



Grow revenue and client opportunities with Smart Choice's strategic life, annuity, disability income, voluntary benefits and long-term care partner, Rohrer & Associates. Rohrer & Associates' cutting-edge technology, customizable solutions, and industry expertise helps protect clients and *Make Life Easy*. Leverage our partnership to:

- Deepen relationships with existing and potential clients.
- Drive retention.
- Cultivate referrals and recommendations.
- Increase revenues.

We are thankful for our partnership with you and are confident that together we will achieve new heights. Remember, if you're not protecting your clients with life insurance, someone else is.

Why Rohrer & Associates?

- ✓ Top commission levels for all Smart Choice agents
- ✓ Elite Drop Ticket technology
- ✓ Access to over 75 carriers
- ✓ Easy online quoting software
- ✓ Solutions for challenging cases and impaired risks
- ✓ Electronic application submission and *even* electronic policy delivery (certain carriers)
- ✓ Paperless contracting with no production requirements
- ✓ Customizable strategies for your clients' unique needs
- ✓ Point of sale support for closing deals
- ✓ Product and technology education and onboarding
- ✓ Marketing and sales ideas for your business
- ✓ Relationships with professionals passionate about helping you grow your business

I look forward to sharing Smart Choice Agent success stories with you.

Schedule a call with Rohrer & Associates today to get started!





Once completed please return all pages of the attached document to:

Rohrer & Associates

6822 Hemlock Lane North
Maple Grove, MN 55369

cl@rbrokers.com

PHONE: 800-525-1325

FAX: 763-424-6498

Contracting & Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. This information will be entered into SureLC, our online contracting solution. This system will securely store your information for use with any future contracting. You will only be required to complete the following documents once- we are able to apply this information to all contracts requested through CPS.

The vast majority of our carriers participate in this system; if you do not see a particular carrier with whom you want to contract on the attached list, please contact CPS Licensing for the appropriate paperwork.

Please submit the following documents to CPS Licensing:

- CPS Producer Profile (Part I and Part II)
- Employment History Form and Questionnaire (and details to 'Yes' answers, if any).
- Signed Signature Page
- Signed Disclosure Release Page
- Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page).
- A copy of your individual and/or corporation state insurance license(s).
- A copy of your E&O coverage.
- Proof of AML completion (If completed through LIMRA, no proof required. Simply note LIMRA)
- Special Notes and Requests Page (If applicable)

Please note:

- **Producer Information Updates:** It is up to the individual producer to provide updates to any changes to their information. If there have been changes to any information on the above forms, please let us know as soon as possible.
- **AML:** The AML (Anti-Money Laundering) refresher course must be completed on a yearly basis. This training can be done online at http://nailba.limra.com/Nailba_default.html or with a 3rd party vendor.
- **Annuities and LTC:** Be sure that any state mandated continuing education is current. Many states require follow up C.E. every 2 years. Applications from agents with non-current C.E. will be rejected and returned to the carriers as mandated by the Department of Insurance in that state.
- **Annuities:** According to NAIC Model Regulation 275, each agent is required to complete product specific training modules through each insurance carrier prior to the date of an annuity application. Applications from agents who have not completed the training will be rejected and returned by the carriers, according to each state's requirements. Please check the contracting page on the CPS Website for latest information on Annuity Suitability Requirements (<http://www.cpsinsurance.com/tools/cps-contracting.html>).

These documents can be E-Mailed (Securely) or Faxed to our licensing team. If you have any questions, they should be directed to cl@rbrokers.com.

Contact Information for Rohrer & Associates Licensing team:

cl@rbrokers.com

Fax: (763) 424-6498

Phone: (763) 424-3521

FIXED & INDEX ANNUITIES

Allianz
 AIG
 American
 American General
 American National
 American Equity
 Atlantic Coast Life
 Athene
 Bankers Life
 Cincinnati Life
 Colorado Bankers
 Equitrust
 F&G Life
 Forethought
 Global Atlantic
 Great American
 Guarantee Income Life
 Guggenheim
 ING Companies
 Integrity
 Liberty Bankers
 Lincoln Financial
 Liberty Life Assurance
 LSW
 Minnesota Life
 Mutual of Omaha
 National Catholic Society of
 Foresters
 New York Life
 North American
 Oxford
 Phoenix
 PRCUA
 Principal
 Protective
 Reliance Standard
 Royal Neighbors of America
 Sagicor
 Security Benefit Life
 Sentinel Security
 State Life/OneAmerica
 Symetra
 The Standard
 VOYA

DISABILITY INCOME

Assurity
 Ameritas
 Fidelity & Guarantee Life
 Fidelity Security
 Guardian
 Hanleigh
 Illinois Mutual
 Llyods of London
 Mass Mutual
 Mutual of Omaha
 Petersen International
 Principal
 Reliance Standard
 The Standard

PERMANENT LIFE / WHOLE LIFE / INDEXED UL / GUL / SURVIVORSHIP

Allianz
 American General
 American National
 Accordia
 Assurity
 AXA Equitable
 Banner
 Brighthouse Financial
 Cincinnati Life
 Global Atlantic
 Guardian
 John Hancock
 Lafayette
 Lincoln Financial
 Mass Mutual
 Minnesota Life
 National Western
 Nationwide
 New York Life
 North American
 Pac Life
 Penn Mutual
 Phoenix Life
 Principal
 Protective
 Prudential
 Sagicor
 Symetra
 Transamerica
 United of Omaha
 YOYA
 Zurich

SIMPLIFIED/GUARANTEED ISSUE

Assurity
 American Memorial
 Foresters
 Gerber
 Great Western
 Guarantee Trust
 NCSF
 National Western
 United Home
 Transamerica

LONG TERM CARE

Genworth
 Mutual of Omaha
 National Guardian Life
 Transamerica

ASSET BASED LTC/LINKED BENEFIT

Lincoln Financial
 Mass Mutual
 Minnesota Life
 Nationwide
 Pacific Life
 State Life/OneAmerica

TERM LIFE

American General
 American National
 Assurity
 Accordia
 AXA Equitable
 Banner
 Brighthouse Financial
 Cincinnati Life
 Fidelity Life
 Foresters
 Global Atlantic
 John Hancock
 Lincoln Financial
 Mass Mutual
 Minnesota Life
 Nationwide
 New York Life
 North American
 Principal
 Protective
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PENSION & BUSINESS MARKET

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 John Hancock
 Lincoln Financial
 Minnesota Life
 Nationwide
 New York Life
 Principal
 Protective
 Prudential
 YOYA

Producer Set-Up Packet

USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX

Social Security #: _____ Gender: _____ Date of Birth: ____/____/____

Email: _____ Resident Insurance: _____
Lic. # & State _____

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Fax: _____ Cell: _____

Title: _____ Marital Status: _____ Maiden Name: _____

Driver's Lic. #: _____ DL State: _____

Residential Address (No PO Boxes)

Start Date: ____/____/____

City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

Mailing Address (No PO Boxes)

Start Date: ____/____/____

City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

Doing Business As: ☐ Individual ☐ Business Entity ☐ Solicitor/LOA

If DBA Solicitor/LOA, list who you are assigning commissions to: _____

Complete the following only if DBA a Business Entity:

EIN: _____ Business Name: _____ Website: _____

Your Title: _____ Phone: _____ Fax: _____

Principal Name: _____ Principal Title: _____ Email: _____

Company Type: ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP

Corporate Address (No PO Boxes)

Start Date: ____/____/____

City/State Not Needed

Line 1: _____ Line 2: _____ Zip code: _____

Legal Questions for Contracting and Appointment Requests

Please answer the following questions. If you answer YES to any question, be sure to provide a full, detailed explanation including specific dates.

Name: _____

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, federal/state insurance and/or securities or investments regulations or statutes? Have you ever been on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulations or statutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1F	Have you ever been charged with a Felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1G	Have you ever been charged with a Misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1H	Have you ever been on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Have you ever been or are you currently being investigated, have any pending indictment, lawsuits, or have you ever been in a lawsuit with an insurance company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B	Have you been under investigation by any insurance company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2C	Have you ever been or are you currently involved in any pending indictments, lawsuits, civil judgments or other legal proceedings (civil or criminal)(you may omit family court).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2D	Have you ever been named as a defendant or codefendant in a lawsuit, or have you ever sued or been sued by an insurance company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Have you ever been alleged to have engaged in any fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you ever been found to have engaged in any fraud?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Has any insurance or financial services company or broker-dealer terminated your contract or appointment or permitted you to resign for reason other than lack of sales?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5A	Were you fired because you were accused of violating insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5B	Were you fired because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5C	Failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Have you ever had an appointment with any insurance company denied or terminated for cause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Does any insurer, insured, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8	Has any lawsuit or claim ever been made against you, your surety company, or errors and omissions insurer arising out of your sales or practices, or, have you been refused surety bonding or E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8A	Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8B	Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has any state or federal regulatory body found you to have been a cause of an investment – or insurance – related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14C	Have you ever been the subject of a consumer initiated complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you personally or any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15B	Has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there any unsatisfied judgments, garnishments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you have any unresolved matters pending with the Internal Revenue Service or other taxing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered any questions YES, provide an explanation that includes dates, actions, and descriptions. Attach additional paper if necessary.

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify my agency office within 5 days of such change. Further, I understand that my agency may contact me when I need to answer carrier specific questions.

Signature: _____

Date: _____

LETTER OF EXPLANATION

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

Date of Action: ____/____/____

Action: _____

Reason: _____

Explanation: _____

***NOTE* Use additional paper if necessary**

LICENSES

AML Provider: ☐ LIMRA ☐ NONE ☐ OTHER Date Completed: ____/____/____

If Other, Provide Certificate of Completion.

Are you a Registered Rep with FINRA? ☐ Yes ☐ No

If Yes, Broker/Dealer Name: _____ *CRD #:* _____

Please list any Honors you currently hold: _____

ELECTRONIC FUND TRANSFERS (EFT)

Account Owner Name (Required): _____

Transit/ABA #: _____

Account #: _____

Financial Institution Name: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Account Type: ☐ Checking ☐ Saving Phone: _____

By signing below I hereby authorize the Company to initiate credit entries and, if necessary, adjustments for credit entries in error to the checking and/or savings account indicated on this form. This authority is to remain in full effect until the Company has received written notification from me of its termination. I understand that this authorization is subject to the terms of any agent or representative contract, commission agreement, or loan agreement that I may have now, or in the future, with the Company.

Signature: _____ Date: _____

Attach copy of the check here for checking account or
deposit slip for saving account:

Replace this page with a copy of your E&O Insurance Certificate of Coverage

IMPORTANT: E & O Certificate must list your full name as the insured.
Please refer to the following examples.

CORRECT:

My Insurance Agency Inc.

Joe Agent

123 Main Ave

City, State, 12345

INCORRECT:

My Insurance Agency Inc.

123 Main Ave

City, State, 12345

If individual name is not listed correctly please provide a letter from the E&O
Carrier listing agents covered under agency policy.

Special Notes and Requests

Please address any special notes, requests or assignments in the field below. We will ensure that your contracts are processed according to the information entered below. Feel free to leave this page blank if it is not needed.

Such information would include:

- Assignment of Commissions (to whom?)
- Special Hierarchy Setups
- Special Considerations (Background/Credit items)
- Any other items that do not fit on the standard questionnaire

Signature Authorization

PLEASE READ THIS AUTHORIZATION, SIGN IN THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize SuranceBay, LLC and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC software or through any other means, including without limitation, by e-mail or orally. The Authorized Parties shall be permitted to complete and submit all such forms and agreements on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against any and all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

Please sign in the center of the box below. Please use BLACK ink.



PRODUCERIDXXX

FIXED & INDEX ANNUITIES

Allianz
 AIG
 American
 American General
 American National
 American Equity
 Atlantic Coast Life
 Athene
 Bankers Life
 Cincinnati Life
 Colorado Bankers
 Equitrust
 F&G Life
 Forethought
 Global Atlantic
 Great American
 Guarantee Income Life
 Guggenheim
 ING Companies
 Integrity
 Liberty Bankers
 Lincoln Financial
 Liberty Life Assurance
 LSW
 Minnesota Life
 Mutual of Omaha
 National Catholic Society of
 Foresters
 New York Life
 North American
 Oxford
 Phoenix
 PRCUA
 Principal
 Protective
 Reliance Standard
 Royal Neighbors of America
 Sagicor
 Security Benefit Life
 Sentinel Security
 State Life/OneAmerica
 Symetra
 The Standard
 VOYA

DISABILITY INCOME

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 Ameritas
 Fidelity & Guarantee Life
 Fidelity Security
 Guardian
 Hanleigh
 Illinois Mutual
 Llyods of London
 Mass Mutual
 Mutual of Omaha
 Petersen International
 Principal
 Reliance Standard
 The Standard

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 American National
 Accordia
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 AXA Equitable
 Banner
 Brighthouse Financial
 Cincinnati Life
 Global Atlantic
 Guardian
 John Hancock
 Lafayette
 Lincoln Financial
 Mass Mutual
 Minnesota Life
 National Western
 Nationwide
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 North American
 Pac Life
 Penn Mutual
 Phoenix Life
 Principal
 Protective
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 Sagicor
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 Global Atlantic
 John Hancock
 Lincoln Financial
 Mass Mutual
 Minnesota Life
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 New York Life
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 Principal
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 Symetra
 Transamerica
 United of Omaha
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 Zurich

PENSION & BUSINESS MARKET

Lafayette
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 Minnesota Life
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 Penn Mutual

CRITICAL ILLNESS

American General
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VARIABLE UL

American General
 AXA Equitable
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 Lincoln Financial
 Minnesota Life
 Nationwide
 New York Life
 Principal
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 Prudential
 YOYA

1. Rohrer & Assoc. assists Smart Choice agent at point-of-sale via video web conference with a 4-person Buy-Sell term case.

The agent placed all 4 cases for a total of over \$40,000 in Commissionable Annualized Premium!

2. Rohrer & Assoc. assists Smart Choice agent with re-structuring his current survivorship policy. After running a scenario with every product possible, the case has been issued and on its way to being in force.

Once in force, the agent will make nearly \$55,000 in commission!

3. Smart Choice agent asked for help shopping for coverage on his ailing parents. Rohrer & Assoc. finds an outlet at John Hancock and agent and his parents are thrilled.

Placed \$4,945 in Commissionable Annualized Premium!

4. P&C agent requests quotes on five \$2,000,000 term policies to fund a buy-sell agreement. Agent asks Rohrer & Assoc. for help presenting to the client. Matt Rohrer presents to the client with the P&C agent and quickly learns the case is much different than expected. Matt recommends \$10,000,000 whole life policies on the business owners as a better solution to their unique challenges. Clients love the idea.

Place over \$1,400,000 in Commissionable Annualized Premium!

5. Rohrer & Assoc. proactively reaches out to a Smart Choice agent to offer ideas to help promote a new revenue stream positioning life insurance.

Agent has placed 5 policies in the last 3 months to total over \$4,000 in Commissionable Annualized Premium!

At Rohrer & Associates, we don't just talk about helping P&C agencies grow their revenue.

We deliver results!

Compensation Detail On Life Products Starting With Premium Paid in 1/18 This Spreadsheet Is Intended For Use As A Guide - Contains Non-Public Information Always Refer To Published Carrier Comp Schedule

Company	Plan Code	Plan Type	Agent FYC	Agent Excess	Agent Renewals (y2-5 shown)	Agent Contract Name
AG	SAT10	TM	65	-	-	CCM### (Life) STREET
	SAT15	TM	85	-	-	
	SAT20-30	TM	90	-	-	
	ROPSAT	TM	90	-	-	
	SECGUL	UL	80	-	1.25	
Allianz	LPRO+optA	IUL/SS	100	2.5	2.5	Agent 80 (Life)
Assurity	TRM10	TM	80	-	1	Broker 50 (Life)
	TRM15	TM	85	-	1	
	TRM23 (20+30y)	TM	95	-	1	
AXA Equitable AXA NY	T10	TM	55	-	-	Custom + ERA (50) (Life) STREET
	T15	TM	65	-	-	
	T20	TM	75	-	-	
	ART	TM	50	-	1	
	BLPRO	UL	70 (50+20)	1	1	
	BLGROW	IUL	80 (50+30)	1	1	
Banner	OP10	TM	65	-	-	AB75 (Life) STREET
	OP15	TM	75	-	-	
	OP20/30	TM	80	-	-	
	LSTEP	UL	60	2	2	
Cincinnati Life	T10	TM	65	-	-	CLI-9001-TI STREET
	T15	TM	72.5	-	-	
	T20-30	TM	80	-	-	
Companion NY	PT10	TM	69 (45+24)	-	2	L4-TM, L4-UL (Life) STREET
	PT15-30	TM	69 (45+24)	-	2 (4 y2)	
	ACCUMUL	UL	69 (50+19)	2	2	
	OTHERUL	UL	69 (50+19)	2	2	
	SS	SS	69 (50+19)	2	2	
Global Atlantic	T10	TM	65	-	1	IND80 (Life) STREET
	T20/30	TM	80	-	1	
	LBUILD	IUL	80	2	2	
	SURVBUILD	SS	80	1.75	1.75	
John Hancock	T10	TM	60	-	-	Agent Schedule 80 (Life) STREET
	T15	TM	70	-	-	
	T20	TM	80	-	-	
	TWV/SPV10	TM	60	-	-	
	TWV/SPV15	TM	70	-	-	
	TWV/SPV20	TM	80	-	-	
	ULG/SSG	UL/SS	80	2.25	2	
	WL	WL	80	2.25	2	
John Hancock NY	TERM	TM	69 (50+19)	-	1	Agent (Life) STREET
	UL/SS	UL	69 (50+19)	3	2	
Lincoln Life	T10	TM	70	-	-	A-1/B-1 (Life) STREET
	T15	TM	80	-	-	
	T20/30	TM	90	-	-	
	UL/IUL	UL	70	3	3	
	SS	SS	70	-	3	
	EXECUL	UL	22	2	2	
Lincoln Life NY	CUR/GUAR	UL/SS	69 (50+19)	3	3	EGA (Life) STREET
	DURATION	UL	69 (50+19)	3	3 y2 only	

Company	Plan Code	Plan Type	Agent FYC	Agent Excess	Agent Renewals (y2-5 shown)	Agent Contract Name
Mass Mutual	TERM	TM	45	-	2	Agent (Life) STREET
	10PAYWL	WL	30	-	5	
	WL	WL	61 (55+6)	-	5	
	UL/SS	UL/SS	61 (55+6)	2	3	
Minnesota Life	T5/10	TM	55	-	-	B6 FY, B5 R&E (Life) STREET
	T15	TM	75	-	-	
	T20/30	TM	80	-	-	
	IUL/SS	IUL/SS	70	0.5	1	
	WL	WL	70	-	3	
Nationwide	TM2 <500K	TM	60	-	-	Producer Level 2 IA75 (Life) STREET
	TM2 500K+	TM	60	-	-	
	GLT	TM	60	-	-	
	UL/SS	UL/SS	75	1.5	1.5	
Nationwide NY	GLT	TM	60	-	2.5y2,3	Producer Level 2 IA75 (Life) STREET
	UL/SS	UL/SS	60	1.5	1.5	
North American	ADD10	TM	70	-	-	L-2194 (Life) STREET - WA
	ADD15	TM	75	-	-	
	ADD20	TM	95	-	-	
	ADD30	TM	100	-	-	
	CSTTMGUL	UL	95	2	2	
	CSTGUAR	UL	90	1	1	
	G/BUILD IUL	UL	95	1.5	1.5	
	RBUILD IUL-A	UL	95	3	3	
NY Life	UL/SS	UL/SS	69 (50+19)	4	2	Agent (Life) STREET
	WL	WL	69 (50+19)	-	7	
Penn Mutual	UL	UL	65 (50+15)	2	1.5	Agent (Life) STREET
	IUL	IUL	69 (50+19)	2	1.5	
	WL10K+	WL	69 (50+19)	-	8/8/4/1	
Principal	T10	TM	60 (55+5)	-	-	Agent (Life) STREET
	T15	TM	70 (55+15)	-	-	
	T20	TM	80 (55+25)	-	-	
	T30	TM	80 (55+25)	-	-	
	ULPRO/SS	UL/SS	75 (50+25)	2	1	
	IUL	IUL	75 (50+25)	2	1	
Principal NY	T10	TM	69 (55+14)	-	-	Agent (Life) STREET
	T15	TM	69 (55+14)	-	-	
	T20	TM	69 (55+14)	-	-	
	T30	TM	69 (55+14)	-	-	
	ULPRO/SS	UL/SS	69 (55+14)	2	1	
	IUL	IUL	69 (55+14)	2	1	
Protective	CC10	UL	65	1	-	Producer E (Life) STREET
	CC15	UL	70	1	-	
	CC20-30	UL	75	1	-	
	CC/ACUL	UL	80	2	1.5	
	CLASUL	UL	80	4	4	
	SUL	SS	80	1.5	1	
Protective NY	T10-20	TM	69 (50+19)	-	-	Agent (Life) STREET
	SKYUL	UL	69 (50+19)	-	-	
Prudential	T10	TM	55 (50+5)	-	-	GA2 LIFE - UL 50 (RN 2/EX 2) /TM 50 (Life) STREET * ROP in NJ pays NY comp
	T15	TM	68 (50+18)	-	-	
	T20	TM	73 (50+23)	-	-	
	T30	TM	83 (50+33)	-	-	
	ROP15	TM	68 (50+18)	-	-	
	ROP20	TM	73 (50+23)	-	-	
	ROP30	TM	83 (50+33)	-	-	
	ULPR/PL/IUL	UL/IUL	78 (50+28)	2	2	
	SULPRO	SS	78 (50+28)	2	2	

Company	Plan Code	Plan Type	Agent FYC	Agent Excess	Agent Renewals (y2-5 shown)	Agent Contract Name
Prudential NY	T10	TM	69 (50+19)	-	-	Agent (Life) STREET
	T15	TM	69 (50+19)	-	-	
	T20	TM	69 (50+19)	-	-	
	T30	TM	69 (50+19)	-	-	
	ROP15	TM	69 (50+19)	-	-	
	ROP20	TM	69 (50+19)	-	-	
	ROP30	TM	69 (50+19)	-	-	
	ULPR/PL/IUL	UL/IUL	69 (50+19)	2	3	
Sagicor	SULPRO	SS	69 (50+19)	2	3	AGA
	T10EAPP	TM	81	-	1.79	
	T15EAPP	TM	89	-	1.75	
	T20EAPP	TM	95	-	1.72	
Securian	NLULEAPP	UL	100	2	2	Agent +ERA (Life) STREET
	TM	TM	69 (50+19)	-	-	
	IUL	IUL	69 (50+19)	-	-	COMBO 62
	TM10/15	TM	75	-	-	
Symetra	TM20/30	TM	90	-	-	COMBO 62
	SYMUL	UL	75	1.5	1.5	
	ULG	UL	75	1	1	
	SS	SS	75	2	1	
	SS	SS	75	2	1	
Trans-america * less @70+	T10	TM	75	-	-	TM 70 (R0)/UL 75 (R2/EX2) (Life) STREET
	T15	TM	80	-	-	
	T20-30	TM	85	-	-	
	LB10	TM	80	-	2	
	LB15	TM	85	-	2	
	LB20-30	TM	85	-	2	
	IUL/UL	IUL/UL	75	2*	2*	
	SS	SS	75	-	2*	
Trans-america NY	T10	TM	66	-	2	Agent (Life) +11 CUSTOM
	T15	TM	66	-	2 (3 y2)	
	T20	TM	66	-	2 (4 y2)	
	T30	TM	66	-	2 (4 y2)	
	UL	UL	66	3	3	
	UL	UL	66	3	3	
United of Omaha	T10	TM	60	-	-	AA5-TM, DP4-UL, F97-IUL, DP1-WL, DY7 (Life) STREET
	T15	TM	70	-	-	
	T20/30	TM	80	-	-	
	TLE	TM	120	-	1.75	
	INCAD	IUL	65	2	2	
	ACCUMUL	UL	60	2	2	
	GUL/GULSS	UL/SS	55	2	2	
William Penn	PT10/15	TM	69 (45+24)	-	1 (5 y2)	Agent +ERA (Life) STREET
	PT20/30	TM	69 (45+24)	-	1 (5 y2)	
Zurich	IUL	IUL	80	2	2	Agent 80
	UL	UL	80	2	2	

Subject to change without notice. Inquire for exact payout amounts.