

MALE TOBACCO

Ages	\$3,000 to \$30,000	CASH VALUES		
		Year 10	Year 20	Age 65
18	12.60	34	111	466
19	14.16	36	116	464
20	15.66	38	122	461
21	15.68	40	128	459
22	15.70	43	135	456
23	15.72	45	141	453
24	15.74	48	148	450
25	15.76	51	155	447
26	16.03	55	162	444
27	16.30	58	169	440
28	16.56	62	176	437
29	16.80	65	184	433
30	17.05	69	192	429
31	17.70	73	201	424
32	18.35	77	209	420
33	18.97	81	218	415
34	19.55	85	226	409
35	20.14	88	235	404
36	21.03	92	244	398
37	21.92	96	252	391
38	22.77	100	261	384
39	23.57	104	270	377
40	24.38	109	279	370
41	25.72	114	289	362
42	27.06	119	298	353
43	28.33	124	307	344
44	29.54	129	316	335
45	30.75	134	325	325
46	32.18	139	334	314
47	33.61	144	343	303
48	34.97	150	352	292
49	36.27	155	362	279
50	37.56	160	372	265
51	39.91	165	382	251
52	42.25	170	392	235
53	44.49	175	402	219
54	46.61	179	412	202
55	48.73	183	423	183
56	51.87	188	434	164
57	55.01	192	445	143
58	58.00	197	456	122
59	60.84	202	467	98
60	63.68	207	477	73
61	69.17	215	489	49
62	74.67	224	500	24
63	79.90	232	511	0
64	84.87	241	522	0
65	89.84	251	533	0
66	95.11	262	543	0
67	100.38	272	552	0
68	105.40	282	560	0
69	110.16	292	566	0
70	114.93	301	571	0
71	125.25	310	574	0
72	135.58	317	577	0
73	145.41	325	578	0
74	154.75	332	579	0
75	164.09	339	579	0
76	174.78	344	577	0
77	185.47	348	575	0
78	195.65	350	572	0
79	205.33	351	568	0
80	215.00	349	563	0

FEMALE TOBACCO

Ages	\$3,000 to \$30,000	CASH VALUES		
		Year 10	Year 20	Age 65
18	9.90	33	103	427
19	11.70	34	108	425
20	13.43	36	113	423
21	13.45	39	118	420
22	13.48	41	124	418
23	13.50	43	130	415
24	13.52	46	136	412
25	13.54	48	142	408
26	13.85	51	149	405
27	14.17	53	155	402
28	14.46	56	162	398
29	14.75	59	169	394
30	15.03	62	176	390
31	15.66	65	183	385
32	16.30	69	191	381
33	16.90	72	198	376
34	17.48	76	205	371
35	18.05	80	213	365
36	18.71	84	220	360
37	19.37	88	228	354
38	20.00	92	236	347
39	20.59	96	243	341
40	21.19	100	251	334
41	22.06	104	259	326
42	22.94	108	266	318
43	23.77	112	274	309
44	24.56	116	282	300
45	25.35	120	290	290
46	26.18	124	299	280
47	27.00	127	307	269
48	27.79	131	316	258
49	28.54	134	325	246
50	29.29	138	334	233
51	30.63	142	343	220
52	31.97	146	353	206
53	33.25	150	362	191
54	34.47	155	372	176
55	35.68	160	381	160
56	37.47	165	391	142
57	39.25	170	401	124
58	40.96	175	411	105
59	42.57	181	422	85
60	44.19	187	432	64
61	47.14	193	442	41
62	50.10	199	452	17
63	52.91	205	460	0
64	55.59	212	469	0
65	58.26	220	478	0
66	61.81	228	486	0
67	65.36	236	494	0
68	68.74	243	500	0
69	71.95	252	505	0
70	75.16	260	509	0
71	80.75	268	515	0
72	86.34	275	523	0
73	91.66	281	533	0
74	96.72	286	544	0
75	101.78	291	552	0
76	113.61	295	556	0
77	125.43	299	556	0
78	136.69	300	554	0
79	147.39	299	557	0
80	158.09	297	561	0

“SIMPL”

GENERAL INFORMATION

- **PLAN DESCRIPTION:** SIMPL is a simplified issue whole life policy with **guaranteed** premiums, face amount and cash values offered on a sex distinct, tobacco, non-tobacco use basis using a simple non-medical application.
- **ISSUE AGES:** 18 - 80 Age Last Birthday.
- **MINIMUM POLICY:** \$3,000
- **MAXIMUM POLICY:** \$30,000
- **POLICY FEE:** \$50.00
- **MINIMUM MODAL PREMIUM:** \$15.00
- **PREMIUM:** Payable during Insured’s lifetime.
- **PREMIUM FACTORS:**

Annual (1 st year)	Annual x .80
Annual (2 nd year & thereafter)	Annual x 1.00
Semi-Annual	Annual x .51
Quarterly	Annual x .265
Monthly (PAC or SS)	Annual x .0925

Round all fractions to the nearest cent.
- **NON-MEDICAL LIMITS:** Totally Non-Medical
- **UNDERWRITING:** No telephone interviews are required at the point of sale. Underwriting is based on the **Application, MIB and R_x check**. Issued Standard through **Table 6**.
- **DISCOUNT FEATURE:** Non-tobacco discount and reduced rates for females
- **PERSISTENCY REWARD:**

Annual Modal Factor Reduction – 20%
(First Year Only)

MALE NON-TOBACCO

Ages	\$3,000 to \$30,000	CASH VALUES		
		Year 10	Year 20	Age 65
18	10.07	24	86	416
19	11.33	26	91	414
20	12.58	28	96	412
21	12.59	30	101	410
22	12.60	32	106	408
23	12.60	34	112	405
24	12.61	37	118	403
25	12.62	39	124	400
26	12.74	42	130	397
27	12.87	45	137	394
28	12.99	48	144	391
29	13.10	51	151	388
30	13.21	54	158	385
31	13.73	57	166	381
32	14.26	60	174	377
33	14.75	64	182	373
34	15.23	67	190	368
35	15.70	71	199	364
36	16.35	74	208	358
37	16.99	78	217	353
38	17.61	82	226	347
39	18.19	86	235	341
40	18.78	90	245	335
41	19.67	95	255	328
42	20.56	100	266	321
43	21.41	105	276	314
44	22.21	110	286	306
45	23.02	115	297	297
46	24.07	121	308	288
47	25.12	126	319	279
48	26.13	132	331	269
49	27.08	138	342	258
50	28.03	144	354	246
51	29.46	150	367	234
52	30.88	156	379	220
53	32.24	163	391	206
54	33.53	169	404	191
55	34.82	175	417	175
56	36.87	181	430	158
57	38.91	188	443	140
58	40.86	195	456	120
59	42.71	202	469	99
60	44.56	209	482	77
61	47.62	217	494	53
62	50.67	225	506	27
63	53.58	233	518	0
64	56.35	241	529	0
65	59.11	251	541	0
66	63.19	262	552	0
67	67.27	273	563	0
68	71.16	284	572	0
69	74.85	295	581	0
70	78.54	306	587	0
71	84.91	315	593	0
72	91.28	325	598	0
73	97.35	334	601	0
74	103.12	342	604	0
75	108.88	350	606	0
76	118.30	357	607	0
77	127.73	363	607	0
78	136.70	367	606	0
79	145.22	369	604	0
80	153.75	370	601	0

FEMALE NON-TOBACCO

Ages	\$3,000 to \$30,000	CASH VALUES		
		Year 10	Year 20	Age 65
18	8.05	22	75	360
19	9.50	23	79	358
20	10.95	25	84	356
21	11.05	26	88	354
22	11.16	28	92	351
23	11.25	30	97	349
24	11.35	32	102	346
25	11.44	34	107	344
26	11.57	36	112	341
27	11.70	38	118	338
28	11.82	40	124	335
29	11.93	43	130	332
30	12.05	45	136	329
31	12.44	48	142	325
32	12.83	50	148	321
33	13.20	53	155	317
34	13.56	56	162	313
35	13.91	59	169	309
36	14.50	62	176	304
37	15.09	66	183	299
38	15.66	69	190	294
39	16.19	73	198	288
40	16.73	76	206	283
41	17.43	80	214	276
42	18.12	84	222	270
43	18.79	88	230	263
44	19.42	91	239	255
45	20.05	95	248	248
46	20.60	99	257	239
47	21.16	103	266	231
48	21.69	107	276	222
49	22.19	112	286	212
50	22.69	116	297	202
51	23.79	120	307	191
52	24.88	125	318	179
53	25.93	130	330	167
54	26.92	135	341	154
55	27.91	141	353	141
56	29.19	146	365	126
57	30.47	152	378	111
58	31.69	159	391	95
59	32.85	165	404	78
60	34.01	172	417	60
61	36.26	179	431	41
62	38.52	187	444	20
63	40.66	194	457	0
64	42.70	202	469	0
65	44.74	209	481	0
66	47.56	217	494	0
67	50.38	225	505	0
68	53.06	234	516	0
69	55.61	243	526	0
70	58.16	254	536	0
71	62.64	265	548	0
72	67.13	275	560	0
73	71.40	285	574	0
74	75.45	295	586	0
75	79.51	305	596	0
76	89.06	314	602	0
77	98.61	323	605	0
78	107.71	331	606	0
79	116.35	337	611	0
80	124.99	342	617	0



P.O. Box 224 Brownwood, Texas 76801 1-888-525-4467



SIMPL

Simplified Issue Market PermaLife

- **MINIMUM POLICY \$3,000**
- **MAXIMUM POLICY \$30,000**
- **AGE LAST BIRTHDAY**
- **ISSUE AGES 18-80**
- **SIMPL APPLICATION**

“SIMPLy the easiest way to go!”

LIBERTY BANKERS LIFE INSURANCE COMPANY

NEW AGENT DATA SHEET

Name _____ Male () Female () Home Phone () _____

Home Address ** _____ City _____ State _____ Zip _____
 (**NOTE: Home Physical Address must be provided in order to run background check)

Business Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____ Spouse's Name _____

Business Phone () _____ Fax Phone () _____

Email Address: _____

LICENSE DATA	Currently Licensed No Yes If yes, complete following: a. State of Resident License _____ b. Resident License No. _____ c. Licensed for Life Only Life and A & H Other d. Business will be conducted as Individual Partnership Corporation e. Partnership/Corporation Name _____ Tax ID# _____
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PLEASE REMEMBER TO ENCLOSE A COPY OF YOUR CURRENT LIFE LICENSE

LICENSE QUESTIONS		YES	NO		YES	NO
	Are you indebted to any Insurance Company, Agency of Manager? (Including debit balance)	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been fined or had a license to Solicit insurance refused, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a defendant in any suit or legal action. or the subject of any regulatory action?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>
				<i>NOTE: If the answers to any of these questions is YES, you must attach a letter of explanation</i>		

PREVIOUS INSURANCE EXPERIENCE	DATES EMPLOYED	INSURANCE COMPANY NAME CITY & STATE	LATEST MONTHLY EARNINGS	CURRENT DEBIT BALANCE

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, grant permission to the Company or any of its General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report and by signing this form I am authorizing the Company to do so. I also understand that any information obtained by the Company will be made available to me upon my written request.

SIGNATURE

DATE

Recommended by: _____

Liberty Bankers Life Insurance Company

1605 LBJ Freeway, Suite 710
Dallas, Texas 75234
(469) 522-4400 / FAX (469) 522-4401

GENERAL AGENT AGREEMENT

THIS AGREEMENT is entered into by and between LIBERTY BANKERS LIFE INSURANCE COMPANY ("Company"), ROBERT L. AFFRONTI, _____, ("Master General Agent"), and _____ the undersigned General Agent ("General Agent").

WHEREAS Company is an Oklahoma life insurance company authorized to write life insurance in all states except Connecticut, District of Columbia, Hawaii, Maine, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Rhode Island, Vermont, Wyoming, American Samoa, Guam, Puerto Rico and The US Virgin Islands; and

WHEREAS General Agent is licensed as a life agent in the state(s) where he will do business; and

WHEREAS Company and General Agent desire to enter into an agreement whereby General Agent shall be authorized to solicit applications for life insurance contracts and annuity contracts issued by Company (collectively "Policies") and to recruit and supervise sub-agents for the purpose of soliciting said Policies;

In consideration of the mutual covenants in this Agreement, it is agreed that:

AUTHORITY

- 1. General Agent shall have the authority to solicit applications for Policies in accordance with the terms of this Agreement. General Agent is entitled to solicit only those Policies for which a commission schedule is in effect and has been delivered to General Agent by Company ("Commission Schedule"). Company may withdraw, supplement or amend any Commission Schedule at any time and may deliver via Master General Agent to General Agent additional Commission Schedules relating to new Policies. Company may, at its discretion, withdraw any Policy from sale at any time.**
- 2. General Agent shall also have the authority to recommend, recruit and supervise sub-agents ("Agents") for the purpose of soliciting Policies, the applications of such Agents to be submitted to Company for approval. Upon the approval of Company at its sole discretion, Company shall enter into Agent Agreements permitting such individuals to solicit said Policies. General Agent shall be responsible for direct supervision of Agents in accordance with directions provided by Company.**
- 3. General Agent shall use his best efforts and exercise his best judgment as to the persons or businesses to be solicited and the time, place and manner of solicitation as well as in the recommending and recruiting of Agents. In the performance of his duties hereunder, General Agent shall be an independent contractor acting on his/her own behalf and for his/her own**

Account. General Agent shall have no authority, expressed or implied, to act in any manner or by any means for or on behalf of Company in any capacity other than that of an independent contractor, and no authority to act in any manner except as herein expressly set forth or as it may from time to time be requested in writing by Company. General Agent is not authorized or empowered to waive, release or vary the terms of any Policy or in any manner grant indulgence to any policyholder nor is General Agent authorized to appoint Agents on behalf of Company for the purpose of soliciting Policies or otherwise. No authority may be implied from the authority expressly granted herein.

4. General Agent shall conform with all rules, manuals, Commission Schedules, and guides of Company as may from time to time be provided via Master General Agent to General Agent by Company.
5. General Agent shall have no authority to amend or modify any of the terms, or conditions of the Policies, or any rates set forth on the applicable Commission Schedule. General Agent shall have no authority to commit Company to any payment or course of action or obligate Company in any manner.
6. General Agent and any of his Agents may sell policies other than the Policies of Company. However, in the event General Agent or his Agents sell such policies, Company shall have no responsibility for the nature, quality or the service of such policies. NOTWITHSTANDING anything to the contrary contained herein, General Agent hereby agrees to indemnify and hold harmless Company, its shareholders, directors, officers, employees, Master General Agent and agents from and against any claim, demand, liability, action or cause of action of whatsoever kind or nature arising out of or in any manner connected with the sale by General Agent or by any of his Agents of any policies other than those of Company.
7. General Agent shall not deliver any Policy unless, to the best of his/her knowledge and belief, the applicant is in insurable condition for the applicable Policy at the time of delivery, and unless the first premium has been fully paid. Company may refuse to process any application or issue or amend any Policy.
8. General Agent has the authority to accept premiums on Policies in accordance with the rules set forth herein or otherwise provided by Company. Any such premiums collected by General Agent shall be made payable to Company and shall be immediately delivered to Company via Master General Agent in the full amount received. **General Agent is not authorized to accept on behalf of Company any premium checks which are made payable to General Agent.**
9. General Agent shall, at Company's request and in accordance with Company's instructions, account for all Policies, receipts, premiums, and any other monies received, and/or property and supplies, including rate books, applications, and all other books and papers connected with Company's business. Company may, at any time, audit and make copies of such records and accounts.

COMMISSIONS

1. General Agent shall be compensated under this Agreement by Commissions ("Commissions") payable at the Master General Agent's address according to the applicable Commission Schedule relating to Policies which are produced by General Agent or his Agents, as applicable. Company shall only pay Commissions on premiums which are due and received by Company, and such Commissions shall be compensation in full for all services performed and all expenses incurred by General Agent for the solicitation of Policies as well as for the recommending and recruiting of Agents and the ensuing supervision of Agents (collectively "Related Services").
2. Company may, at any time and from time to time, change the Commission Schedule for any or all Policies; provided however, that the Commission for any Policy shall not be less than that set forth in the Commission Schedule in effect for such Policy at the issue date. Furthermore, Company may, at its discretion, withdraw any Policy from sale at any time.
3. Commissions shall not be paid on premiums waived or commuted by reason of death or disability of the insured or exercise of Policy options by the policyholder, unless Company otherwise agrees in writing to pay Commissions.
4. Commissions in an amount less than twenty-five dollars (\$25.00) may be held by Company and all such amounts held shall be paid to General Agent at the end of each pay period. After termination without cause, no further compensation will be paid if the total amount of commissions is less than \$100.00 in any calendar year subsequent to the year in which this Agreement terminated.
5. Company may demand proof of the delivery of the Policy to the policyholder and/or proof of the expiration of the "Free Look" period before paying Commissions on the related Policy.
6. Payments of all Commissions earned by the sale of Policies and for Related Services shall be made solely to Master General Agent or, at the option of Company, to his designee.
7. General Agent shall indemnify, defend, and hold Company and its assigns harmless from and against any losses, damages, claims, suits, penalties, fines, forfeitures, legal fees, related costs, and other costs and expenses arising from or relating to any suit, claim or demand brought against Company by any party other than General Agent for the payment of Commissions.
8. Commission adjustments: (a) Replacements: With respect to any Policy issued to replace an existing Policy, Company shall adjust General Agent's Commission payable on the reissued Policy unless Company, at its discretion, otherwise agrees to pay some portion or all of such Commissions. (b) Lapses: With respect to Policies which are cancelled for any reason within the first year following the Policy effective date, Company may charge back to General Agent the unearned first-year Commission, if any, paid on such Policy. (c) Cancellation: In the case of misrepresentation or misunderstanding at the time of solicitation or application for any Policy or upon delivery thereof, or upon exercise of a right granted pursuant to the terms of the "Free Look" provision of any Policy, Company may return the premium paid

thereon and cancel the Policy. Company may charge back to General Agent the entire compensation paid on such Policy. (d) Return of Commissions: General Agent shall return to Company within five (5) days of written demand the applicable portion (or all) of any Commissions with respect to any Policy which is (i) not issued, (ii) not taken out, or (iii) subject to the application of either clause (a), (b) or (c) immediately above.

9. Prior to paying any Commission(s) via Master General Agent to a corporate General Agent, Company may require evidence satisfactory to it that such General Agent or any sub-agent is authorized by applicable state law to solicit Policies on behalf of, and to have any Commissions (if any) paid to, such corporation and that such corporation (i) is duly organized, validly existing and in good standing under the laws of the state of its incorporation, (ii) is qualified to transact business in and is in good standing under the laws of each state in which Policies are solicited or is otherwise exempt by applicable law from such qualification, (iii) has a current and valid license to solicit Policies in every state in which a Policy is solicited, and (iv) has otherwise complied with all laws and regulations applicable to the licensing of corporations in such states, including, without limitations, the payment of all applicable fees and charges.

TAXES, BONDS, LICENSES, AND EXPENSES

1. General Agent hereby represents that he has a current and valid license in every state in which a Policy is solicited by General Agent and Company is licensed. Further, General Agent hereby represents that all his Agents appointed by Company shall be so licensed.
2. General Agent will pay all initial licensing fees that may be required in any jurisdiction in which General Agent solicits Policies. General Agent will pay licensing renewal fees. General Agent will pay all fees including, but not limited to, bonding fees, examination fees and license renewal fees.
3. Company will bear expense of application forms, medical examination forms, and the various papers necessary to writing and servicing Policies.

ADVERTISING

At Company's discretion, Company will furnish via Master General Agent to General Agent all forms, advertising materials, circulars and other printed matter requested by General Agent. General Agent is prohibited from using any other advertising material for solicitation of Policies without first receiving Company's written approval. Within five (5) days following termination of this Agreement, all unused supplies shall be returned to Master General Agent.

LIENS AND OFFSETS

1. Company may offset against any claim of General Agent for Commissions, any loans and advances made by Company via Master General Agent to General Agent or any loan or advance which General Agent has guaranteed and which is in default.
2. Company may offset any indebtedness to Company of General Agent or of a General Agent's Agent against any Commissions due hereunder to General Agent.

3. Company shall have no obligation to pay any Commission to General Agent, or his assigns or designees, under this Agreement or under any other agreement with Company now or hereafter existing as long as either General Agent or any of his Agents is indebted to Company.

ASSIGNMENTS

This Agreement, including the payment of Commissions payable thereunder, may not be assigned by any party hereto, without the written consent of all the other parties.

LITIGATION

General Agent agrees to indemnify and hold Company harmless from and against any costs, losses, damages, claims, fines, expenses, legal fees, or related costs that Company may incur arising from or relating to any suit, claim, demand, action, or proceeding relating to the subject of insurance and resulting from any act, omission or misrepresentation on the part of General Agent or any of General Agent's Agents. General Agent shall not bring a cause of action against any applicant for a Policy, any of Company's policyholders or any of Company's agents in connection with the solicitation of an application for a Policy, the receipt of an application for a Policy, or the issuance of a Policy without the prior consent of Company.

TERMINATION

1. Without Cause: This Agreement may be terminated at any time by General Agent, Master General Agent or Company without cause upon thirty (30) days' written, oral, telephone, or telegraphic notice. If such notice is not in writing, it shall be promptly confirmed in writing. In the event General Agent or Company terminates this Agreement without cause, Company will pay Commissions to General Agent on premiums received as of the date of termination and will thereafter continue to pay Commissions pursuant to the applicable Commission Schedule(s) on premium received for Policies in force upon date of termination of this Agreement.
2. For Cause: This Agreement may be terminated by Company at any time for cause if, at Company's discretion, General Agent (a) wrongfully withholds any funds or Policies from Master General Agent or Company; (b) willfully and knowingly fails to comply with the laws, or regulations of any insurance regulatory authority; (c) fraudulently misrepresents any Policy, product or service offered by or through Company; (d) willfully and knowingly fails to comply in any manner with the terms of this Agreement; (e) defrauds Company; (f) fails to acquire any license required by law in connection with the solicitation and/or sale of an insurance product; (g) causes his/her license as an agent to be revoked by any state or other insurance regulatory agency; (h) willfully and knowingly furnishes to Company false information of a material nature; (i) induces any agent or employee of Company to terminate his/her agreement with Company; (j) attempts to induce policyholders of Company to relinquish their Policies (except in those cases where such relinquishment is in the best interest of the policyholder); (k) endeavors to induce any agent or employee of Company to do any of the preceding acts. Company shall terminate this Agreement for cause by sending to General Agent at Master General Agent's address or at his last known address a written notice of such termination which shall be effective immediately upon mailing. Upon

termination for cause by Company, General Agent shall have no further rights under this Agreement to any Commissions otherwise payable under the terms of this Agreement.

3. If this Agreement is terminated without cause and cause is later determined to exist, then rights of General Agent under this Agreement shall end from the date of the action giving rise to termination for cause.
4. Death of General Agent: This Agreement shall be automatically terminated upon the death of General Agent. Upon the termination of this Agreement due to the death of General Agent, all Commissions payable hereunder shall be paid by Company via Master General Agent to General Agent's estate.
5. Bankruptcy of General Agent: This Agreement shall be automatically terminated upon the bankruptcy of General Agent. Upon the termination of this Agreement due to the bankruptcy of General Agent, all Commissions payable hereunder shall be paid by Company to the Master General Agent who will pay said commissions to the Trustee acting on behalf of creditors.

RIGHTS OF THIRD PARTIES

This Agreement is for the exclusive benefit of the parties hereto, and except as otherwise expressly provided herein, no other person or entity, including agents or creditors of any party hereto, shall have any right or claim against any party hereto or be entitled to enforce any provision of this Agreement against any party.

WAIVER

The failure of Company to insist upon strict compliance with any of the terms of this Agreement shall not constitute a waiver of any such conditions or obligations.

PRIOR AGREEMENTS

This Agreement constitutes the entire agreement between Company, the Master General Agent, and General Agent and supersedes any and all contracts, stipulations and agreements, written or oral, existing between Company and General Agent prior to its effective date.

AMENDMENTS

No modification, amendment, change or waiver of this Agreement, or any part thereof, shall be valid unless in writing and signed by Master General Agent, General Agent and a duly authorized officer of the Company.

MISCELLANEOUS

1. General Agent does not have the exclusive right to any product or sales territory.

2. This Agreement shall be binding upon and inure to the benefit of Company and upon Master General Agent and General Agent.
3. Wherever used, the singular number shall include the plural and the plural the singular where the context requires, and the use of any gender shall be applicable to all genders.

GOVERNING LAW AND JURISDICTION

This Agreement shall be subject to, interpreted and governed by, the laws of the State of Oklahoma, and each party hereto agrees that the venue for any litigation shall be in Oklahoma City, Oklahoma.

WITNESS the following signatures:

APPLICANT

(Name of corporation if licensing)

BY: _____
(Signature of principal "corporate" or individual)

(Print name)

MASTER GENERAL AGENT

Name of Master General Agent

BY: _____
(Signature of principal "corporate" or individual)

ROBERT L. AFFRONTI

(Print name)

**LIBERTY BANKERS
LIFE INSURANCE COMPANY**

BY: _____
(Signature of authorized employee)

(Effective date)

(Agent number)



Liberty Bankers Life
Insurance Company

Agent Direct Deposits

PO Box 224 Brownwood, TX 76804 1-888-828-4467

Agent Name: _____ Agent Number: _____

Address / City / State / Zip: _____

Phone Number: _____ Social Security or Tax ID Number: _____

I hereby request that until I notify Liberty Bankers Life Insurance Company otherwise, each commissions payment, commencing with the next payment due, shall be paid by Electronic Fund Transfer (EFT) to:

Name of Financial Institution: _____

Address / City / State / Zip: _____

Phone Number: _____

For credit to my (please choose one) Checking Savings

ABA Routing Number: _____ **Account Number:** _____

PLEASE ATTACH A “VOIDED” CHECK

Deposit slip is not acceptable.

I authorize Liberty Bankers Life Insurance Company to make deposits to the bank account noted above. I shall deem receipt by said Financial Institution of such credit entries as receipt by me. In the unlikely event of a deposit error, I authorize the Company to make adjustments to correct the error. This authority is to remain in full force and effect until Liberty Bankers Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Liberty Bankers Life Insurance Company a reasonable opportunity to act.

Agent Signature: _____ Date: _____



Liberty Bankers Life
Insurance Company

COMPLIANCE POLICY STATEMENT OF UNDERSTANDING

I acknowledge having access to a copy of the “*Conduct and Compliance Guide for the Producer*” for Liberty Bankers Life Insurance Company, Winnfield Life Insurance Company, Mid-Continent Preferred Life Insurance Company, American Reserve Life Insurance Company and The Capitol Life Insurance Company (“Companies”). The link to this document is:

http://libertybankerslife.com/repository/unmanaged_content/Publications/2008 Producers Guide.pdf

I acknowledge that I have read and understand the contents of the “*Conduct and Compliance Guide for the Producer*” and understand that if I do not comply with its provisions, it will be a violation of my contract and may result in, without limitation, the cancellation of my contract(s) with Companies.

I acknowledge that Companies insist upon strict adherence to all applicable state, federal, and military regulations regarding the solicitation and sale of life insurance and annuities and I understand that I am individually accountable for my own actions.

I acknowledge that I must be professional in my sales presentations and that I must accurately and completely describe the insurance product being offered and help the purchaser understand the terms and conditions of the insurance product being offered.

I acknowledge that this agreement does not alter or amend my contract(s) with Companies or create an employment relationship with Companies. This agreement does not change the at-will relationship between Companies and me. The contract(s) between Companies and me may be terminated at any time by either party upon notice, as set forth in the contracts(s).

Signature

Print Name

Date

RETURN A SIGNED COPY OF THIS DOCUMENT WITH YOUR SIGNED CONTRACT

Liberty Bankers Life Insurance Company

1605 LBJ Freeway, Suite 710
Dallas, Texas 75234
(469) 522-4400 / FAX (469) 522-4401

GENERAL AGENTS COMMISSION SCHEDULE (life)

This Compensation Schedule forms a part of your Agreement and is subject to all provisions thereof. Compensation will be paid via Master General Agent on premiums earned by the Company from applications procured by You on which the Company has issued a policy and while this Compensation Schedule is in effect. Compensation shown is expressed as a percentage of premium earned by the Company.

<u>Product</u>	<u>1st Year</u>	<u>2nd & 3rd Year</u>	<u>Life Time</u>
PermaLife (WL)	115%	9.00%	4.50%
Simplified Issue Market PermaLife (SIMPL)	115%	9.00%	4.50%
Modified WL	115%	9.00%	4.50%
PermaTerm 20	115%	9.00%	4.50%
PermaTerm 20 with No Loss" Option (RPU)	115%	9.00%	4.50%
Waiver of Premium Rider	(Same as associated base plan)		
Child Rider	(Same as associated base plan)		
Accidental Death & Dismemberment w/Common Carrier Rider	(Same as associated base plan)		
Accelerated Living Benefit Rider	(Same as associated base plan)		

For all life policies, compensation will be paid at the same rate as the policy on Table Ratings through table 8. No compensation will be paid on the premium rating in excess of table 8 or on Flat Extras.

*Base renewal commissions for Years 2, 3 and 4 on policies issued in the previous 4 years will be adjusted quarterly according to the "Commission Advance & Renewal Bonus Program" based on each agent's level individually. In no event, will commissions on policies sold prior to September 1, 2009 be reduced to lower than prior commission schedules. However, on policies issued prior to September 1, 2009, You may receive higher renewal commissions based on the "Commission Advance & Renewal Bonus Program".

FINANCING, VESTING AND MINIMUM COMPENSATION

If the Company via Master General Agent advances monies to You and/or your downline against anticipated compensation under this Compensation Schedule, You agree to pay the Company, upon demand the aggregate amount of all such monies so advanced, less any compensation due You and at the option of the Company, interest upon the unpaid balance of all such monies so advanced at a rate not greater than the current prime lending rate of the Chase Bank of Texas, Dallas, Texas.

In practice, the Company will pay Commissions daily with weekly reports to the General Agent. The amount of advanced commissions will be adjusted quarterly according to the "Commission Advance & Renewal Bonus Program" for the entire hierarchy.

Basic Advance Formula:

1. The Company will advance 100% of the first nine months of Commissions on "monthly bank draft" mode only.
2. The Company will retain 10% or 20% (as requested) of such advance in a salvage account;
3. The Company will deduct any Commission "charge backs" due to lapses or other terminations occurring during the first year, first from the salvage account, and then from the current payable Commissions;

If Your Contract is terminated without cause, compensation in the form of first year and renewal commission is fully vested on policies procured and delivered by You. If Your Contract is terminated without cause, no further compensation will be payable to You on any policy that is lapsed due to non-payment of premium more than 31 days from the due date even though any such policy is subsequently reinstated.

The minimum commission check issued by the Company is \$25.00. Amounts less than \$25.00 will be accumulated and paid when the total is at least \$25.00. After termination without cause, no further compensation will be paid if the total amount of compensation is less than \$100 in any calendar year subsequent to the year in which Your Contract terminated.

Commission Advance and Bonus Program (Applicable to Entire Hierarchy)

You and Your appointed Agents may qualify to receive advanced commissions. The amount of the advance and reserve is based on each agent's own "Product Blended" Persistency. In addition, any agent at the Gold level is eligible to qualify for a *renewal bonus*. Agent's "Product Blended" Persistency will be reviewed quarterly. Newly appointed agents will have their persistency reviewed after the 7th month.

CATEGORIES:

GOLD: An agent with a 13th month "Product Blended" persistency rate of 75% > qualifies for a 9 month commission advance (with appropriate salvage account) AND for policies issued in the previous 4 years, their renewal commissions in years 2, 3, and 4 will be "BONUSED" up by 50%. This agent is eligible to qualify for incentive trips!

SILVER: An agent with a 13th month "Product Blended" persistency rate of 65% - <75% qualifies for a 9 month commission advance (with appropriate salvage account). This agent is eligible to qualify for incentive trips!

BRONZE: An agent with a 13th month "Product Blended" persistency rate of 58% - <65% **may**, at the Company, the MGA and GA's discretion, qualify for a 6 month commission advance (with appropriate salvage account). For policies issued in the previous 4 years, their renewal commissions for years 2, 3, & 4 will be adjusted down by 50%. This agent is not eligible to qualify for incentive trips.

Agent Level	Persistency Requirement "Product Blended"	Advance Option	Renewal Bonus Plan*
Gold	75% & UP	75% Advance (9 mos) 10% or 20% Reserve	150%
Silver	65% - <75%	75% Advance (9 mos) 10% or 20% Reserve	100%
Bronze	58% - <65%	50% Advance (6 mos) 10% or 20% Reserve	50%

Product Blended Persistency: Calculated on a 13-month basis (by company actuary) and reviewed quarterly. A minimum of 58% persistency is required for an agent to maintain his appointment.

Advance Option: Program start date for Advance Option is September 1, 2009 with the 1st level changes effective March 1, 2010.

***Renewal Bonus:** Base Renewal Commissions for years 2, 3 and 4 on policies issued in the previous 4 years will be adjusted for the entire hierarchy accordingly. Program start date for Renewal Bonus for Gold & Silver levels is September 1, 2009 and for Bronze September 1, 2010.

OTHER COMPENSATION

Compensation on any plan of insurance not listed will be determined by the Company. No compensation will be payable on premiums waived on any type of insurance or annuity under the provisions of a disability clause or a payor insurance clause.

WITNESS the following signatures:

APPLICANT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

MASTER GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

GENERAL AGENT

(name of corporation, if licensing)

BY: _____
(signature of principal "corporate" or individual)

(print name)

LIBERTY BANKERS LIFE INSURANCE COMPANY

BY: _____
(signature of authorized employee)

(effective date)

(agent number)