

**Commission Rules**

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. For Medicare Supplements and Medicare Select policies, the commission is calculated on the lesser of initial premium or paid premium. For Life Plans, the commission is based on the paid premium including the policy fees and is based on age at issue.
3. Medicare Part B deductible premium is not commissionable except for the State of Washington. Commission is not calculated on premium increases except for the State of Washington.
4. Policy/Application fees on Medicare Supplement and Medicare Select Plans are not commissionable. Policy/Application fees on Medicare Supplement and Medicare Select Plans are not applicable in the state of Arkansas.
5. Unearned commission within any policy year will be charged back on any premium refunded to the policy owner. On any policies for which commissions were advanced and for as long as you maintain an advance balance, you agree that if you, either directly or indirectly through a third party, cause or assist in causing, the lapse, rewriting, or replacement of any policy issued through the Company, you will pay damages to the Company equal to two times the annual premium of such policies written.
6. The commission for the Product is vested and may be credited to you after the termination date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
7. Internal Replacements Medicare Supplement/Medicare Select. Commission will be calculated at 100% of the applicable commission rate when a new Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy replaces an existing Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy, or an existing Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy, and the producer of record does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
8. For Life Insurance, your commission may be reduced from replacements or conversions.
9. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
10. The Company may, from time to time, issue compensation/product schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether the Product is eligible for bonuses.

This schedule is in addition to any other schedules currently in force or that may come into force in the future, but supersedes any prior Schedule related to commission on the Products. This Schedule shall remain in effect until changed or terminated by Company.

**Agent's Signature:**

X \_\_\_\_\_ 

**Date:**

X \_\_\_\_\_

**Sentinel Security Life Insurance Company:**

X \_\_\_\_\_

**Date:**

X \_\_\_\_\_



# SENTINEL SECURITY LIFE INSURANCE COMPANY

## AGENT/AGENCY APPLICATION FOR APPOINTMENT

Please Complete All Questions

Please Print or Type

### Individual Data

Full Name \_\_\_\_\_  
Last First Middle  
Business Name (if different) \_\_\_\_\_

### ADDRESSES (Check box for preferred mailing address)

Residence \_\_\_\_\_  
Street City County StateZip+4  
 Business \_\_\_\_\_  
Street City County StateZip+4  
 E-mail/s \_\_\_\_\_

### TELEPHONES (Check box for preferred contact number)

Business Phone \_\_\_\_\_  Fax # \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  Residence Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

How long have you been an agent or broker? \_\_\_\_\_

Professional Designations: \_\_\_\_\_

### Agency Data (Complete only if an Agency is being contracted)

Agency Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip Code

Tax Identification # \_\_\_\_\_

How long have you been an agency? \_\_\_\_\_

What type of agency are you?  Corporation  Partnership  Sole Proprietor  D/B/A  Disregarded entity

Who is the appointed agent officer with the Department of Insurance? \_\_\_\_\_

**License Data** Enclose a current copy of each state agent/agency insurance license (life and health) under which you will be selling Sentinel Security Life products.

Has a contract between you and Sentinel Security Life ever been terminated?  Yes  No When? \_\_\_\_\_


**General Information** Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any questions, you must attach an additional sheet explaining all relevant information and include supporting documents.

- Yes  No 1. Have you ever been convicted of any crime, other than minor traffic offenses?
- Yes  No 2. Has any insurance company ever canceled any contract of employment or your agent's appointment for any reason other than non-production?
- Yes  No 3. Does any insurer or agent claim that you are indebted to them under any agency contract or otherwise? If "yes", give amount of debt and how the debt will be repaid.
- Yes  No 4. Have you ever been refused an original or renewal license or had a license suspended or revoked or terminated for any type of insurance license by any state?

- Yes     No    5.    Have you ever been fined or had disciplinary action taken against you with any Department of Insurance?  
 Yes     No    6.    Are you currently involved in any litigation or are there any unsatisfied judgements or liens (including state or federal tax liens) against you?  
 Yes     No    7.    Do you currently have a pending bankruptcy or have you ever declared bankruptcy?  
 Yes     No    8.    Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, cease or desist order, censure or consent order?  
 Yes     No    9.    Have you ever defaulted on a (a) promissory note, or (b) any other debt, including consumer or credit card debt?

I certify, under penalty of perjury, that all answers and responses to questions and inquiries contained in this application are true, correct and complete. I further certify that I have read and am familiar with the sections of the insurance code for the state/s in which I am seeking appointment and that I am withholding no information which would affect my qualification for this appointment with Sentinel Security Life Insurance Company (Sentinel). I acknowledge that Sentinel has informed me that it may conduct investigative reports and background investigations on me or this agency for licensing purposes, initial and renewal state appointments, and at any other times Sentinel, at its discretion, deems necessary. I expressly authorize Sentinel to conduct these investigations and obtain credit reports and hereby authorize all persons and entities (including past and present employers) to provide Sentinel all requested information. I authorize Sentinel to use these reports and to provide them and any other pertinent information to all third parties where the third parties' legal interests and/or obligations are involved. I also authorize Sentinel to distribute any financial, business, legal, tax or work performance history regarding me or this agency that it receives from third parties or which is generated by Sentinel's data source that is not part of the investigative report, to all third parties including but not limited to agents or agencies that assume my debt balance responsibilities. By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at the time, result to me, as a result of conducting any investigation and/or using said information or as a result of compliance with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original. I certify that I have reviewed this application and acknowledge that this application will form a part of my agent agreement with Sentinel. I further understand that if any information provided in this application is found to be incorrect or incomplete, it may be grounds for rejecting this application or for termination of my contract, all in the sole discretion of Sentinel. I understand Sentinel will accept business from me upon completion and acceptance of the Agent Appointment Packet from the Home Office.

I have completed all necessary forms and submitted all fees and a copy of my current insurance license/s.

\_\_\_\_\_  \_\_\_\_\_  
 Signature of Applicant Date

The General Agent accepts all responsibility for the applicant Agent and sponsors him as an Agent for Sentinel Security Life.

\_\_\_\_\_  
 General Agent - PRINT NAME  
 (Direct Upline)

\_\_\_\_\_  
 General Agent - SIGNATURE Date

\_\_\_\_\_  
 Sentinel Agency Director - SIGNATURE Date



# SENTINEL SECURITY LIFE INSURANCE COMPANY

## AGENCY CONTRACT

THIS AGREEMENT made and effective this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ between SENTINEL SECURITY LIFE INSURANCE COMPANY, a Utah corporation, whose home office is situated at 2121 South State Street, Salt Lake City, Utah 84115, hereinafter called the "Company", and \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_, hereinafter referred to as the "Agent".

The Agent is:  an individual,  a partnership,  a disregarded entity,  a corporation organized under the law of the State of \_\_\_\_\_

WITNESSETH: That these two Parties agree to transact business upon the following terms and conditions:

**AUTHORITY TO SOLICIT.** The Agent is hereby authorized to solicit applications for insurance and annuities for the Company; both personally and through properly licensed Sub-Agents appointed and assigned by the Company to the Agent from time to time.

**SUB-AGENTS.** The Agent has the authority to recruit, and recommend for appointment to the Company, other Agents and or Agencies. Those who are appointed by the Company, in its discretion, are referred to below as "Sub-Agents". The Agent, agrees to use his best efforts to ensure that any Sub-Agent appointed on his recommendation is properly trained and supervised, and shall be responsible for such Sub-Agent's faithful performance of his contractual obligations with the Company.

**GENDER and NUMBER.** Any references in this Contract to gender is not limited to that gender but is intended to apply to either gender or to any legal entity not having a gender. The number of all words shall include the singular and the plural.

**DUTIES.** The Agent shall promote and safe-guard the best interests and good name of the Company; shall fairly, truthfully and properly represent the Company and its products and services; and shall faithfully perform, in an ethical and professional manner, all the duties within the scope of the appointment under this Contract. In particular, but without limitation, the Agent agrees to perform the duties set forth below:

**Knowledge.** Agent shall read and become familiar with all state insurance laws, the provisions of all the Company's insurance policies and attend the Company's sponsored training sessions as deemed necessary by the Company.

**Conformity with law.** Agent agrees to comply with all civil and criminal laws and statutes and with state insurance laws, regulations and policies.

**Company Rules & Regulations.** Agent shall strictly observe each and all the rules, regulations, policies, procedures and requirements set forth periodically by the Company.

**Disclosure & Notification.** Agent will promptly make known and available to the Company all information which comes into Agent's possession or knowledge at any time concerning the underwriting of a risk, or of Agent's or Sub-Agent's suitability to perform or failure to perform any provision of this Contract. Agent shall promptly notify Company upon receiving notice of potential, threatened, or actual litigation or any regulatory inquiry or complaint with respect to this Agreement or any Product. Company shall have final decision-making authority to assume the administration and defense of any such action. A copy of the correspondence or document received shall accompany each notice

**Licenses.** Agent, at Agent's cost and expense, will keep in good standing all licenses that are required to solicit applications for policies to be issued by the Company.


**Bond.** The Agent shall, on demand by the Company, maintain a surety bond or Errors and Omissions policy satisfactory to the Company.

**Collection & Transmittal.** For each application of insurance or annuity, the Agent shall collect the first full premium in check or money order or equivalent, and shall promptly pay said premium over to the Company, and deliver said premium and all applications to the Company in whatsoever manner the Company shall direct. Agent agrees that he/she holds any funds collected for the Company in trust for the Company and agrees to keep any such funds separate and shall pay the same, without offsets or deductions, as the Company shall direct.

**Delivery.** Unless prohibited by state law, Agent agrees not to deliver a policy unless Agent can reasonably determine that the proposed insured is in as good health as at the time of application, and unless the first premium has been fully

**JURISDICTION, VENUE, ATTORNEY'S FEES AND COSTS.** The Agent agrees that he shall be responsible for all costs including reasonable attorney fees, if any, incurred in the collection of any outstanding loan balances, debit balances, or account balances, accruing pursuant to this Contract and further agrees to the jurisdiction of any court of competent jurisdiction in Salt Lake County, Utah for purposes of resolving any conflicts under this Contract or for the purposes of allowing the Company to recover any amounts owed, including amounts loaned subsequent to the execution of this Contract. The Agent knowingly waives any objection to venue or the jurisdiction of the court.

**IN WITNESS WHEREOF**, the parties hereto have executed this Contract with the effective date as above written.

_____	_____ 
Agent Printed Name	Signature
_____	_____
Social Security / Tax I.D. Number	Date
_____	_____
General/Supervising Agent Name and Signature (Direct Upline)	Date

SENTINEL SECURITY LIFE INSURANCE COMAPNY

By:  
It's:  
Date:

**GUARANTEE BY OFFICERS OR PARTNERS**

If the Agent is a corporation or partnership, each of the undersigned, in consideration of the Company executing this Contract, represents to the Company that the principal stockholders or partners of the Agency, with their percentage of interest in the total ownership of the Agency, are as follows, and does hereby personally and severally guarantee the performance of all terms, liability and responsibility for any default in such terms, conditions, covenant, and/or amendments.

Signature _____	Title: _____	% Interest: _____
Signature _____	Title: _____	% Interest: _____
Signature _____	Title: _____	% Interest: _____
Signature _____	Title: _____	% Interest: _____

**GUARANTEE**

The above Agreement having been executed at my request, I hereby guarantee the payment of all sums loaned pursuant to the foregoing Agreement. I understand any and all commissions, both first year and renewal, under any contract I have entered or will enter into with the Company, are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for the repayment of any advances/loans made by the Company pursuant to the Agreement.

This Annualization Agreement shall survive the termination of any contractual relationship between the Company and the Borrower/Agent and the Guarantor/Agent.

Guarantor/Agent:

\_\_\_\_\_  
( Printed Name )

\_\_\_\_\_  
( Signature )



\_\_\_\_\_  
Social Security / Tax I.D. Number

\_\_\_\_\_  
Effective Date

# SENTINEL SECURITY LIFE INSURANCE COMPANY

## ANNUALIZATION AGREEMENT

For value received, Sentinel Security Life Insurance Company (the “Company”) and the below indicated Borrower and/or Guarantor, enter into this Agreement upon the following terms and subject to the following conditions:

1. **General.** This Agreement is a supplement to, and subject to all the terms and conditions of, The Borrower’s and/or Guarantor’s most recent Agency Contract with the Company.
2. **Production.** The Company may, upon their discretion, exclude from this Agreement any policy the Borrower places with the Company.
3. **Amount of Loan.** When a policy is placed, the Company will loan to the Borrower: (see below). The maximum amount the Company will loan to Borrower on any one life policy is \$1,500.00; and in any one month on all life policies is \$5,000.00.

	% of annualized Commissions
Medicare Supplement	100%
Medicare Select	100%
Life Insurance	per schedule

4. **Interest on Loan.** The current interest is 1% per month on the unpaid balance of the Borrower’s account. Interest begins on the first day of the calendar month after the Borrower’s initial Debit Balance begins.

5. **Repayment.** All advances/loans will be made on a policy by policy basis with the normal repayment of such advances/loans to be paid back to the Company from future commissions earned on the policyholder’s future premium payments. If such policy is not issued, is not taken, or such policy lapses for any reason, the outstanding advance/loan on such policy becomes immediately payable to the Company. The Company at its sole discretion may offset this indebtedness from any and all money the Company might be paying to the Borrower and reserves the right to call for the repayment of the Borrower’s aggregate Debit Balance (Account Balance) at any time.

While any balance is outstanding for loans made hereunder, or for interest on such loans, all commissions earned on any policy may be applied to the repayment of such advances/loans. Not taken fees, commission advance reversals and interest shall be deducted from any earned commission.

All such loans made under this Agreement shall be secured by the Agent’s commissions from the sale of all life, annuity, and health insurance produced by said Agent, and shall be individually guaranteed by the Borrower and/or Guarantor. All loans made hereunder shall be payable upon demand should the Company at its sole discretion believe that the Borrower/Agent does not have sufficient commissions on the in-force business to repay the outstanding balance of the loans. In the event any policy is returned by the policyholder under the free-look provision, is cancelled or rescinded by the Company for any reason, lapses or otherwise terminates, the unpaid balance of the loan for that policy will be immediately due and payable, and, at the Company’s option, the Company may apply future advances thereunder to the repayment of such balances. Such amount will be offset against any subsequent loans made on any policy that may be issued in the future and against any commissions earned on any policies.

6. **Right to Cancel.** Notwithstanding any other provision hereof, the Company shall have the right to cancel this Agreement at any time without prior notification to the Borrower and/or Guarantor, and in such event all amounts due the Company from the Borrower hereunder shall become immediately due and payable.

7. **Termination.** This Agreement will automatically terminate if the Borrower’s or Guarantor’s Agency Contract with the Company is terminated except that Borrower’s and Guarantor’s obligations shall continue as long as any balance is outstanding hereunder.

Borrower/Agent:

\_\_\_\_\_  
( Printed Name )

\_\_\_\_\_  
( Signature ) SIGN HERE

\_\_\_\_\_  
Social Security / Tax I.D. Number

\_\_\_\_\_  
Effective Date



**SENTINEL SECURITY LIFE INSURANCE COMPANY**  
**AGENT/AGENCY COMMISSION ADVANCE SCHEDULE** (revised 12/2010)


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Sentinel Security Life Insurance Company agrees to and will loan commissions under this agreement to the Agent/Agency according to the type of life insurance, the initial mode and the plan of premium payment on the following basis:

<u>Percent of Commission On First Year Annualized Premium</u>	<u>Life Policies</u>
100%	Annual
75%	Monthly Bank Draft (ACH) Semi-annual
65%	Quarterly
65%	Monthly Bank Draft (ACH) on Graded or Modified Benefit Policies
50%	Monthly Credit/Debit cards

Borrower/Agent:

\_\_\_\_\_  
 (Printed Name)

\_\_\_\_\_   
 (Signature)

\_\_\_\_\_  
 Social Security / Tax I.D. Number

\_\_\_\_\_  
 Effective Date

# SENTINEL SECURITY LIFE INSURANCE COMPANY

## HIPAA AGENCY CONTRACT PRIVACY ADDENDUM

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### I. GENERAL PROVISIONS

**Section 1. Effect.** The terms and provisions of this Addendum are incorporated in and shall supersede any conflicting or inconsistent terms and provisions of the Contract to which this Addendum is attached, including all exhibits or other attachments thereto and all documents incorporated therein by reference (this “Agreement”), effective as of \_\_\_\_\_ (date). Any ambiguity in this Addendum shall be resolved to permit the Company to comply with the Privacy Standards.

**Section 2. Amendment.** Agent and the Company agree to amend this Addendum to the extent necessary to allow either Agent or the Company to comply with the Privacy Standards (45 C.F.R. Parts 160 and 164), the Standards for Electronic Transactions (45 C.F.R. Parts 160 and 162) and the Security Standards (45 C.F.R. Part 142) (collectively, the “Standards”) promulgated or to be promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable federal or state regulations or statutes. Agent and the Company will fully comply with all applicable Standards and other applicable federal or state regulations or statutes and will amend this Addendum to incorporate any material required by the Standards, such regulations or statutes.

**Section 3. Definitions.** Capitalized terms used herein without definition shall have the respective meanings assigned to such terms in Part IV of this Addendum.

### II. OBLIGATIONS OF AGENT

**Section 1. Use and Disclosure of Protected Health Information.** Agent may use and disclose Protected Health Information only as required to satisfy its obligations under this Agreement, as permitted herein, or as required by law, but shall not otherwise use or disclose any Protected Health Information. Agent shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, use or disclose Protected Health Information in any manner that would constitute a violation of the Privacy Standards if done by the Company, except that Agent may use Protected Health Information if necessary (i) for the proper management and administration of Agent, (ii) to carry out the legal responsibilities of Agent or (iii) to provide Data Aggregation services relating to the Health care operations of the Company. Agent hereby acknowledges that, as between Agent and the Company, all Protected Health Information shall be and remain solely the property of the Company, including any and all forms thereof developed by Agent in the course of fulfilling its obligations pursuant to this Agreement. Agent further represents that, to the extent Agent requests the Company to disclose Protected Health Information to Agent, such request is only for the minimum Protected Health Information necessary for the accomplishment of Agent’s purpose.

**Section 2. Safeguards Against Misuse of Information.** Agent agrees that it will use all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Addendum.

**Section 3. Agent’s Duty to Mitigate.** Agent agrees to mitigate to the extent practicable any harmful effect that is known to Agent of a use or disclosure of Protected Health Information by Agent in violation of this Addendum.

**Section 4. Reporting of Violations.** Agent shall, within thirty (30) days of becoming aware of any use or disclosure of Protected Health Information not provided for by this Addendum by Agent or any of its officers, directors, employees, contractors or agents, report such use or disclosure to the Company.

**Section 5. Agreements by Third Parties.** Agent shall enter into and maintain an agreement, with each agent and subcontractor that has or will have access to Protected Health Information, under which the agent or subcontractor is legally bound by the same restrictions with respect to Protected Health Information that apply to Agent pursuant to this Addendum.

**Section 6. Access to Information.** Within ten (10) days of a request by the Company for access to Protected Health Information about an individual contained in a Designated Record Set, Agent shall make available to the Company or, as directed by the Company, to the individual, such Protected Health Information. In the event any individual requests access to his or her Protected Health Information directly from Agent, Agent shall within two (2) days forward such request to the Company. Any denials of access to the Protected Health Information requested shall be the responsibility of the Company.

Addendum shall survive termination of this Agreement and Agent shall limit any further uses and disclosures of such Protected Health Information to the purpose or purposes which make the return or destruction of such Protected Health Information infeasible.

**Section 3. The Company's Right of Cure.** The Company shall have the right to cure, at the expense of Agent, any breach of Agent's obligations under this Addendum. The Company shall give Agent notice of its election to cure any such breach and Agent shall cooperate fully in the efforts by the Company to cure Agent's breach. Agent shall pay for such services of the Company within thirty (30) days of receipt of the Company's request for payment.

**Section 4. Transition Assistance.** Following the termination of this Agreement for any reason, Agent agrees to provide transition services for the benefit of the Company, including the continued provision of its services required under this Agreement until notified by the Company that another provider of services is able to take over the provision of such services and the transfer of the Protected Health Information and other data held by Agent related to its services under this Agreement has been completed

#### IV. DEFINITIONS FOR USE IN THIS ADDENDUM

**"Data Aggregation"** shall mean the combining of Protected Health Information by Agent with the Individually Identifiable Health Information created or received by Agent in its capacity as a business associate of another covered entity to permit data analyses that relate to the Health care operations of the Company and the other covered entity.

**"Designated Record Set"** shall mean the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Company, or any other group of records maintained by or for the Company and used, in whole or in part, by or for the Company to make decisions about individuals. As used herein the term "record" means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the Company.

**"Individually Identifiable Health Information"** shall mean information that is a subset of Health information, including demographic information collected from an individual, and (i) is created or received by a Health care provider, Health plan, Health care clearinghouse (as those terms are defined in the Privacy Standards), or employer; and (ii) relates to the past, present, or future physical or mental Health or condition of an individual; the provision of Health care to an individual; or the past, present or future payment for the provision of Health care to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

**"Privacy Standards"** shall mean the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164.

**"Protected Health Information"** shall mean Individually Identifiable Health Information transmitted or maintained in any form or medium that Agent creates or receives from or on behalf of the Company in the course of fulfilling its obligations under this Agreement. "Protected Health Information" shall not include (i) education records covered by the Family Educational Rights and Privacy Act, as amended. 20 U.S.C. §1232g. and (ii) records described in 20 U.S.C. §1232g(a)(4)(B)(iv).

**"Secretary"** shall mean the Secretary of the United States Department of Health and Human Services. Except as specifically amended hereby, the Agreement shall remain in full force and effect.

With my signature, I acknowledge receipt of and agree to the terms of the Agent Privacy Addendum received from Sentinel Security Life Insurance Company.

AGENT SIGNATURE \_\_\_\_\_

**SIGN HERE**

Sentinel Security Life Insurance Company  
Administrative Office  
PO Box 16960  
Clearwater, FL 33766-6960  
FAX: 727-791-0447

### Check Deposit Authorization

I, the undersigned, do hereby authorize Sentinel Security Life Insurance Company and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Sentinel Security Life Insurance Company and its affiliates has received notification in writing from me of its termination in such time and in such manner as to afford Sentinel Security Life Insurance Company and its affiliates a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

**I understand, this is not an assignment of commissions.1099's will continue to be issued to the commission owner.**

**A VOIDED CHECK MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER.**

New or  Change Account

Name of Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Checking Account No. \_\_\_\_\_

or

Savings Account No. \_\_\_\_\_

Is This Electronic Deposit For:

Company or  Individual (check one)

Printed Name \_\_\_\_\_

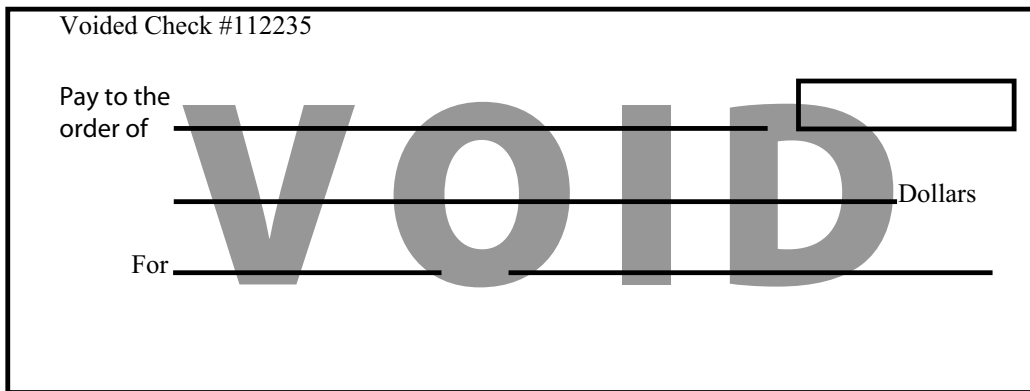
Signature \_\_\_\_\_

Tax ID or Social Security Number \_\_\_\_\_



\*Electronic Deposit is not available for all products. Please contact Sales Support for exclusions 800-247-1423

**PLEASE REMEMBER TO ATTACH A VOIDED CHECK TO VERIFY ACCOUNT NUMBER**



# 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, if different from above

---

Check appropriate box:  Individual/Sole proprietor     Corporation     Partnership     Other \_\_\_\_\_     Exempt from backup withholding

Address (number, street, and apt. or suite no.)

---

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 Line 1 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.

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

+

**Part II**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer 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 Services (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. 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 4.)

<b>Sign Here</b>	Signature of U.S. person		Date
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***Sentinel Security Life Insurance Co.***

2121 South State Street - Salt Lake City, Utah 84115

Telephone: (801) 484-4040

Facsimile: (801) 484-2459

By my signature below I certify that I have read Sentinel Security Life Insurance Company's ANTI MONEY LAUNDERING program that complies with the guidelines required by the Pub. Law 107-56(2001) "Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA Patriot Act) This document will be held in my agent file as evidence of my acknowledgement of my responsibilities as a licensed agent with Sentinel Life Insurance Company.

\_\_\_\_\_  
Please Print your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

SIGN HERE

\_\_\_\_\_  
Agent Number