**Florida appointments:** Florida requires non-resident producers physically soliciting business in Florida to hold appointments in each of those counties. Please list the counties here:

**Georgia appointments:** If you are requesting an appointment in Georgia, whether resident or non-resident, this section must be completed regardless of your current state of residence. Please list all residences in the past 5 years, wherever you have lived.

Occupancy dates

• from • to

Address

City

State

Zip

Occupancy dates

• from • to

Address

City

State

Zip

Occupancy dates

• from • to

Address

City

State

Zip

Occupancy dates

• from • to

Address

City

State

Zip

Occupancy dates

• from • to

Address


City

State

Zip

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If completing for an officer and entity, indicate details for yes answers for each as appropriate.

-  If the answer to all questions is “No,” please proceed to Section 6.

[illegible]

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## 6. Disclosure of Intent to Obtain Consumer Reports

Please review and print for your records the Disclosure of Intent to Obtain Consumer Reports.

This is to advise you that Aetna Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent and/or representative of Aetna Inc., or one or more of its affiliates. If requested, the report may be obtained from one of the investigative consumer-reporting agencies named below or another investigative consumer-reporting agency:

Business Information Group, Inc.  
P. O. Box 541  
Southampton, PA 18966  
800 260.1680

Equifax Credit Information Services, Inc.  
P. O. Box 740241  
Atlanta, GA 30374  
800 685.1111

If a consumer report is obtained and you reside in a state with a legal requirement to provide a free copy of the consumer report upon request, we will automatically instruct the consumer reporting agency to send you a copy of the report at no charge.

The report may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of the report is: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

### For California, Minnesota and Oklahoma applicants only:

I request to receive a copy of this report.

☐ Yes ☐ No

### For California Resident Agents Only

Pursuant to the California Investigative Consumer Reporting Agencies Act, Aetna Inc. is required to provide you with the summary of provisions listed below.

California Investigative Consumer Reporting Agencies Act Summary of the Provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
1. In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  2. By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer-reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

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## 7. Electronic funds transfer (EFT) *Complete this section to authorize automatic electronic transfer of commission payments*

You must sign on the signature line at the bottom of this page to authorize and receive commission payments via EFT. Sections 2 and 3 must be completed.

If completing this section for an officer and an entity, the EFT authorization will apply to the entity.

You may either attach a voided bank check or complete all information in this section as it appears on your check.

This is an example of a personal check. A business check may be different.

Institution name for deposit

Routing number

Account number

### To find the routing and account numbers

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For checks with "payable through" under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For all other checks, use the nine-character routing number, which appears between the **!** symbols, usually at the bottom left corner of the check.

The account number is up to 17 characters long and appears next to the **!!** symbol at the bottom of the check and usually to the right of the bank routing number.

The image shows a sample personal check from John Henry Doe, PH. 000-000-0000, 1234 Any Street, Mycity, TN 00000. The check is dated and has a dollar amount. The routing number 123456789 is highlighted with a box and an arrow pointing to it from the text 'For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.' The account number 001234 is highlighted with a box and an arrow pointing to it from the text 'The account number is up to 17 characters long and appears next to the !! symbol at the bottom of the check and usually to the right of the bank routing number.' A note says 'Do not use your check number, usually located here.' pointing to the check number field.

## 8. Acknowledgment and signature

The Aetna companies listed at the top of page 1 are referred to as the "the Company," "us," "our" and "we" in this section.

The appointment applicant is referred to as "you" and "your" in this section.

When submitting for an officer and an entity, this acknowledgement applies for both.

By signing below, you

- Acknowledge that you have read, understood and agree to comply with the provisions contained in your agent contract, commission advance addendum, and/or Final expense life insurance commission advance and financing agreement, as applicable, and the **Guide to Ethical Market Conduct** and the **Multipurpose Confidentiality Addendum and Producer Conduct Rule**, all of which may be downloaded and printed at [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com) (Secure Login – Agents) or you may also request a copy by calling 800 264.4000 option 3,5.
- Agree to receive official correspondence including, but not limited to, contracts, contract amendments, commission schedules, bulletins, notices and other Company communications, by email and by posting to the agent web portal at [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com) (Secure Login – Agents). You further agree to notify the Company if you change your email address by emailing the Licensing Department at [AETSSICContracting@aetna.com](mailto:AETSSICContracting@aetna.com).
- Acknowledge that you have received and read the **Disclosure of Intent to Obtain Consumer Reports** and you consent and authorize Aetna Inc. and its affiliates to obtain additional background information, as we deem necessary, through independent investigation, FINRA CRD reports, from the National Insurance Producer Registry and/or through an investigative consumer reporting agency (consumer reporting agencies including but not limited to those identified in the 'Disclosure of Intent to Obtain Consumer Reports') and other consumer reports (collectively, "background reports").
- Authorize us to share with our affiliates the information contained in this PIF or any other information that we may obtain including background reports for the purposes of establishing your eligibility and/or continuing eligibility for appointment with us and our affiliates as well as you authorize us to share any such information as required by law.
- Authorize your employers and other insurance companies you are or have been appointed with to release to us any and all information that they may have about you, personal or otherwise, and you agree to release all such parties from all liability that may result from furnishing this information to us.
- Understand and agree that your appointment will, in part, be based upon this PIF and the background report information and that any information you provide us that is inaccurate or incomplete shall be grounds for termination of your appointment.
- Certify that you have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. You agree to immediately inform the Company of any arrest of the types described in the preceding sentence.
- If applicable, authorize Aetna or any of its affiliates to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named financial institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have notified you of our intention to terminate your EFT services.

By signing below, you acknowledge that you have personally reviewed the information and answers contained in your completed PIF and you certify under penalty of perjury that the information provided herein is accurate and complete.



**You must sign here in order for us to process your appointment, and EFT if applicable.**

**You** also certify under penalty of perjury that the information provided herein is accurate and complete.

**Signature**

**Title** *Required if signing for an entity*

**Date**

**X**

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9. Appointing company and hierarchy information

You may be appointed to sell only those products for which your firm or agency is contracted.

Writing agent name	Phone	Date
.	.	.

This section 9 is completed by

Name	Phone	Date
.	.	.

Producer’s commission

	Producer level	or	Schedule code
Medicare Supplement	.		.
○ Traditional    ○ Level For Life	.....		.....
Hospital Indemnity	.		.
○ Traditional    ○ Level For Life	.....		.....
Final Expense	.		.
	.....		.....
Cancer and Heart Attack or Stroke	.		.
	.....		.....
Other health	.		.
	.....		.....


Producer name or company name	Writing code
Intermediary	.
.	.....
Intermediary	.
.	.....
Intermediary	.
.	.....
Managing General Agent	.
.	.....

Provide either the **Producer Level** or the **Schedule Code** for each product for which you are requesting an appointment.

When applicable, select either **Traditional** or **Level For Life**. If one is not selected, the Traditional method will apply.

 For Final Expense, complete separate Contract Addendum.

Please list all members of this Writing Agent’s hierarchy beginning with the lowest level.

 To prevent delay, please review the contracting checklist on the next page before submitting all required documents.

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## 10. Contracting checklist



NOTE: You are not authorized to solicit any application on behalf of the company until you receive your “welcome” letter and company writing code.

To prevent delay, please complete all required documents before submitting.

### Complete the following for each agent to be appointed:

FORM	NOTES
<input type="radio"/> Producer Information and Appointment Form	All pages.
<input type="radio"/> Contract	All pages. Please submit Agent Contract if agent is not to be compensated by the company. Please submit General Agent Contract if agent is to be compensated by the company.
<input type="radio"/> Contract Addendum Final Expense Life Insurance	If applicable; up-line agent needs to sign as MGA and guarantor. Please indicate “Yes” or “No” for commission advancing, and if choosing “Yes” indicate 6 or 9 months advancing.
<input type="radio"/> Commission Advance Addendum	If applicable; up-line Agent needs to sign as MGA and guarantor. Please indicate number of advance months for each product.
<input type="radio"/> Commission schedule	Not applicable for licensed only agents.
<input type="radio"/> Form W9	Not applicable for licensed only agents.
<input type="radio"/> License copies	For all states in which you are requesting appointment, for both agent <i>and agency if applicable</i> .
<input type="radio"/> Multipurpose Confidentiality Addendum and Producer Conduct Rule	Read and retain for reference.
<input type="radio"/> Guide to Ethical Market Conduct	Read and retain for reference.

# General Agent Contract

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## SECTION I - PARTIES

This General Agent Contract (referred to as "Contract") is made by and between Aetna Health and Life Insurance Company, Aetna Life Insurance Company, American Continental Insurance Company, and Continental Life Insurance Company of Brentwood, Tennessee, its successors and/or assigns (referred to as "Company" collectively) and you, [REDACTED], and shall take effect on the date stated below. This Contract supersedes any prior contract(s) that you may have had with Company, except for terms of prior contract(s) that pertain to compensation, vesting, lien(s) and replacement of policies on business written prior to the effective date of this Contract.

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## SECTION II - APPOINTMENT, TERRITORY AND RELATIONSHIP

1. The Company selected above appoints the person or entity named above as its General Agent (referred to as "GA") with the authority and obligations set forth in this Contract. GA hereby accepts such appointment and agrees to the terms and conditions of this Contract.
2. GA shall solicit only in the territory where the Company officially appoints said GA. GA does not have the exclusive right to represent Company in any territory. Company reserves the right to appoint other marketing general agents, general agents and agents to represent Company in any territory.
3. GA understands and agrees that it is an independent contractor, not an employee of Company. GA is free to use its independent judgment as to the persons from whom applications are solicited and the time, place and manner of solicitation. However, this does not excuse GA from its duty to comply with Company rules and with those governmental laws and regulations that apply to GA or Company. If training courses, sales methods and materials, office facilities or similar aids and services are extended or made available to the GA, it is agreed that the purpose and effect is not to give Company control of the GA's time or direction or control over the manner or means by which the GA shall conduct business, but only to assist the GA in such business and to comply with governmental laws and regulations.

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## SECTION III - AUTHORITY AND LIMITATIONS

4. Provided GA is properly licensed and appointed with Company, GA is authorized to solicit applications for insurance policies on the lives and health of people satisfactory to Company and to collect initial premium payments, but only through checks, drafts or money orders made payable to the applicable underwriting Company. GA agrees that all cash, checks or monies received by GA for or on behalf of Company shall be held by GA in trust for Company and shall be promptly submitted to Company in accordance with the Company's rules and practices.
5. GA is authorized to: (a) recommend licensed Agents or General Agents for appointment and assignment to GA. GA acknowledges and agrees that Company reserves the right to reassign, terminate, refuse to appoint, and/or contract with any such Agents or General Agents in Company's sole discretion. (b) recruit, train and supervise Agents and General Agents appointed by Company and assigned to GA (such Agents and General Agents are referred to as "Agency") to solicit applications for insurance policies on the lives and health of people satisfactory to Company.
6. GA's authority to represent Company is expressly limited to the terms of this Contract. By entering into this Contract and accepting Company's authorizations, GA agrees to the following:
  - (a) To be knowledgeable of, and comply with, all applicable licensing requirements, laws and regulations of the jurisdiction(s) in which GA operates; to ensure that Agency appointed under the terms of this contract comply with all applicable licensing requirements in the jurisdiction(s) in which they conduct business and to monitor their continued compliance of such laws by completing all required continuing education or other licensing requirements; and to notify Company immediately if any such license is terminated, suspended or revoked;
  - (b) To be knowledgeable of and comply with the rules, policies and procedures of Company, including but not limited to: market conduct standards, ethical guidelines, underwriting practices, application procedures, policy delivery procedures, licensing and appointment practices, client services and support responsibilities, and all other areas of conduct of Company as contained in rate manuals, field guides, authorized software, and other communications directed to GA from time to time by Company;
  - (c) To be competent and knowledgeable in the insurance products for which GA is authorized to solicit applications and in the consumer needs they are designed to address; to explain to clients and potential clients the terms and benefits of such insurance products for which GA solicits an application; and not to make untrue or misleading statements with respect to such insurance products;
  - (d) To accept the responsibility to ensure that sales of insurance products comply with all applicable federal, state and local laws, rules and regulations;
  - (e) To supervise and be responsible for its Agency, employees and others acting on GA's behalf and to indemnify Company for its losses resulting from the acts and omissions of its Agency, employees and others acting on the GA's behalf;
  - (f) That all applications submitted for Company insurance products are subject to acceptance or rejection by Company in its sole discretion, except when an application is correctly completed and received for an applicable open enrollment period or guaranteed issue situation;
  - (g) Not to: (i) extend the time for payment of any premium; (ii) quote premiums or rates other than specified or published by Company and; (iii) waive or modify any terms, conditions, or limitations of a policy issued by Company;
  - (h) Not to adjust or settle any claim or commit Company with respect to any claim;
  - (i) Not to offer, pay, or allow to be offered or paid, as an inducement to any proposed insured or applicant, a rebate of premiums, policy fees or any other inducement not specified in the insurance product, except as may be expressly allowed by law and in compliance with state rules and regulations;
  - (j) Not to directly or indirectly induce or attempt through any means to induce any policyholder of Company to cancel, lapse, fail to renew, or replace any policy issued by Company for the purpose of purchasing a replacement policy from an entity other than Company;



the entire agreement between the parties with respect to the subject matter hereof, both oral and written. This Contract may only be amended in writing signed by both parties, including the President of this Company, except as amended by the Company itself, pursuant to Paragraph 19 of this Contract. There are no oral or written collateral representations, agreements or understandings between or by the parties except as provided in this Contract. The parties understand and agree that after the Contract has been executed, the Company shall destroy the original and the parties shall thereafter rely upon true and correct copies thereof, which shall serve the same purposes as the original.

**SECTION XV - SAVINGS CLAUSE**

25. If any provision of this Contract shall be contrary to the laws of the particular state, country or jurisdiction where used, such contrary provision shall not entirely invalidate this Contract, and this Contract shall be construed as not containing the particular provision held to be invalid in such state, country or jurisdiction and the rights and obligations of the GA and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.

**SECTION XVI - SURVIVAL PROVISIONS**

26. All provisions of this Contract which show by their intent, or which may be reasonably implied by their context, to survive the termination of this Contract, shall be so construed, and the parties shall liberally construe the survival of all provisions contained within this Contract.

**SECTION XVII - PRIVACY AND NONDISCLOSURE OF FINANCIAL AND HEALTH INFORMATION**

27. The parties hereby acknowledge that their relationship under this Contract may invoke some of the obligations and duties under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Therefore, the party receiving the Confidential Information shall be solely responsible for maintaining the security of such Confidential Information and for complying with that party's respective obligations and duties under HIPAA. The "Producer Conduct Rule" establishes GA's obligations under HIPAA and GA acknowledges receipt of the Producer Conduct Rule, which is fully incorporated herein by reference.

**SECTION XVIII - INDEMNIFICATION**

28. GA agrees to indemnify and hold Company harmless from any and all expenses, reasonable attorney fees, costs, causes of action and damages resulting from and in consequence of the negligence, recklessness or intentional misconduct of GA or others acting for or on behalf of GA, including Agents and General Agents, including, but not limited to, failure to comply with the provisions of this Contract. GA shall defend any such claim, action, suit, or proceeding which may be brought against Company and all expenses, costs and attorney fees incurred in connection therewith shall be paid by GA. Company agrees to indemnify and hold GA harmless from any and all expenses, reasonable attorney fees, costs, causes of action and damages resulting from and in consequence of the negligence, recklessness or intentional misconduct of Company or its employees. The provisions of this section shall survive the termination of this Contract.

<b>HOME OFFICE USE ONLY</b>	<b>EFFECTIVE DATE</b> This Contract shall take effect as of _____.
-----------------------------	---

IN WITNESS WHEREOF, GA and Company have entered into this agreement through their duly authorized representatives on the dates set forth below.

Aetna Health and Life Insurance Company  
Aetna Life Insurance Company  
American Continental Insurance Company  
Continental Life Insurance Company of Brentwood, Tennessee

By: \_\_\_\_\_  
Title: Chief Marketing Officer  
Date Signed: \_\_\_\_\_

**General Agent**

**Agent signature:** \_\_\_\_\_  
**Agent name *printed*:** \_\_\_\_\_  
**Date Signed:** \_\_\_\_\_

**COMPLETE IF GA IS INCORPORATED OR LIMITED LIABILITY COMPANY**

FOR AND IN CONSIDERATION OF Company's execution of this Contract and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees to be personally bound by all of the terms and obligations of Contract and does hereby personally guarantee the performance of all provisions and obligations of the GA in this Contract.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Personal Signature

## Commission Advance Addendum

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### 4. Acknowledgement

Complete and return to:

**Fax**

866 618.4993

**Email**

AETSSICContracting@Aetna.com

You will be charged interest for advances received at the rate of 1% per month or the maximum legal rate, whichever is less. Refer to Section 2 for details.

Type of contract *Select one*

☐ General Agent    ☐ Managing General Agent

Producer *Name of entity or individual*

.

Entity *Select one or more*

☐ Aetna Health and Life Insurance Company (AHLIC)

- All policy premium modes and direct bill

☐ Aetna Life Insurance Company (ALIC)

- All policy premium modes and direct bill

☐ American Continental Insurance Company (ACI)

- All policy premium modes and direct bill

☐ Continental Life Insurance Company of Brentwood, Tennessee (CLI)

- Policies on monthly EFT only

#### Advance period

	6 months	9 months	12 months
<b>Issued policies:</b>			
Medicare Supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Producer named above:

- Requests commission advancing as indicated above.
- Agrees to the Terms of this Addendum.
- Authorizes Aetna Inc. and its affiliates to procure one or more consumer reports and to share the information obtained therefrom with each other with respect to establishing my eligibility for commission advancing, employment, appointment, promotion, reassignment, and/or retention as an employee, agent, and/or representative of Aetna Inc., or one or more of its affiliates.
- If Producer is incorporated or is a limited liability company:  
For and in consideration of Company's advancing commissions and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees to be personally bound by all of the terms and obligations of this Financing Agreement and Note and Security Agreement and does hereby personally guarantee the performance of all provisions and obligations of the Producer hereunder.

Corporation

.

Date

.

Producer's signature

Title

X

.

General Agent's/Managing General Agent's signature

X

.

*Home office use only.*

#### Company approval

Signature of authorized official

Date

X

.



The parties accept full responsibility and are held liable for all debts incurred from this Commission Advance Addendum to the producer's contract.



Officer title is required if Producer is incorporated or is a limited liability company.

## Contract Addendum

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### 5. Acknowledgement

Complete and return to:

*Fax*  
866 618.4993


*Email*  
AETSSIcontracting@Aetna.com


If LOA, do not complete  
commission advancing.

You will be charged interest for  
advances received at the rate of  
1% per month or the maximum  
legal rate, whichever is less. Refer  
to Section 3 for details.

Approval is required by the  
Company before a Producer can  
sell Company's Final Expense or  
receive advancing. Advancing  
will not apply to policies issued  
prior to the Company approval  
date.

Approval to market the Final  
Expense product will be emailed.

 The parties accept full  
responsibility and are held liable  
for all debts incurred from this  
Commission Advance Addendum  
to the producer's contract.

 Officer title is required if  
Producer is incorporated or is a  
limited liability company.

Producer *Name of entity or individual*

Date

Email address

LOA only

☐ Yes

☐ No

#### Commission advancing

The Producer named above requests commission advancing

☐ Yes

☐ No

If "Yes", pick one: ☐ 6 month commission advancing

☐ 9 month commission advancing

The Producer named above:

- Requests approval to sell the Company's Final Expense product.
- Does/does not request commission advancing as indicated above.
- Agrees to the Terms of this Addendum.
- Authorizes Aetna Inc. and its affiliates to procure one or more consumer reports and to share the information obtained therefrom with each other with respect to establishing my eligibility for commission advancing, employment, appointment, promotion, reassignment, and/or retention as an employee, agent, and/or representative of Aetna Inc., or one or more of its affiliates.
- If Producer is incorporated or is a limited liability company:  
For and in consideration of Company's advancing commissions and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees to be personally bound by all of the terms and obligations of this Financing Agreement and Note and Security Agreement and does hereby personally guarantee the performance of all provisions and obligations of the Producer hereunder.

Corporation

Date

Producer's signature

Title

General Agent's/Managing General Agent's signature

X

*Home office use only.*

#### Company approval

Signature of authorized official

Date

X

Approved for marketing Final Expense?

☐ Yes

☐ No

Advancing approved?

☐ Yes

☐ No

# 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.

<b>1 Name</b> (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2 Business name/disregarded entity name</b> , if different from above	
<b>3 Check appropriate box for federal tax classification</b> ; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4 Exemptions</b> (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5 Address</b> (number, street, and apt. or suite no.)	Requester's name and address (optional)
<b>6 City, state, and ZIP code</b>	
<b>7 List account number(s)</b> here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-				-	
<b>or</b>									
<b>Employer identification number</b>									
					-				

## Part II 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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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

## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.