



Liberty Life Contracting

Helping Financial Advisors Help Their Clients

Please *fax* these pages to IPG:

877-488-3361

Complete & sign all Information on Appt Form 2006

Complete & sign contract

Complete & sign FCRA form

Schedule A-Policy & Compensation Schedule

Copy of License(s) (resident/nonresident)

Proof of Errors & Omissions Coverage

If commissions are being paid to someone other than the individual agent – Please complete and sign the Assignment of Commissions form.



Liberty Life Assurance Company of Boston
Agent Contract Information

Please print clearly

Agent:

- Complete & sign all information on Appt Form 2006
- Complete and sign contract
- Complete Schedule A
- Complete & sign FCRA form

General Agent:

- Please print General Agent Name
- Authorized signatures required where indicated (2 pages)
- Please furnish a copy of the Agent's life insurance license,
- E&O certificate or Policy Summary and NASD registration
- Confirm Agent has completed LIMRA's AML Training Program

- Fax completed package to: (800) 837-4669

OR

- E-Mail to: FILA_SalesAdmin@libertymutual.com



Liberty Life Assurance Company of Boston

Agent Contract Information

Name: _____ Date of Birth: _____ (Required)

Social Security #: _____ (Required) E-mail address: _____

Business Address: _____ Residential Address: _____

Business #: _____ Fax #: _____ Cell Phone #: _____

Requesting General Agent: Lewis M. Kelley MGA Name (If applicable): _____

General Agent Address: _____

State(s) where Liberty Life business will be written: _____

Primary type of product(s) you solicit: _____

If NASD registered, what is the name of your Broker/Dealer: _____

Other Companies you are currently appointed with: _____

Prior to appointment, Liberty Life requires LIMRA's AML training sponsored by NAILBA (for information see <http://www.nailba.org/>) Have you completed LIMRA's AML training? Yes No

Agent Appointment Questionnaire

The following questions must be answered by the applicant.

1. Has any state, federal, or supervisory agency ever filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you or restricted or revoked your license(s)? ___Yes ___No
2. Have you ever had any professional or occupational license canceled, suspended, refused, restricted, or revoked? ___Yes ___No
3. Has any insurer you represented ever terminated your agent's or producer's contract other than for low production? ___Yes ___No
4. Have you ever been convicted or pled guilty or nolo contendere to, or are you currently charged with, any: (1) felony; or (2) any crime involving insurance or investments, fraud, dishonesty, false statements or omissions, wrongful taking of property, or forgery; or (3) a violation of any federal or state law? ___Yes ___No

If any question is answered yes, please attach a full explanation on a separate paper.

I certify that the above statements in the Agent Contract Information Form and Agent Appointment Questionnaire are true.

Agent's Signature

Date

**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR APPOINTMENT PURPOSES]**

The applicant for appointment acknowledges that this company may now, or at any time while appointed, verify information within the appointment application or questionnaire, resume or contract. 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 to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

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.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I acknowledge that an investigative report as to my general reputation, personal character, and mode of living may be made. I hereby authorize all persons and entities to release all written and verbal information about me to Liberty Life Assurance Company of Boston or a designated representative. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my appointment.

For Maine and New York Applicants Only

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act

For Washington Applicants Only

The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 286, Marlton, NJ, 08053; for consumer compliance officer contact 800-260-1680.

For California, Minnesota, and Oklahoma Applicants Only

A consumer credit report will be obtained through Business Information Group, P.O. Box 286, Marlton, NJ, 08053.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
 Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
 Initials Initials

***California applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the company receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the company's receipt of the report (unless you elected not to get a copy of the report).

Date: _____ Signature of Agent: _____

Print Name: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business:	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

AGENT AGREEMENT

THIS AGREEMENT is effective as of _____ by and between Liberty Life Assurance Company of Boston, with offices at 175 Berkeley Street, Boston, MA. (hereinafter referred to as "Liberty Life") and

with offices at: _____ **Print Agent Name** _____ (hereinafter referred to as "Agent").

Liberty Life and Agent agree as follows:

1. **PURPOSE**

Agent desires to enter into an agency agreement with Liberty Life for the purpose of selling certain individual life insurance and annuity contracts identified in Schedule A (hereafter Policies).

2. **AUTHORIZATION**

Agent agrees to solicit applications for the Policies, to deliver the Policies, and to collect the first premium thereon in conformance with applicable state laws. All solicitations for the Policies will be made only by duly authorized agents who possess the required licenses and appointments. Continued solicitation for the Policies shall be contingent upon the continuing qualification of such agents by possession of the required licenses and appointments. Solicitation may occur only in those states in which Liberty Life is admitted to do business and in which the Policies have been approved for sale by the appropriate regulatory authority.

3. **INDEMNIFICATION**

Agent shall indemnify and hold harmless Liberty Life, its affiliates, officers, directors, employees and agents from all loss, expense, cost and liability resulting from any unauthorized acts or transactions by Agent and by any other persons engaged by Agent and acting on Agent's behalf. Liberty Life shall indemnify and hold harmless Agent from any damage or expenses which Agent may incur arising from Liberty Life's breach of this Agreement.

4. **OBLIGATIONS OF AGENT**

AGENT shall review applications for the Policies and promptly forward them together with any premium payments received with such applications without deduction for compensation. Applications shall be sent as per their General Agent instructions or to Liberty Life's Individual Life FILAS Department, 100 Liberty Way, Dover, NH 03820. Checks or money orders for the payment of premiums shall be drawn to the order of Liberty Life Assurance Company of Boston. Agent has no authority to deposit or endorse checks payable to Liberty Life without the prior written approval of Liberty Life. Liberty Life has the right to reject any application for a Policy and return any premium payment made in connection therewith.

5. **REPRESENTATIONS**

Agent will offer and sell the Policies only in accordance with the terms and conditions of this Agreement and will make no representations not included in any authorized supplemental material approved by Liberty Life. Neither the Agent nor its sub-agents has authority to change, omit, add to, or waive any question, statement or answer on any application for insurance or on any related provision of any Policies issued by Liberty Life. Agent shall not use, or permit to be used, advertising media with regard to the Policies without the prior written approval of Liberty Life.

Agent agrees to comply with the established rules and regulations of Liberty Life now in effect or which may be established hereafter. Agent will not make misrepresentations or incomplete comparisons for the purpose of inducing a policyholder in any company to lapse, forfeit or surrender his insurance. Agent will not disparage a competitor or a competitor's insurance products. Agent will not incur any indebtedness or liability to the company.

6. INDEPENDENT CONTRACTOR

Agent is performing the acts covered by this Agreement in the capacity of independent contractor and not as an employee of Liberty Life. Agent shall be free and independent to exercise its own judgment as to the persons from whom insurance will be solicited as well as the time, place and manner of such solicitation. Liberty Life shall not be liable for any obligation, act or omission of Agent.

7. COMPENSATION

Agent shall be paid compensation for the sale of Policies as set forth in Schedule A, attached hereto. Any Compensation Schedule can be changed prospectively by Liberty Life as of a specified date, provided such date is at least 10 days after the date the change is mailed to Agent's last-known address. Any such change will apply only to Policies issued on or after the effective date of the change.

8. ERRORS AND OMISSION COVERAGE

Agent and all sub-agents shall secure at their own expense insurance coverage for Errors and Omissions Liability in an amount of not less than One Million dollars (\$1,000,000) per claim and One Million dollars (\$1,000,000) annual aggregate to protect against claims which may arise from services under this Agreement. Such coverage shall be an essential term and condition of this Agreement and failure to secure and maintain same shall result in immediate termination of this Agreement for cause.

9. TERMINATION

- a) Either party may, without cause, terminate this Agreement upon thirty (30) days prior written notice to the other party at its last-known business address.
- b) This Agreement will terminate automatically upon the death of the Agent or if Agent shall cease to possess the requisite licenses and appointments.
- c) This Agreement may be terminated by Liberty Life at any time for cause with the opportunity to cure when the reasons for termination include, but not be limited to, (1) the violation of any provision of this contract or of the published rules and regulations of Liberty Life that are then in effect; and (2) any willful act or omission which is not in the best interests of Liberty Life or its insureds.
- d) This Agreement may be terminated by Liberty Life at any time for cause with no opportunity to cure when the reasons for termination for cause shall include, but not be limited to, conversion, fraud, embezzlement or similar activity. Termination for cause will become effective upon the mailing of a notice of termination to the General Agent's last-known address.
- e) Failure of Liberty Life to terminate this Agreement upon knowledge of a cause shall not constitute a waiver of the right to terminate at a later time for such cause. If this contract is terminated for cause with no opportunity to cure as described above, all rights to compensation which might otherwise be payable under this contract shall cease and the Agent's right, title and interest in and to such commissions and compensation shall be forever barred.
- f) No provision of this Agreement other than provisions 3, 6, 7, 10 and 11 shall continue in force after any termination. Provision 7 shall not apply to any new applications for the Policies dated after the date of termination and is subject to any limitations contained in provision 9(c).

10. **CONFIDENTIALITY**

Each party to this Agreement shall maintain the confidentiality of any client list or any other proprietary information that they may acquire in the performance of this Agreement and shall not use such information for any purpose unrelated to this Agreement without the prior written consent of the other party.

Each party to this Agreement further agree to hold in confidence any and all non-public personally identifiable information about consumers or customers for the Policies (individually and collectively, "Consumer/Customer Information") obtained from each other during the term of this Agreement. "Non-public personally identifiable information" is financial or medical information of or concerning a private person which either has been obtained from sources which are not available to the general public or obtained from the person who is the subject and which information is included in data files exchanged by the parties hereto. For the purposes hereof the terms shall include data elements such as names and addresses of individuals. All such information shall be maintained in confidence and not further transferred nor used for any purposes other than as permitted hereunder. The parties further agree not to disclose Consumer/Customer Information to nonaffiliated third parties except as may be:

1. necessary to carry out the joint marketing or in the ordinary course of business to carry out that joint marketing;
2. necessary to effect, administer, service or enforce products and services obtained under this Agreement; or,
3. required or permitted by law.

Each party to this Agreement agrees to apply reasonable customary business practices to protect and secure Consumer/Customer Information from unauthorized release or distribution and to limit access and usage of such information to those employees, officers, agents and representatives necessary to provide the products and services under this Agreement.

Agent shall from time to time during regular business hours and upon reasonable notice permit Liberty Life to perform security audits of Agent's facilities and equipment, and such other audits as may be necessary to ensure Agent's compliance with the terms and conditions of this Agreement including but not limited to all requirements related to the protection of Consumer/Customer Information, which audits shall be performed at Liberty Life's sole expense.

Agent shall notify Liberty Life without unreasonable delay, unless an applicable law enforcement agent has directed Agent to delay notification as provided by applicable law, or any breach of security, intrusion, or any unauthorized access, acquisition, disclosure, or use of Customer/Claimant information (collectively "Breach"). Agent shall take prompt corrective action to cure or mitigate any such Breach and shall take all actions pertaining to any such Breach required by applicable federal and state laws and regulations.

11. **ASSIGNMENT**

This Agreement or any compensation due hereunder, may not be assigned by Agent except with the prior written consent of Liberty Life. This Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement by the duly authorized persons as of the day and year written below.

**LIBERTY LIFE ASSURANCE COMPANY
OF BOSTON**

By: _____

Title: _____

Date: _____

General Agent

AGENT (Print name of AGENT)

By: _____
(Signature of AGENT)

Title: _____

Date: _____

**SCHEDULE A
POLICY AND COMPENSATION SCHEDULE**

This schedule is attached to and made a part of the most current executed Agent Agreement between Liberty Life Assurance Company of Boston (Liberty Life) and _____ (Agent), and is subject to all the terms and conditions of the Agent Agreement.

The life insurance and annuity products ("the Policies") referred to in the Agent Agreement, and the compensation for the sale of such Policies are described below. Rates are reduced by the corresponding percentage that Liberty Life pays directly to sub-agents.

FOR SINGLE PAYMENT POLICIES:

1. Life insurance and annuities

Base commissions will be a percent of the single premium after receipt by Liberty Life of the premium payment and issuance of a Contract.

2. Agent shall receive commissions at the rates shown in the tables below:

	Policies						
	Single Payment Whole Life		Single Premium Immediate Annuity	Freedom Series SPDA 1 YR		Freedom Series SPDA 5 YR	
	Insured Ages 0-80	Insured Ages 81-85		Insured Ages 0-80	Insured Ages 81-85	Insured Ages 0-80	Insured Ages 81-85
Base Commission	5.5%	2.75%	3%	4.5%	2.25%	4%	2%

However, no compensation shall be paid on:

- a) A Policy returned pursuant to a "Free Look" provision for a return of premium, or if a premium is refunded to a contractholder by Liberty Life for any other reason; OR
- b) Premium received from a Policy contractholder when an existing life insurance or annuity contract issued by Liberty Life on the same life has lapsed, been terminated or surrendered, been continued on a nonforfeiture option, or been changed, modified or converted in any manner, within 6 months of the date of the application for the new Policy or 12 months after the issue date of the new Policy, except to the extent that the first year's annualized premium for the new Policy exceeds the first year's annualized premium of the existing policy.
- c) In the event a Policy, other than an Estate Maximizer II policy providing a return of premium benefit*, is lapsed or fully surrendered within 12 months of its date of issue, there will be a chargeback of 100% of the compensation previously paid with respect to the Policy. In the event a Policy has a loan of principal or partial withdrawal within 12 months of its date of issue, there will be a prorata chargeback of the compensation previously paid with respect to the Policy.

In the event an Estate Maximizer II policy providing a return of premium benefit* is lapsed or fully surrendered within 24 months of its date of issue, there will be a chargeback of 100% of the compensation previously paid with respect to the Policy. In the event a Policy has a loan of principal or partial withdrawal within 24 months of its date of issue, there will be a prorata chargeback of the compensation previously paid with respect to the Policy.

* Estate Maximizer II policies refer to those Single Payment Whole Life Insurance Contracts, written on form SPWL-200314, and any variations of this form as may be required by insurance regulatory authorities.

- d) In the event a death occurs during the first 12 months from the date of issue on a Freedom Series Deferred Annuity, there will be a chargeback of 100% of the compensation previously paid with respect to the Policy.

FOR ALL OTHER POLICIES:

- 1. All other policies

Base commissions and overrides will be a percent of the first year’s annualized premium after receipt by Liberty Life of the first premium payment and issuance of a Contract.

Expense Reimbursement Allowances will be a percent of each premium received by Liberty Life, as it is received, for the first contract year.

Renewal commissions will be a percent of each premium received in years 2 and thereafter as it is received.

- 2. Agent shall receive the commissions, overrides and expense reimbursement allowances at the rates shown in the tables below.

	Permanent Plans
Base Commission	40%
Override	0%
Expense Reimbursement Allowance	30%
Renewal	3%

- (a) In the event any purchaser of a Policy elects to return such Policy pursuant to a “Free Look” provision for a return of premium, or if a premium is refunded to a contractholder by Liberty Life for any other reason, no compensation will be payable to the Agent.
- (b) Notwithstanding the above, reduced compensation will be paid on a new policy when an existing policy issued by Liberty Life on the same life has lapsed, been terminated or surrendered, been continued on a nonforfeiture option, or been changed, modified or converted in any manner, within six months of the application or twelve months after the issue date of the new policy. Under these circumstances, the first-year commission rate will be paid only on the excess, if any, of the first year’s annualized premium for the new policy over the first year’s annualized premium of the existing policy. Beginning with the second year, the standard renewal commission rates will apply to the entire premium.

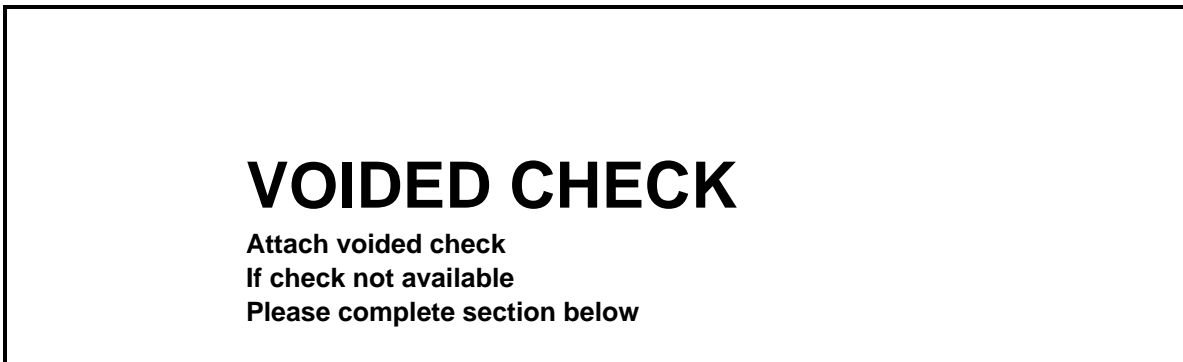
- (c) In the event any Policy is lapsed or fully surrendered within 6 months of its date of issue, Liberty Life will deduct from any compensation otherwise due the Agent, 100% of the compensation previously paid with respect to the Policy. In the event any Policy is lapsed or fully surrendered after 6 months, but before 12 months of its date of issue, Liberty Life will deduct from any compensation otherwise due Agent a percentage of the compensation previously paid with respect to the Policy as follows:
- i) 50% if lapsed or fully surrendered after 6 months but before 7 months of date of issue;
 - ii) 41% if lapsed or fully surrendered after 7 months but before 8 months of date of issue;
 - iii) 33% if lapsed or fully surrendered after 8 months but before 9 months of date of issue;
 - iv) 25% if lapsed or fully surrendered after 9 months but before 10 months of date of issue;
 - v) 16% if lapsed or fully surrendered after 10 months but before 11 months of date of issue; and
 - vi) 8% if lapsed or fully surrendered after 11 months but before 12 months of date of issue.

Liberty Mutual Vendor ACH Authorization

Vendor Name	Contact Person
Address	Title
City	Telephone Number
State Zip + 4	Fax Number
E-mail Address	TIN #

Authorization Agreement for Direct Deposit (ACH Credits)

I hereby authorize Liberty Mutual to initiate credit entries for vendor payments to the account indicated below, and the depository named below is authorized to credit such account. Pursuant to the National Automated Clearing House Association (NACHA) rules, Liberty Mutual may initiate a reversing entry or reversing file to recall a duplicate or erroneous entry or file which they previously initiated. I understand that, if a reversal action is required, Liberty Mutual will notify this office of the error and the reason for the reversal.



Depository Name	
Branch	Phone Number
ABA Routing Number	
Account Number / Type (If account type is not indicated, checking account will be used.)	Checking _____ Savings _____

This authority will continue until such time Liberty Mutual has had a reasonable opportunity to act upon written request to terminate or change the Direct Deposit service initiated herein.

Authorization Name (Print)	Title (Print)
Authorization Signature on Account	Date



ASSIGNMENT OF COMMISSION

_____ (“Assignor”), hereby assigns to _____
(Insert Contracted Person/Entity)
 (“Assignee”) all commissions, bonuses, awards, and any other compensation (“Compensation”) now due or that shall become due to the Assignor under the contract(s) with an effective date of _____ between the Assignor and Liberty Life Assurance Company of Boston (“Liberty Life”), a copy of which is attached, marked Exhibit “A”, and incorporated by reference; according to the terms below.

It is expressly agreed that this Assignment does not affect the right of Liberty Life to deduct from the Compensation paid to the Assignee the amounts owed to Liberty Life by the Assignor. Further, the payment of Compensation is subject to the conditions and limitations of the contract(s) and is made without representations or warranties, either express or implied. Once acknowledged by Liberty Life, this Assignment will remain in effect until the date Liberty Life receives written notice from the Assignor and Assignee that the Assignment should be cancelled. In the event the Assignor and Assignee provide Liberty Life such notice, this Assignment shall continue as to compensation payable prior to the date the notice was accepted by Liberty Life. However, this Assignment shall terminate as for compensation payable by the Assignor after the date such notice is accepted.

This Assignment is not effective until acknowledged by Liberty Life’s Home Office and any required licensing is completed and approved by the applicable states(s).

Upon acknowledgment of this form, IRS 1099 reports for the percentage of compensation payable after the effective date will be issued to the Assignee under the Tax Identification Number provided to Liberty Life on Form W-9. The balance will be reported on IRS 1099 forms issued to the Assignor under the Tax Identification Number provided to Liberty Life on Form W-9. Liberty Life assumes no responsibility as to the validity or effect of this assignment.

Mailing Address of Assignee:

Street or PO Box #

City/State/Zip Code
This Assignment is effective: _____

Name of Assignor:

Print Name/Title

Signature
HO Acceptance: _____

1. Complete & Mail form & W9 to:
Liberty Life
Dover, NH 03820
100 Liberty Way
ATTN: FILAS

2. Upon receipt and acceptance, Liberty Life will confirm assignment & effective date by sending a copy of this form to both Assignor & Assignee.