

Step 7 Transfer or Dual Contracting Information

If I am already contracted with Lincoln Benefit Life under another recruiting organization, my preference is to:

(select one)

Transfer

Dual Contract

AGENT TRANSFER POLICY

1. Every transfer **must** include this form which needs to be signed by both the agent requesting the transfer and the recruiter accepting the transferred agent.
2. Lincoln Benefit Life will **NOT** transfer issued business under this new agent number.
3. If an application is submitted with this request, you must provide us with the client's name(s) and part 1 date(s) in the space provided below.
4. All business dated after the transfer date will go to the new recruiter.
5. Agents are **only** allowed to transfer their contract after the initial first six months of being contracted with Lincoln Benefit Life.

* SPECIAL AGENTS

1. Special Agents **must** obtain a release from the current recruiter unless they have not produced any new business in the previous 12 months. All other rules above apply.

AGENT DUAL CONTRACTING POLICY

1. All contracted agents are limited to two active fixed contracts.
2. Both recruiters will be notified of this request.
3. Lincoln Benefit Life will **NOT** transfer issued business under this new agent number.
4. A new contract must be submitted with this request.
5. This request needs to be processed by Lincoln Benefit Life prior to submitting business applications under this contract.

* SPECIAL REQUIREMENTS

1. Agents are **ONLY** allowed to be dually contracted at current contract level (or lower) unless signature from releasing recruiter is obtained.
2. Agents are **ONLY** allowed to dual contract after their initial first six months of being contracted with Lincoln Benefit Life unless signature from releasing recruiter is obtained.

IDENTIFY ALL BUSINESS APPLICATIONS BEING SUBMITTED WITH THIS REQUEST:

LAST NAME	FIRST NAME	M.I.	POLICY NUMBER	APPLICATION DATE
				/ /
				/ /
				/ /

Step 8 Regulatory & Background Questions

Please answer the following questions on the individual agent or the principal of the corporation/agency applying for the contract.

- 1) Have you ever been charged with a felony? Yes No
- 2) Have you ever been charged with a misdemeanor including allegations of fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion or a conspiracy to commit any of these offenses? Yes No
- 3) Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition in the previous 2 years? Yes No
- 4) Has any regulatory body ever taken action against you or any of your insurance, securities or other professional license? Yes No

If you answered "yes" to any of the above questions, attach explanations.

Step 9 Regulatory Requirements

Have you completed your Anti-money Laundering training? **Yes** or **No** *If taken through LIMRA, no further action is necessary. If taken through another agency, please enclose a copy of the certification. If you haven't taken the course, you will be invited to take it after we have assigned you a writing number.

Step 10 Direct Deposit of Commissions

Having your commissions direct deposited are optional, however, it can speed up the receipt of your commissions by several days.

I wish to have my commissions Direct Deposited (for direct deposit of variable commissions, please contact your Broker Dealer)
Fax # for pre-deposit notification (optional): (_____) _____

***** ATTACH YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP*****

Bank institution name: _____

Bank institution address: _____

Type of Account: Checking Savings Account #: _____ Routing #: _____

By signing below,

I authorize and request Lincoln Benefit Life Company to direct the net amount of any payment to me for crediting in my account at the financial institution designated above. "Payment" means any compensation payable to me under the terms of my contract. This authorization is not an assignment of my rights to receive such payment and revokes all prior payment direction notifications applicable to any such payment. I understand that the financial institution designated above reserves the right to cancel this agreement by notice to me; however, the authorization will remain in full force and effect with Lincoln Benefit Life Company until Lincoln Benefit Life Company has received written notification from me of its termination in such time and in such manner as to afford Lincoln Benefit Life Company a reasonable opportunity to act upon it.

Step 11 Certification & Authorization

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.

Authorization for Release of Information – I hereby authorize any bank, credit bureau, financial institution, insurance company, agency, court of law, person, or organization that has any records or knowledge of my financial status, credit standing, or criminal history to give Lincoln Benefit Life or their representative any such information. It is our policy to develop background information on agents who wish to be appointed with our company using credit reports and criminal court records (involving convictions only). If as a result of the investigation, we are unable to appoint you, we will notify you. Subsequent credit reports and criminal court records reports may be requested from time to time in order to update our files.

I agree not to solicit business for Lincoln Benefit Life until my license is in my possession and when the company notifies me that I am qualified to write business for this company.

I certify that the information and answers to the questions on this processing form are true and correct to the best of my knowledge. Information found to be incorrect may result in termination.

We certify that the information you have entered here will be held in strict confidence.

PLEASE SIGN HERE: _____ **DATE:** _____

LINCOLN BENEFIT LIFE
AN ALLSTATE COMPANY

**Release Authorization and
Fair Credit Reporting Act Disclosure
Regarding Procurement of A Consumer Report**

This is to notify you that in connection with your agent application, we may procure a consumer report on you as part of the process of considering your application or determining whether you meet our contracting standards. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

This release and authorization shall remain valid and in effect for the duration of your contract with us. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

You may revoke this Authorization at any time, provided that the revocation is in writing, except to the extent that Lincoln Benefit Life has taken actions relying on this Authorization. If you would like to revoke this Authorization, please send a written revocation to: Lincoln Benefit Life, P.O. Box 80469, Lincoln, NE 68506-0469.

By signing below, I hereby authorize Lincoln Benefit Life and its affiliates to obtain a consumer report and/or an investigative report about me in order to process my agent application. In addition, I also authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Lincoln Benefit Life and its affiliates.

Signature: _____ Date: _____

Please print the following information:

Name: _____

Home Address: _____

City/State/Zip: _____

Date of Birth*: _____

Social Security Number: _____

* Date of Birth required for background investigation purposes only, and will be used for no other purposes.

Applicants: Please retain a copy for your files.

Lincoln Benefit Life Company

2940 South 84th Street Lincoln, Nebraska 68506-4142 Phone 800.525.9287 Fax 402.328.6118 Email lblicdpt@allstate.com

DIRECT DEPOSIT OF COMMISSIONS

We are able to process a direct deposit of your commission check into your checking or savings account! This service has several advantages. First and foremost, you should receive your commissions faster! The funds would be in your account the Monday after the finance cycle. For example, with a normal Tuesday cutoff, we would mail these statements out of the office on the following Monday. With Direct Deposit, we would still mail your regular commission statement on Monday, but the funds would be deposited into your account on Monday as well! Deposit and mailing days may alter due to holidays.

To enroll in Direct Deposit, simply complete the form below and mail or fax it to the Licensing and Appointing Department. Please note that if your commissions are assigned, you will need to have the assignee complete the authorization form. Once we have received and processed the necessary information, it will take approximately 10 days to verify the correct information is being sent through ACH. Therefore, once enrolled, you will still receive one, or potentially two paper checks during the waiting period.

To enhance this service even further, we can also fax you notification of your deposit amount before it is placed in your account. Due to the confidential nature of this information, this service will be optional. If you want to receive this fax notification, please indicate your fax number on the Direct Deposit Authorization Form. If you have any questions while completing this form, please contact the home office at (800) LBL-WATS.

Lincoln Benefit Life Company Authorization For Direct Deposit of Commissions

AGENT INFORMATION (PLEASE PRINT):

Contract Name: _____ LBL Agent #: _____

Fax # (for optional pre-deposit notification): _____ Tax ID#: _____

FINANCIAL INSTITUTION INFORMATION:

*** ATTACH YOUR VOIDED CHECK HERE ***

Institution Name: _____

Institution Address: _____

City

State

Zip

Type of Account:

Checking Savings Account #: _____

Bank Routing #: _____

I authorize and request Lincoln Benefit Life Company to direct the net amount of any payment to me for crediting in my account at the financial institution designated above. "Payment" means any compensation payable to me under the terms of my contract. This authorization is not an assignment of my rights to receive such payment and revokes all prior payment direction notifications applicable to any such payment. I understand that the financial institution designated above reserves the right to cancel this agreement by notice to me; however, this authorization will remain in full force and effect with Lincoln Benefit Life Company until Lincoln Benefit Life Company has received written notification from me of its termination in such time and in such manner as to afford Lincoln Benefit Life Company a reasonable opportunity to act upon it or until my agent status with Lincoln Benefit Life Company is terminated.

Signature

Date

Please return this form to **Lincoln Benefit Life Company - Attn: Licensing and Appointing**

2940 South 84th Street Lincoln, NE 68506-4142 Fax: 402-328-6139 Email: lblicdpt@allstate.com

Lincoln Benefit Life Company, Lincoln, Nebraska
GENERAL AGENT'S AGREEMENT — APPOINTMENT

GENERAL AGENT:

Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Date: _____

**BENEFICIARY TO RECEIVE COMMISSIONS PAYABLE
AFTER DEATH (LIMITED TO ONE INDIVIDUAL):**

Name of Beneficiary: _____

(Print or Type Name Here)

Relationship: _____

COMMISSION SCHEDULE FORM: LBL-2401-GA

RECRUITING ORGANIZATION:

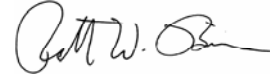
Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Recruiter's Agent #: _____

LINCOLN BENEFIT LIFE COMPANY:



By: Robert W. Birman, Vice President

Contract Effective Date: _____

For all General Agents, except those holding a resident license in Georgia, North Carolina, Pennsylvania and Utah, this contract is not deemed to be executed and effective until the earlier of the General Agent's first insurance application submitted to Lincoln Benefit Life Company or the first payment of commissions to a subagent assigned to the General Agent. For Georgia, North Carolina, Pennsylvania and Utah resident General Agents, the Contract Effective Date is shown above.

Lincoln Benefit Life Company ("**LBL**") hereby appoints the individual or entity named above as its **GENERAL AGENT ("GA" or "you")** with duties, powers, and obligations as herein set forth, and **GA** hereby accepts the appointment on the terms and conditions set forth herein. The provisions stated in all supplements, Commission Rules, and Schedule of Commissions are incorporated into and made a part of this Agreement. **Effective Date** -- For all GAs, except those holding a resident license in Georgia, North Carolina, Pennsylvania, and Utah, this Agreement shall become executed and effective upon the earlier of 1) your submission of an insurance application to LBL and your appointment with LBL is submitted to your resident state or 2) the first payment of commissions to a subagent assigned to GA. For Georgia, North Carolina, Pennsylvania and Utah resident GAs, this Agreement shall become effective on the date shown above. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

Authority — You are authorized to act as an Agent on behalf of **LBL** for the purpose of developing and supervising the distribution of **LBL's** insurance products. Specifically, you are authorized to:

- 1) Recruit and recommend persons for appointment by **LBL** as insurance agents.
- 2) Train and supervise such agents in accordance with the standards of **LBL** and the requirements of the state or states in which they are licensed and in which they act as an agent for **LBL**.
- 3) Solicit applications for the policies of insurance and annuity contracts written by **LBL** and approved for marketing.

Responsibilities – You are required to follow certain guidelines while exercising the authority granted under this Agreement. These guidelines include, but are not limited to, the following:

- 1) For any applications solicited by you, you shall submit such applications when received to **LBL**. You shall also collect the first premium and transmit all collections immediately to **LBL**.
- 2) You shall promptly deliver any policy or contract issued by **LBL** to owner of the policy or contract. In no event shall delivery take longer than thirty (30) days from the date you receive the policy or contract. In the event delivery will take longer than thirty (30) days, you are required to notify **LBL**.
- 3) You shall make reasonable effort to preserve business issued by **LBL** and to maintain in force policies issued by **LBL**.

- 4) You shall at all times comply with the rules and regulations of **LBL** pertaining to underwriting practices, acceptance of risks, delivery of policies, and all other areas of conduct for **LBL's** business.
 - 5) Licensing of agents shall be in compliance with statutory and regulatory requirements of the Departments of Insurance or other regulatory agencies and in accordance with the standards and procedures established by **LBL**. Neither you nor any of your agents shall solicit business for **LBL** until you are notified in writing by **LBL** that you or they are qualified to write business for **LBL**.
 - 6) You shall notify **LBL** immediately upon becoming aware of any misdemeanor or felony criminal convictions (excluding minor traffic citations) relating to you, your employees, or any agent licensed under you and appointed with **LBL**.
 - 7) Comply with **LBL's** policies and procedures concerning the replacement of life insurance policies and annuity contracts. A replacement occurs whenever an existing policy or contract is terminated, converted, or otherwise changed in value. For any transaction involving a replacement, **LBL** requires you to:
 - a) recommend the replacement only when replacement is in the best interest of the customer;
 - b) fully disclose any and all relevant information to the customer, including: (i) comparing old and new premium expenses, surrender charges, cash values, and death benefits; (ii) any specific loss of cash value or policy value related to surrendering the existing policy; (iii) all guaranteed and maximum values of both policies; (iv) whether a new contestability period and/or suicide clause will start under the new policy; and (v) whether the customer will have to resubmit to underwriting to purchase the new policy;
 - c) provide state-required replacement notices to customers on the same day the application is taken and indicate on the application that the transaction involves the full or partial replacement of an existing policy; and
 - d) never recommend that a customer cancel an existing policy until a new policy is in force, and the customer has determined that the new policy is acceptable.
 - 8) Adhere to **LBL's** rules and regulations concerning ethical market conduct, which require that you:
 - a) carefully evaluate the insurance needs and financial objectives of your clients, and use sales tools (e.g., policy illustrations and sales brochures) to determine that the insurance or annuity you are proposing meets these needs;
 - b) maintain a current license and valid appointment in all states in which you promote the sale of **LBL** products to customers and keep current of changes in insurance laws and regulations by reviewing the bulletins and newsletters published by the State Departments of Insurance and **LBL**;
 - c) comply with **LBL's** policies concerning replacements, and refrain from providing false or misleading information about a competitor or competing product or otherwise making disparaging remarks about a competitor;
 - d) submit, prior to use, all advertising materials intended to promote the sale of **LBL** products to **LBL** for approval;
 - e) immediately report to **LBL** any customer complaints, whether written or oral, and assist **LBL** in resolving the complaint to the satisfaction of all parties; and
 - f) communicate these standards to any agents or officer personnel that you directly supervise and request their agreement to be bound by these conditions as well.
 - 9) During the term of this Agreement, you will maintain errors and omissions insurance coverage in an amount satisfactory to **LBL** underwritten by an insurer satisfactory to **LBL**. Coverage must insure against any negligent act, error, or omission by you or any person employed by you in the rendering of any services related to this Agreement. You will provide proof of such coverage upon our request.
- Independent Contractor** – The relationship you have with **LBL** under this Agreement is that of an independent contractor. Neither you nor your employees or agents shall be deemed to be the employee or servant of **LBL**.
- You also acknowledge that all agents in your hierarchy are independent contractors of **LBL** and, at a subagent's election or for good cause, can be transferred by **LBL** in accordance with **LBL's** transfer rules. None of the benefits provided by **LBL** to its employees, including, but not limited to, workers compensation insurance and unemployment insurance, are available to you, your employees, and agents.
- Limitation of Authority** – You shall not possess or exercise any authority on behalf of **LBL** other than expressly conferred by this Agreement. Activities that you are specifically not authorized to perform on behalf of **LBL** include, but are not limited to:
- 1) Making, altering, or discharging any contract.
 - 2) Incurring any indebtedness or liability on behalf of **LBL**.
 - 3) Expending, or contracting for the expenditure of, any funds of **LBL**.
 - 4) Extending the time for payment of any premium, binding **LBL** to the reinstatement of any terminated policy, or accepting notes for payment of premiums.
 - 5) Waiving or modifying any terms, conditions, or limitations of any policy.
 - 6) Adjusting, settling, or committing **LBL** to any action regarding any claim.
 - 7) Issuing, using, or circulating any advertisement or literature referencing **LBL** unless the advertisement or literature has first been approved in writing by **LBL**.
 - 8) Entering into any legal proceedings on behalf of **LBL** in connection with any matters pertaining to **LBL's** business.
 - 9) Delivering any policy issued by **LBL** prior to the settlement by the applicant of the first premium or required funding for the policy or contract.
 - 10) Delivering any policy when you or your agents have knowledge of any impairment of the applicant's health either not disclosed on the application or that occurred subsequent to the securing of the application.

Records – All books, records, application forms, and material furnished by **LBL** pertaining to the solicitation of applications for insurance hereunder shall be the property of **LBL** and shall be returned to **LBL** upon termination of this Agreement. All other records pertaining to your performance under this agreement shall be open to inspection by **LBL** or by the Department of Insurance (as required by law) at all times.

Expenses – You shall pay all expenses of every nature incurred in connection with the conduct of your business, and **LBL** shall not be liable in any way therefore.

Taxes – You shall assume full responsibility for, and indemnify **LBL** against, any liability in connection with the payment of all federal, state, and local taxes or contributions imposed or required under unemployment insurance, social security, income tax, and related laws with respect to compensation received under this Agreement by you.

Fiscal Responsibility – You shall immediately pay to **LBL** all monies received by you or your agents on all applications obtained and policies issued. All such funds shall be segregated by you and held by you in trust. Such funds shall not be used by you for any purpose.

Indebtedness – You shall be responsible to **LBL** for the acts of your agents and employees and for the indebtedness of your agents to **LBL**. **LBL** shall have a retaining first lien against any commissions payable hereunder for any indebtedness of you or your agents to **LBL**, and **LBL** may charge and set off any such amounts due from commissions payable. Your indebtedness shall bear interest at the rate of one percent (1%) per month and shall be absolutely repayable on demand from **LBL**. Following demand for repayment or termination of this Agreement, whichever occurs first, all indebtedness shall bear interest at the maximum lawful rate from that date until paid. You shall be responsible to **LBL** for all costs and expenses, including legal fees, incurred by **LBL** as a part of its efforts to collect indebtedness.

Compensation – Your compensation shall be based on your personal production and the production of all agents assigned to you. You shall be compensated according to the Schedule of Commissions, as amended from time to time, for premiums received on policies issued by **LBL** for applications secured under this Agreement. Payment of commissions and service fees shall be made at such times and in the manner **LBL** considers appropriate for the efficient administration of this Agreement. The Schedule of Commissions is subject to change by **LBL**, but any change shall not apply to business written prior to the effective date of the change. The statements issued by **LBL** concerning agent's commissions and service fees paid and/or payable, advances and indebtedness shall be conclusive unless, within thirty (30) days following receipt of the statement, you notify **LBL** of a dispute regarding any transactions reported on that statement. If a policy on which you are receiving commission or service fees lapses for any reason, no further commission or service fees will be paid to you unless the policy is reinstated solely due to your actions. If, for any reason, **LBL** refunds any premium on which you received a commission or service fee, you shall immediately repay to **LBL** the commission or service fee received on such premium.

Vesting – Your right to commissions shall be deemed fully vested, and except as specifically limited to herein, the renewal commissions shall be paid for the term and in the amount shown in the Schedule of Commissions. Your right to service fees shall continue so long as this Agreement is in force. Following termination of this Agreement for any reason, the amount shown as service fees in the Schedule of Commissions may be reduced by one-half.

Beneficiary – You may name a beneficiary to receive any commissions payable after your death. **LBL** reserves the right to require evidence that there are no conflicting claims before making payments to the named beneficiary.

Non-Public Personal Financial Information –

(Requirements pursuant to the Gramm-Leach-Bliley Act)

You agree to protect any confidential information of **LBL** customers that is accessible by you. Confidential Information includes, but is not limited to, any nonpublic personal information about **LBL's** customers or potential customers, regardless of whether it is personally identifiable or anonymous information. Such nonpublic personal information includes, but is not limited to:

- 1) Application information, such as assets and income;
- 2) Identifying information, such as name, address and social security number;
- 3) Transaction information such as policy activity; contract balances, purchases and withdrawals; and
- 4) Information from other sources, such as credit reports.

You agree, now and at all times in the future, not to use or disclose Confidential Information to any person or entity, other than to carry out the purposes for which the **LBL** applicant or customer disclosed the information, or as necessary to carry out the lawful business purposes of this Agreement, or as otherwise allowed by law or regulation. Use or disclosure of Confidential Information shall comply with federal and state privacy laws, rules and regulations. You agree to adhere to **LBL's** policies and procedures related to maintaining the privacy and protection of applicants' and customers' Confidential Information.

You shall establish policies and procedures to protect such Confidential Information in accordance with commercially reasonable standards and at a minimum using the same degree of care, but no less than a reasonable degree of care, to prevent the unauthorized use, disclosure or duplication of such Confidential Information as **LBL** uses to protect its own confidential information. You will implement appropriate measures to:

- 1) Ensure the security and confidentiality of **LBL's** customer information;
- 2) Protect against any anticipated threats or hazards to the security or integrity of such information; and
- 3) Protect against unauthorized access to or use of such information that could result in substantial harm or inconvenience to any customer.

Confidential Information shall be returned to **LBL**, or destroyed upon **LBL's** request, once the services contemplated by this Agreement have been completed, or upon termination of this Agreement. In addition, you shall not be entitled to use such Confidential Information for any purpose thereafter.

Further, you agree that any violation of this section shall be a material breach of this Agreement and shall entitle **LBL** to immediately terminate this Agreement without penalty upon notice to you. You agree to permit **LBL** to audit your compliance with this section, and with all applicable laws, rules and regulations, during regular business hours upon reasonable notice to you. The provisions of this section shall survive any termination of this Agreement.

Assignment – You may not assign this Agreement, any interest in this Agreement, or any compensation earned or to be accrued under this Agreement without the prior written consent of **LBL**.

Termination – Either party may terminate this Agreement at any time by giving written notice. Notice may be mailed or delivered to the last known address of the other party. If you reside in, or are licensed in, Arkansas, Florida, Illinois, Missouri and/or Oregon, you hereby agree to waive any advance notice of termination and agree that termination will be effective immediately upon delivery of written notice. Upon termination, you shall in no manner thereafter act for **LBL** and shall promptly account for and remit to **LBL** any monies then held for it. On demand, you shall turn over to **LBL** all undelivered policies, ratebooks, other records, materials, and properties pertaining to your agency business. Your right to any commission or any other thing of value shall cease if you: commit any act that injures the business or reputation of **LBL**; fail to account for and remit promptly any monies collected by you for **LBL**; or, withhold any policies, money or other property belonging or returnable to **LBL**.

Law Applicable – The execution and performance of this Agreement involves transacting business in the State of Nebraska by you with **LBL**. This Agreement shall be governed by and construed according to the laws of the State of Nebraska. All actions with respect to this Agreement shall be brought in a court of competent jurisdiction in Lancaster County, Nebraska.

PROTECTED HEALTH INFORMATION (Requirements pursuant to HIPAA)

1) Definitions. The following definitions relate to this section only.

- a) Business Associate. "Business Associate" means a person who performs, or assists in the performance of, a function or activity involving the use or disclosure of individually identifiable health information, or any other function or activity regulated by the Privacy Rule.
- b) Individual. "Individual" means the person who is the subject of protected health information, or that person's personal representative in his or her fiduciary capacity.
- c) 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 Rule), 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.

- d) Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E, as in effect or as amended.
- e) Protected Health Information. "Protected Health Information" or "PHI" shall mean Individually Identifiable Health Information transmitted or maintained in any form or medium that you create or receive from or on behalf of **LBL** in the course of fulfilling its obligations under this Agreement. "PHI" 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).
- f) Required By Law. "Required By Law" means a mandate contained in law that compels a covered entity to make a use or disclosure of PHI and that is enforceable in a court of law.
- g) Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
- h) Security Incident. "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- i) Security Rule. "Security Rule" shall mean the Health Insurance Reform: Security Standards for the protection of Electronic PHI at 45 CFR Part 160 and Part 164, Subpart C, as in effect or as amended.

2) Obligations and Activities

- a) You agree to comply with the policies and procedures of **LBL** with respect to PHI.
- b) You agree to not use or disclose PHI other than as permitted or required by the Agreement or as Required By Law.
- c) You agree to use appropriate safeguards, including safeguards for the protection of electronic PHI, as provided in the Security Rule (45 C.F.R. Parts 160 and 164), to prevent use or disclosure of PHI other than as provided for by this Agreement;
- d) You agree to mitigate, to the extent practicable, any harmful effect that is known to you of a use or disclosure of PHI by you in violation of the requirements of this Agreement.
- e) You agree to report to **LBL** any use or disclosure of PHI not authorized or provided for by this Agreement and any Security Incident within 5

business days of becoming aware of the use, disclosure or Security Incident.

- f) You agree to ensure that any person or entity to whom you provide PHI received from **LBL** or the Individual, or created or received by you on behalf of **LBL**, agrees to the same restrictions and conditions that apply through this Agreement to you with respect to such information.
- g) You agree to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by you on behalf of, **LBL**, available to **LBL**, or to the Secretary, within ten (10) days of such request, or as designated by the Secretary, for purposes of the Secretary determining **LBL's** compliance with the Privacy Rule.
- h) You shall keep a record of disclosures of PHI and agree to make information regarding disclosures of PHI available to **LBL** within fifteen (15) days of a request by **LBL**. You shall provide, at a minimum, the following information: (i) the date of disclosure; (ii) the name of the entity or person who received the PHI, and the address of such entity or person, if known; (iii) a brief description of the PHI disclosed; (iv) a brief statement regarding the purpose and explanation of the basis of such disclosure and (v) the names of all Individuals whose PHI was disclosed.
- i) Within fifteen (15) business days of a request by **LBL**, you agree to comply with **LBL's** request to accommodate an Individual's access to his/her PHI. In the event an Individual contacts you directly about access to PHI, you will not provide access to the Individual but shall forward such request to **LBL** within five (5) business days of such contact.
- j) Within fifteen (15) business days of a request by **LBL**, you agree to comply with **LBL's** request to make amendments to PHI. You shall promptly incorporate any such amendments into the PHI. In the event an individual contacts you directly about making amendments to PHI, you will not make any amendments to the individual's PHI but shall forward such request to **LBL** within five (5) business days of such contact.
- k) You agree to notify **LBL** within five (5) business days of your receipt of any request, subpoena, or judicial or administrative order to disclose PHI. To the extent that **LBL** decides to assume responsibility for challenging the validity of such request, subpoena or order, you agree to cooperate fully with **LBL** in such challenge.
- l) If a customer terminates his or her relationship with you, or the customer's policy is not renewed or is canceled, you shall return to **LBL**, or destroy, all PHI received from **LBL**, or created or received by you from the customer. This provision shall apply to PHI that is in the possession of your employees, subcontractors, agents or associates. You shall retain no copies of the PHI.

3) Permitted Uses and Disclosures

LBL-2391-GA, 06/08

General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, you may use or disclose PHI to perform functions, activities, or services for, or on behalf of, **LBL** as specified in the Agreement provided that such use or disclosure would not violate the Privacy Rule if done by **LBL**.

Specific Use and Disclosure Provisions

- a) Except as otherwise limited in this Agreement, you may use PHI for the proper management and administration of your business or to carry out your legal responsibilities.
- b) Except as otherwise limited in this Agreement, you may disclose PHI for the proper management and administration of your business, provided that disclosures are Required By Law, or you obtain reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies you of any instances of which it is aware in which the confidentiality of the information has been breached.
- c) You may use PHI to report violations of law to **LBL** and to appropriate Federal and State authorities, where consistent with the Privacy Rule.
- d) Use PHI to provide Data Aggregation services to **LBL** as permitted by 42 CFR 164.504(e)(2)(i)(B).

4) Obligations of **LBL**

To the extent that your use or disclosure of PHI may be affected, **LBL** shall notify you of:

- a) Any limitation(s) in **LBL's** notice of privacy practices;
- b) Any changes in, or revocation of, permission by Individual to use or disclose PHI;
- c) Any restriction to the use or disclosure of PHI that **LBL** has agreed to.

5) Termination

- a) Termination for Cause. Upon **LBL's** knowledge of a material breach or violation of the requirements imposed by the Privacy or Security Rules by you, **LBL** may either:
 - i. Provide an opportunity for you to cure the breach or end the violation and terminate this Agreement if you do not cure the breach or end the violation within the time specified by **LBL**;
 - ii. Immediately terminate this Agreement if you have committed a material breach or violated the Privacy or Security Rules and cure is not possible; or
 - iii. If neither termination nor cure are feasible, **LBL** shall report the violation to the Secretary.
- b) Effect of Termination.
 - i. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, you shall return or destroy all PHI received from **LBL**, or created or received

by you on behalf of **LBL**. This provision shall apply to PHI that is in the possession of your employees, subcontractors, agents or associates. You shall retain no copies of the PHI.

- ii. In the event that you determine that returning or destroying the PHI is infeasible, you shall provide to **LBL** notification of the conditions that make return or destruction infeasible. Upon written notice by you to **LBL** that return or destruction of PHI is infeasible, you shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as you maintain such PHI.

6) Indemnification.

You hereby agree to indemnify and hold **LBL**, its employees, officers and directors harmless from and against any and all liability, payment, loss, cost, expense (including reasonable attorneys' fees and costs), or penalty incurred by **LBL**, its employees, officers or directors in connection with any claim, suit, or action asserted against such entity or person resulting from the failure to fulfill any obligation of this Agreement by you or your employees, agents or subcontractors.

7) Safeguards

Business Associate shall use appropriate safeguards, including safeguards for the protection of electronic PHI, as provided in the Security Standards (45 C.F.R. Parts 160 and 104), to prevent use or disclosure of PHI in breach of this Agreement. Business Associate shall provide **LBL** with information concerning such safeguards upon **LBL's** request, and shall, upon reasonable request, give **LBL** access for inspection and copying to Business Associate's facilities used for the maintenance or processing of PHI, and to its books, records, practices, policies and procedures concerning the use and disclosure of PHI, for purpose of determining Business Associate's compliance with this Agreement. Business Associate shall supply all assistance reasonably necessary so that the **LBL's** auditors may complete any such inspection.

8) Injunction

You hereby agree that **LBL** will suffer irreparable damage upon your breach of your obligations under the privacy or security provisions of this Agreement, and that such damages shall be difficult to quantify. You hereby agree that **LBL** may file, and you will not contest, an action for an injunction to enforce such provisions against you, in addition to any other remedy **LBL** may have.

9) Survival

Your respective rights and obligations relating to the requirements of the privacy and security provisions of this Agreement and PHI shall survive the termination of this Agreement.

10) Interpretation

Any ambiguity in this Agreement shall be resolved to permit **LBL** to comply with the Privacy Rule, Security Rule or Standards for Electronic Transactions.

GENERAL AGENT SCHEDULE OF COMMISSIONS

Subject to the terms and conditions of your agreement, you shall be compensated according to the following schedule of the policy forms shown. The payment of commissions is subject to the rules and practices of LBL. The commissions provided in the schedule shall be reduced by the amount of commissions payable to subagents assigned to you. By submission of an application or the acceptance of commission, you agree to be bound by the provisions of this schedule. Commissions are also subject to the Commission Rules that are part of your agreement with LBL

Please contact the Home Office prior to solicitation to determine if these products are approved in the state where the application will be taken.

Life Policies			Premium Payments				
Policy Name	Policy #	Group Certificate #	Commission 1 st Year Min. Target Premium %	Commission 1 st Year Excess %	2-10 Yr. %	11th-20 th Yr. %	Accum. Value Trail Yr. 2-10 %
Ultra Index	UL-0710	GUL-0710	75	2.5	2	0	n/a
Ultra Plus	UL-0700	GUL-0700	75	2.5	2	0	n/a
Legacy Choice	UL-0420	GUL-0420	70	.5	2	0	n/a
Legacy Secure SL	UL-0520	GUL-0520	75	2.5	2	0	n/a
Legacy Secure	UL-0400	GUL-0400	75	2.5	2	0	n/a
Echelon I UL (b)	UL-0440	GUL-0440					
Issue Age							
0-65			5	n/a	5	n/a	.15
66-70			4.7	n/a	4.7	n/a	.15
71+			4.4	n/a	4.4	n/a	.15
Echelon II UL (b)	UL-0430	GUL-0430	3	n/a	3	n/a	.15
Whole Life II	LP-0720		70	n/a	1.5	0	n/a
TrueTerm*	LP-0600						
10 Year Below 500K			85	n/a	0	0	n/a
15 Year Below 500K			95	n/a	0	0	n/a
20 & 30 Year Below 500K			100	n/a	0	0	n/a
10 Year 500K and Above			75	n/a	0	0	n/a
15 Year 500K and Above			85	n/a	0	0	n/a
20 & 30 year 500K and Above			90	n/a	0	0	n/a

* The policy fee for **TrueTerm** is NOT commissionable.

Additional Notes

- (a) For the Legacy Premier SL (excluding policies where the Full Surrender Charge Adjustment Rider has been selected), premiums paid during the first 36 months will be credited to the first year target premium, until the full first year target premium has been paid.
- i) If the sum of premiums paid exceeds the full target premium during the first 12 months, excess premium and all renewal premium will be commissioned as stated above.
 - ii) If the sum of premiums paid exceeds the full target premium during months 13-36, additional renewal premium will be commissioned as stated above.
 - iii) Renewal premium beyond month 36 will be commissioned as stated above.
 - iv) Legacy Premier SL policies with Full Surrender Charge Adjustment Rider will be commissioned as stated in the Commission Rules.
- (b) For the Echelon I UL and Echelon II UL, all premium received during the first 10 policy years receives commissions at the same rate as indicated. The Accumulated Value Trail commission will be paid quarterly at a rate of .0375 of the policy value, net of outstanding loans, for all contracts at least 15 months old in policy years 2 through 10.

LIFE CHARGEBACK RULES

The entire commission will be charged back if the owner free looks the policy or the policy is treated as being free looked at any time. In addition:

Echelon I & II UL --

- 100% chargeback if the policy is surrendered or lapses in the first 12 months.
- 50% chargeback if the policy is surrendered or lapses in months 13-24.

Annuity Contracts			Premium Payments	
Contract Name	Contract #	Group Certificate #	Commission 1 st Year Premium %	
Saver's Index® Annuity I (a)** Owner's Attained Age*** 0-75 76-90	AP-9412	GAP-9412	5 3.5	
Initiator*** The SPIA (g)	AP-9632 AP-8715		1 3	
GenerationLinc SPIA (e) Annuitant's Age*** 60-79 80-85	AP-8715		10 8.75	

Contract Name	Contract #	Group Certificate #	Commission – Guarantee Period						
			(Year)	5	6	7	8	9	10
Tactician Plus (f)** Owner's Attained Age*** 0-75 76-85 86-90	AP-9880	GAP-9880							
				4	2	4	4	2	4
				3	1.5	3	3	1.5	3
				2	1	2	2	1	2

Contract Name	Contract #	Group Certificate #	Commission 1st Year Premium %	Enhanced Lifetime Income Rider Accumulated Trail Years 11+	
Allstate® Treasury-Linked Annuity (d)** Owner's Attained Age*** 0-80 81-85 86-90	AP-0200	GAP-0200	3 2.4 1.5		n/a n/a n/a
Allstate® Treasury-Linked Annuity II (d)(h)** Owner's Attained Age*** 0-80 81-85 86-90	AP-0200	GAP-0200	5.5 4.4 2.75		.25 .25 .25

Contract Name	Contract #	Group Certificate #	Commission – Contract Year										Annuitization Trail	Accumulated Value Trail
			1	2	3	4	5	6	7	8	9	10		
Saver's Index® Annuity III(b)(c)** Owner's Attained Age*** Option A 0-75 76-90 Option B 0-75 76-90	AP-9750	GAP-9750												
			8	7.2	6.4	5.6	4.8	4	3.2	2.4	1.6	.8	.25	n/a
			5.5	4.95	4.4	3.85	3.3	2.75	2.2	1.65	1.1	.55	.25	n/a
			5	4.2	3.4	2.6	1.8	1	.2	0	0	0	.25	.60
			3.4	2.85	2.3	1.75	1.2	.65	.1	0	0	0	.25	.60
SureHorizon SM II(b)(c)** Owner's Attained Age*** Option A 0-75 76-85 86-90 Option B 0-75 76-85 86-90	AP-0500	GAP-0500	1	2	3	4	5	6	7+					
			4.75	4	3.15	2.35	1.55	.75	0				.25	n/a
			3.563	3	2.363	1.763	1.163	.563	0				.25	n/a
			2.375	2	1.575	1.175	.775	.375	0				.25	n/a
			2.25	1.25	.15	0	0	0	0				.25	.50
			1.688	.938	.113	0	0	0	0				.25	.50
			1.125	.625	.075	0	0	0	0				.25	.50
SureHorizon SM Choice(b)(c) Owner's Attained Age*** Option A 0-75 76-85 86-90 Option B 0-75 76-85 86-90	AP-0510	GAP-0510												
			3										.25	n/a
			2.25										.25	n/a
			1.5										.25	n/a
			.75										.25	.50
			.563										.25	.50
			.375										.25	.50

** Commission rates shown on this Schedule of Commissions for any SureHorizonSM II or Saver's Index® Annuity I issued on or after 7/15/2003, Saver's Index® Annuity III issued on or after 12/2/2002, Allstate® Treasury-Linked Annuity issued on or after 8/4/2003, Tactician Plus issued on or after 3/1/2006, will not be vested under the terms of your contract. The commission rates for these annuity contracts may be changed at any time for additional deposits/premiums or commissions paid on successive term renewals for Saver's Index® Annuity I contracts. In no event, however, will LBL retroactively change the rates that would impact commissions already earned on these contracts. As of the mailing date, we anticipate Allstate® Treasury-Linked Annuity II will be available for sale 10/8/07.

***Commissions for fixed annuities, with exception of GenerationLinc SPIA, will be paid according to the schedule above based upon the oldest owner's attained age or, if the owner is not a natural person, the age of the oldest annuitant.

Contract Name	Contract #	Group Certificate #	Commission – Contract Year	Annuitization Trail	Accumulated Value Trail	Enhanced Lifetime Income Rider Accumulated Trail Years 6+
Savers Index® Annuity Plus (c) (h) Owner's Attained Age***	AP-0530	GAP-0530	<u>1</u>			
Option A 0-75			4	.25	n/a	.50
76-85			2.8	.25	n/a	.50

Contract Name	Contract #	Group Certificate #	Commission – Contract Year	Annuitization Trail	Accumulated Value Trail	Enhanced Lifetime Income Rider Accumulated Trail Years 11+
Savers Index® Annuity Premier (c) (h) Owner's Attained Age***	AP-0540	GAP-0540	<u>1</u>			
Option A 0-75			7.25	.25	n/a	.25
76-85			5.075	.25	n/a	.25
Option B 0-75			4.25	.25	.60	.40
76-85			2.975	.25	.60	.40

Additional Notes

- (a) New business commission will be paid at the beginning of each succeeding seven-year term on the balance of the accumulated value at the expiration of the 45-day free-withdrawal window for the Saver's Index® Annuity I. For Saver's Index® Annuity I issued on or after 7/15/2003, commissions paid on successive term renewals may be changed at any time. The commission paid at the beginning of a new seven-year term for Saver's Index® Annuity I will be paid according to the following schedule for annuitant's attained ages over age 77:

<u>Annuitant's Age</u>	<u>78</u>	<u>79</u>	<u>80</u>	<u>81</u>	<u>82</u>	<u>83</u>	<u>84</u>
	3.5	3	2.5	2	1.5	1	0.5

- (b) Accumulated value trail commission will be paid quarterly using the annual rate shown on this schedule divided by four (4). The trail will be paid on contract value for contracts that are at least 15 months old and will end when the contract is annuitized.
- (c) Annuitization trail commissions, during the annuitization phase, will begin paying after the withdrawal charge period expires on the contract, if commission Option A is selected or required. If commission Option B is available and selected, the annuitization trails will begin paying in the second year of the annuitization phase. Trail commissions are based on the hypothetical commuted value (present value of the remaining annuity payments) of the annuitized plan selected. Trail commissions will be payable on the same frequency as the annuity payments selected by the Contract Owner (i.e. Contract month, Contract quarter, etc.) at a rate of 25 basis points per year.
- (d) For Allstate® Treasury Linked Annuity, commissions are paid on additional premium contributions at the same rate shown. For Allstate® Treasury Linked Annuity a renewal commission will be paid no sooner than 10 days after the conclusion of the Window Period at a rate of 50% of the current new business commission. Commission is paid on the Sub Account Value as of the beginning of the Window Period, less any withdrawals during the Window Period. For Allstate® Treasury Linked Annuity II no new commission is paid on renewals into another 5-year guarantee period.
- (e) For GenerationLinc no commissions are paid on premium payments to the Universal Life contract.
- (f) For Tactician Plus no new commissions are paid on renewals in subsequent guarantee periods except for renewals from the 1-year guarantee period to the 1-year guarantee period, which pay a level percentage on each renewal into the 1-year guarantee period.
- (g) No commission will be paid on any internal exchange/transfer from an existing contract to a SPIA. In addition, no commission will be paid upon the annuitization of an existing deferred annuity not paying an annuitization trail.
- (h) Accumulated Value Trails for the Enhanced Lifetime Income Rider will cease if the rider is removed from the contract for any reason.

ANNUITY CHARGEBACK RULES

The entire commission will be charged back if the owner free looks the contract or the contract is treated as being free looked at any time. In addition:

Saver's Index® Annuity Plus and Saver's Index® Annuity Premier –

- 100% chargeback if the contract is surrendered in the first 12 months after the issue date.
- 100% chargeback on any withdrawal in excess of the free withdrawal amount that occurs in the first 12 months after the issue date for applications signed on or after 1/22/07.
- 100% chargeback on any withdrawal that occurs in the first 12 months after the issue date for applications signed prior to 1/22/07.

Saver's Index® Annuity I and Initiator –

- 100% chargeback if the contract is surrendered in the first 6 months after a commission is paid.
- 50% chargeback if the contract is surrendered in months 7-12 after a commission is paid.

Saver's Index® Annuity III and Tactician Plus –

- 100% chargeback if the contract is surrendered in the first 6 months of any new premium payment.
- 50% chargeback if the contract is surrendered in months 7-12 of any new premium payment.

For Initiator, annuitizations within the first 12 months will be treated as a surrender for chargeback purposes.

Saver's Index® Annuity I, Saver's Index® Annuity III, and Tactician Plus -

- 100% chargeback on any withdrawal, including any free withdrawal amount, which occurs in the first 6 months of any new premium payment or renewal.
- 50% chargeback on any withdrawal, including any free withdrawal amount, which occurs in months 7-12 of any new premium payment or renewal.

Allstate® Treasury-Linked Annuity, Allstate® Treasury-Linked Annuity II, SureHorizonSM II and SureHorizonSM Choice –

- A 100% chargeback will apply to any partial or full withdrawal in excess of the free amount that occurs within the first twelve months of each premium payment or the payment of an Allstate Treasury Linked Annuity renewal commission.

Payout of part or all of the cash value under the confinement waiver benefit will be treated as a chargeback in proportion to the percentage of the cash value paid out. If commissions are paid on the Annual Commission Payment (ACP) method, they will be reduced pro rata for any surrender made under the confinement benefit.

FAIR CREDIT REPORTING ACT DISCLOSURE

A consumer report may be obtained, and used, by Safe Harbor Financial, Inc. in connection with the consideration of your application. A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics of mode of living.

By signing below, you acknowledge that you have received and understand this Disclosure, and you authorize Safe Harbor Financial, Inc. to obtain consumer reports relating to you.

Date

Applicant's Name (Printed or Typed)

Social Security Number

Applicant's Signature