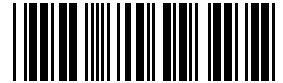


Anti Money Laundering Policy

**To report red flag or suspicious activities,
please contact:**

AML Compliance Committee

1-866-384-0384 (Toll-Free)



Addendum to Agency Contract

Agent:

Contract Effective Date:

1. Officers of Corporation

Federal Tax I.D.	
President	
Vice President	
Secretary	
Treasurer	

2. Stockholders of Corporation

NOTE: Must show four largest stockholders

% of Stock Held

	%
	%
	%
	%

3. Person(s) who can sign papers in connection with Midland business on behalf of corporation.

NOTE: Must be duly authorized officer.

To induce Midland National Life Insurance Company to do business with the above named Corporate Agent, the stockholders of said Corporation hereby guarantee, unconditionally, the payment, when due, of each and every obligation, direct or contingent, now existing or hereafter arising under the terms and provisions of said Agency Contract that shall be owing at any time to Midland National Life by said Corporation. This guarantee is a continuing guarantee and shall remain in force until revoked by written notice to Midland National Life, however revocation thereof shall not prejudice any claims hereunder with respect to any obligation arising prior to revocation.

Dated this _____ day of _____, _____.

The Corporate Agent and its Stockholders agree that the submission of one or more applications to Midland National Life or the receipt of earnings from Midland National Life subsequent of the effective date of this Addendum shall constitute the acceptance of and agreement to be bound by all of the terms and conditions hereof.

LICENSE AGREEMENT

Agent:

Effective Date:

You are requested to make application to the Department of Insurance of my State for the issuance of an insurance agent's license authorizing me to solicit life applications on behalf of the Company.

I hereby agree that your consent to the issuance of such license is subject to, and I hereby agree to be bound by, each and all of the following conditions:

- (1) That I shall be a sub-agent assigned to, and under the jurisdiction of the General Agent indicated below;
- (2) That the Company has no obligation to me for commissions, or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company; it being expressly understood that I am under direct contract with my General Agent who has agreed to compensate me for such services;
- (3) That I have no contractual relationship with the Company (beyond that outlined in this agreement) and that I am not, and shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Company;
- (4) That I shall comply with the rules, regulation and ratebooks of the Company, the laws of my State or States in which I am licensed, and the regulations of the Department(s) of Insurance relating to my activities in the solicitation of insurance;
- (5) That I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company, in any respect;
- (6) That I shall not use any marketing, sales, or advertising materials without the prior approval of the Company;
- (7) That I shall treat all money received or collected for the Company as properly held in trust and to promptly remit such money in full to my General Agent or the Company with a complete and detailed statement;
- (8) That I shall collect the first premium at the time of taking the applications and, if requested by the Company, deliver policies issued thereon;
- (9) That I shall not obligate the Company, nor incur expense in its behalf, in any manner whatsoever; and
- (10) That the Company may, without liability to me whatsoever, upon request of my General Agent or upon its own initiative, cancel my license at any time.

Executed in triplicate as of the Effective Date.


By _____
(Signature on Application #5263 incorporated herein)
Agent

Accepted:

By _____
(Signature on Application #5263 incorporated herein)
General Agent

By 

Company Officer

By 

Company Officer

Contract Application for

 General Agent

 Agent


5263

Last Name	First Name	M.I.	Birthdate			Age	Sex	Social Security Number	Nickname
			Month	Day	Year				
Residence Address (Street, City, State, County, Zip)								Residence Telephone ()	
Business Address (Street, City, State, County, Zip)								Business Telephone ()	
Lived at Residence Address Years Months		Former Address (Street, City, State, Zip)						Fax Telephone ()	
Name of Spouse				Professional Designations: <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> LUTCF <input type="checkbox"/> CFP <input type="checkbox"/> Other: _____					
Email Address (Required)									
Contract Name: <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (If Corporation, complete Corporate Addendum)				Tax ID Number			Contract Name if other than individual		
WORK HISTORY - Please indicate other insurance companies with whom you do business								Annual Earnings	
a.								\$	
b.								\$	
c.								\$	

PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. A "YES" REQUIRES A WRITTEN EXPLANATION ON A SEPARATE SHEET OF PAPER.

- Yes No 1. Have you *ever* been convicted, pled guilty or nolo contendere, or do you have pending charges to a felony or misdemeanor? If yes, attach a copy of the court records.
- Yes No 2. Have you *ever* had an insurance license or securities registration denied, suspended or revoked by an insurance department, the NASD or any other regulatory agency?
- Yes No 3. Have you *ever* had any regulatory action taken against you by any insurance department or the NASD?
- Yes No 4. Have you *ever* had a complaint filed or do you anticipate a complaint being filed against you by a consumer, an insurance department, the NASD or any other regulatory agency?
- Yes No 5. Have you *ever* had a contract or appointment terminated involuntarily by an insurer or a NASD member firm?
- Yes No 6. Do you have past due child support obligations, any unsatisfied judgments, liens or any delinquent state or federal tax obligations?
- Yes No 7. Have you *ever* been subject to a bankruptcy proceeding?
- Yes No 8. Has an insurer, insured, or other person made any demand against you for overdue monies as a result of an insurance transaction or business?
- Yes No 9. Are you currently involved or *ever* been involved in litigation or have you *ever* had any claim made against you, your errors and omissions insurer, or your surety company, arising out of insurance sales or practices or have you been refused surety bonding?
- Yes No 10. Do you have Errors and Omissions (E&O) Insurance of at least \$1,000,000 per claim/\$1,000,000 aggregate? If yes, please attach a photocopy of carrier's policy declaration page. (Required by Midland National).
- Yes No 11. Are you currently licensed in your resident state? If yes, please attach photocopy.
License Number _____
- Yes No 12. Are you currently licensed as a non-resident in any state? If yes, please attach photocopy of state license if you wish to be appointed. (If fees are required, Midland will charge your commission account for the cost of a non-resident appointment.)
- Yes No 13. Are you NASD Securities Registered? If yes, who is your current broker dealer? _____

AML TRAINING

Yes No 14. Have you completed Anti-Money Laundering (AML) training? If yes, and training was provided through a source other than LIMRA, please attach a photocopy of the Certificate of Completion for this training (please note training other than LIMRA must be reviewed and approved by the AML Compliance Committee). If LIMRA training has been completed, Midland will receive this information directly from LIMRA.

Additional Comments:

CONDITIONS AND AGREEMENTS - By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and Midland National Life (Midland). I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, a personalized copy to which will be subsequently forwarded to me by Midland. I agree not to solicit business until I have been notified by Midland that I am authorized to do so. I represent and warrant that all information and answers to questions are true and complete. Any marketing materials which have not been provided by Midland must be approved by Midland prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I understand that the Fair Credit Reporting Act requires Midland to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I authorize Midland or any of its affiliates¹ to obtain a consumer report and Vector One report in connection with this contract application. I further authorize Midland or any of its affiliates or their duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a record of such history, status or activities and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize Midland or any of its affiliates to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. This authorization shall remain valid and in effect during the term of your contract. We reserve the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

To help fight the funding of terrorism and money-laundering activities, the U. S. government passed the USA PATRIOT Act, requiring financial institutions including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our company. This means that we will verify your name, address, date of birth and social security number or other tax identification number. We may also request to see a driver's license, passport or other identifying documents from you.

¹Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

Applicant Signature	Date
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I have reviewed the above application and I hereby recommend this agent's contract with Midland National Life Insurance Company.

GA/RSD Signature	GA/RSD Code:	Contract Level
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NOTICE REGARDING CONSUMER REPORTS

In connection with your application for an agent's contract with Midland National Life Insurance Company ("Midland"), Midland may obtain one or more reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living from Business Information Group and Vector One. If Midland plans to use any information in a consumer report in a decision not to contract with you or to make any other adverse contracting decision regarding you, we will provide you with a copy of the credit report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before it takes any adverse action. If any adverse action is taken against you based upon a consumer report, Midland will notify you that the action has been taken and that the consumer report was the reason for the action.