

**THE MANHATTAN LIFE INSURANCE COMPANY  
CENTRAL UNITED LIFE INSURANCE COMPANY  
INVESTORS CONSOLIDATED INSURANCE COMPANY  
FAMILY LIFE INSURANCE COMPANY**

10700 Northwest Freeway, Houston, Texas 77092  
PHONE: 888-441-0770 WEB: www.manhattanlife.com

**CONFIDENTIAL LICENSING INFORMATION**

Name of Applicant \_\_\_\_\_  INDIVIDUAL  CORPORATION

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Tax ID \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Current Residence Address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

Additional Residence Address(es) during last five years \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

Cell No. \_\_\_\_\_ Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Send Correspondence to:  Residence  Business E-Mail \_\_\_\_\_

Resident State Ins. License No. \_\_\_\_\_ (Attach Copy) Driver's License No. \_\_\_\_\_ (Attach Copy)

Attach a copy of your E & O policy certificate (required before any contracting can be processed, except for Family Life).

Current Insurance Company Affiliations	Type of Policy Sold	Annual Premium	Persistency
Primary Company			
Other Companies			

*If answering YES to any of the following questions please explain in comment section on the back.*

1. Are you now or have you ever been included in litigation with an insurance company that you represented? ..  YES  NO
2. Do you currently have a debit balance with any insurance company? .....  YES  NO
3. Have you ever had your insurance or securities license suspended or revoked? .....  YES  NO
4. Have you ever been charged, convicted, or plead guilty or nolo contendere ("no contest") in a domestic or foreign court:
  - a) a felony or misdemeanor involving; insurance or an investment-related business, fraud or false statements or omissions, wrongful taking of property; or bribery, forgery, counterfeiting or extortion? .....  YES  NO
  - b) Have you been convicted of any other felony or misdemeanor, other than traffic violations? .....  YES  NO
5. Has any domestic or foreign court ever:
  - a) found you guilty in connection with any insurance or investment-related activity?.....  YES  NO
  - b) found that you violated any insurance-related statutes or regulations? .....  YES  NO
6. Has any Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:
  - a) found you to have made a false statement or omission or been dishonest, unfair or unethical? .....  YES  NO
  - b) found you to have been involved in a violation of insurance or investment regulations or statutes?.....  YES  NO
  - c) found you to have been the cause of any insurance or investment-related business having its authorization to do business denied, suspended, revoked or restricted? .....  YES  NO
  - d) entered an order against you in connection with any insurance or investment-related activity? .....  YES  NO
  - e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with any insurance or investment-related business, or disciplined you by restricting your activities? .....  YES  NO

*(Continued on back)*

7. Have you ever been the subject of any insurance or investment-related, consumer-initiated complaint or proceeding that:
- a) alleged compensatory damages of \$2,500 or more, or found fraud or the wrongful taking of property? . . .  YES  NC
  - b) was settled or decided against you for \$1,000 or more, or found fraud or the wrongful taking of property? .  YES  NC
8. Are you now the subject of any complaint, investigation, or proceeding that could result in a "yes" answer to questions 1 - 7? . . . . .  YES  NC

As part of our contracting process due diligence, several inquires will be made including a check of state and federal court records a credit check, a Vector One check for agent commission debit balances and a routine investigative consumer report whereb information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. These inquiries includes information concerning criminal court reports, credit history, unpaid agent commission debit balances, character general reputation, personal characteristics and mode of living. As applicable, employment, occupation, general health, habits residence verification and marital status may be included. You have the right to make a written request within a reasonable period o time to receive additional detailed information about the nature and scope of this investigation. You authorize all persons and entitie: to release all written and verbal information about you to Vector One, Applicant Insight Limited, Inc., Manhattan Life Insurance Family Life Insurance Company, Investors Consolidated Insurance Company and Central United Life Insurance Company. You release and agree to hold Manhattan Life Insurance, Family Life Insurance Company, Investors Consolidated Insurance Company Central United Life Insurance Company, Vector One and Insight Limited, Inc. harmless from all liability and responsibility for doing so. You also authorize the procurement of an investigative consumer credit report and Vector One inquiry.

Comment Section: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read, understand and accept this agreement

Date \_\_\_\_\_ Signature X

Marketing Director #MA310013

# BROKER AGREEMENT



Broker: \_\_\_\_\_ representing The Manhattan Life Insurance Company (Manhattan)

1. Authority and Duties: You are authorized to solicit applications for Manhattan policies, deliver policies, collect first premiums, and service the business. You are NOT authorized to receive any money on behalf of Manhattan other than first premiums, modify or waive any provision of any policy, rider, or application, deliver any policies unless the first premium has been paid and the applicant is in good health except for groups and individuals within a group when the initial premium is paid from a group list bill, bind Manhattan to insure other than as stated in the Manhattan conditional receipt or temporary insurance agreement. Your duties are to keep proper records to abide by all rules and regulations of Manhattan, your state insurance department and all other state's insurance departments where you are licensed, and other government entities, maintain adequate professional liability (Errors & Omissions) insurance coverage and to annually furnish proof of such coverage to Manhattan, promptly send Manhattan all money received on Manhattan's behalf, maintain insurance licenses required by law to perform the duties under this agreement, and to promptly send Manhattan by certified mail any legal document served for actions brought against Manhattan.

2. Compensation: While this agreement is in force you will be paid the first year and renewal year commissions on original premium accepted for policies written by you. Commission statements are provided at the time of commission payments. You agree to examine each statement and to notify Manhattan in writing of any difference between any statement and your records. Failure to notify Manhattan within one year of any such difference shall be an admission of the correctness of the statement and shall constitute your acceptance of the statement. The attached commission schedule shows the rates and rules of payments. It is understood that Manhattan may change these schedules by giving written notice of the change. Commissions on replacements, changes, conversions, exchanges, premiums paid in advance and other special cases will be governed by Manhattan rules and regulations contained in Manhattan published materials. Commissions will not be allowed on any lapsed policy that is reinstated unless the reinstatement application is secured through your efforts while this agreement is in effect.

3. Assignment of Compensation: You will not assign, sell, or pledge any compensation payable under this agreement without the written consent of Manhattan. Manhattan assumes no responsibility as to the validity or effect of any assignment.

4. Compensation After Termination: If this agreement is terminated because you have violated any of the terms of this agreement or have committed or attempted to commit any illegal, fraudulent, or dishonest act, Manhattan will discontinue paying any commissions or other compensation to you. In the event of your death, commissions which would have been payable to you will be paid to your surviving spouse or to your estate if there is no surviving spouse.

5. Supplies: All Manhattan supplies will remain the property of Manhattan and must be returned to Manhattan on demand.

6. Audit: Your records, books of account, and documents pertaining to Manhattan business may be audited by Manhattan at a mutually acceptable time and location. You agree to protect the confidentiality of such records and the information in them.

7. Relationship and Expenses: You are an independent contractor and nothing in this agreement is intended or shall be interpreted to mean you and Manhattan are partners or that an employer-employee relationship exists. Manhattan exercises no direction or control over your time or activities or of your employees or associates. Manhattan and any general agent associated with Manhattan are not responsible for any of your expenses.

8. Advertising: You must not use any advertising containing Manhattan's name or describing its policies or use the company's name in any other way without Manhattan giving prior written consent.

9. Right to Offset Indebtedness: Manhattan may withhold any future commissions otherwise payable to you to offset any reversed commissions owed by you and all debts and liabilities due Manhattan by you. In the event Manhattan is required to pursue collection processes in order to collect any indebtedness, you agree to be liable for any and all expenses.

10. Amendment: Any amendments made by Manhattan to this agreement must be in writing and sent to you at your last known address as shown in Manhattan records.

11. Waiver: If Manhattan does not require strict compliance with any of the terms of this agreement, it should not be construed as a waiver of any of its terms of Manhattan's right to consequently enforce all of its terms.

12. Termination: This agreement may be terminated by either party giving thirty days written notice to the other. This agreement ends without further compensation of any kind if you do not comply with its terms, lose your license required by law to sell Manhattan policies, commit any fraud, violate any law or regulation governing the sale of Manhattan policies, induce or attempt to induce any Manhattan insured to cancel, lapse or fail to renew a policy, or when your annual compensation after any calendar year from the date of this contract is less than \$600 per calendar year.

The laws of the state of Texas shall govern this agreement. In the event of any litigation between you and Manhattan arising out of the terms of this agreement, venue shall be in the appropriate court in Harris County, Texas. This agreement supersedes all previous contracts and agreements among the parties but will not affect the obligation of any party under any previously existing contract or agreement.

Broker: \_\_\_\_\_ Please Print Signature: X Date \_\_\_\_\_

General Agent: Victorson Associates, Inc. Please Print Signature \_\_\_\_\_ Date: \_\_\_\_\_

By the Manhattan Life Insurance Company: \_\_\_\_\_ Effective: \_\_\_\_\_

Marketing Director #MA310013

**The Manhattan Life Insurance Company**  
**WORKSITE**  
**AGENT COMPENSATION SCHEDULE I**

	First Year		Renewal Years	
	Target	Excess	Year 2	Years 3-10
Universal Life Individual & Payroll	50	2	2	2

	First Year		Renewal Years	
	Target	Excess	Year 2	Years 3-10
Group Term To 70 Payroll	40		5	5

	First Year		Renewal Years	
	Target	Excess	Years 2 - 10	Years 3-10
Group Dental and Vision	10		10	
Group Disability Payroll	40		5	
Accident Expense Protector Individual & Payroll	50		10	
Protector Disability Rider Payroll Only	30		10	
Cancer CP4000			5	
Specified Disease ML-CI-A & B NY	35			

First year and renewal commissions are based on paid premiums received and accepted for policies you have written for The Manhattan Life Insurance Company. A policy year consists of 12 months, beginning on the effective date of the policy. For flexible premium universal life plans, the date the premium is processed is used to determine in which policy year the premium is applied and the corresponding commission percentage. Commissions are not paid on premiums waived, suspended, or paid under automatic premium loan provisions.

Agent Name: \_\_\_\_\_  
Please Print

Agent Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of General Agent

Accepted By The Manhattan Life Insurance Company: \_\_\_\_\_

Effective: \_\_\_\_\_

Marketing Director #MA310013

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name
Business name, if different from above
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.)
City, state, and ZIP code
List account number(s) here (optional)
Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Social security number
or
Employer identification number

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person <b>X</b>	Date
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### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate Instructions for the Requester of Form W-9.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

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10700 Northwest Freeway, Third Floor  
Houston, TX 77092

**DIRECT DEPOSIT PROGRAM FOR COMMISSIONS FOR ALL  
COMPANIES LISTED ABOVE**

Want a way to get your money faster and with less hassle? Then sign up for Direct Deposit program.  
IT'S SIMPLE TO DO!!!!

Procedure to start Direct Deposit program:

1. Regular checking account
  - a) Send us your VOIDED CHECK with social security number and agent number.
2. Savings account
  - a) Bank will have a form they will complete for you to send us (include your social security number and agent number).
3. Federal Credit Union
  - a) Credit union will have a form they will complete. You MUST note whether account is checking or savings (include your social security number and your agent number).

THAT'S IT!! THIS IS ALL WE NEED IN ORDER TO SET YOU UP ON DIRECT DEPOSIT (NO MORE WAITING FOR THE CHECK IN THE MAIL!).

If you have any questions on the above, please call 1-800-669-9030.

**SEND ME MONEY FAST! - SET ME UP ON EFT!!!**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agent Number

Enclosed  
Voided check \_\_\_\_\_