

**FIDELITY & GUARANTY LIFE INSURANCE COMPANY
LIFE INSURANCE NEW BUSINESS PROCESSING FORM**

This form should accompany all new business.
If any questions, please call New Business at (800) 300-0519 #4
For Marketing assistance, please call (800) 395-1053 ext. 4002

I. PRODUCER NAME: _____ PRODUCER# _____
PHONE #: _____ FAX #: _____
E-MAIL ADDRESS: _____
OWNER NAME: _____
JOINT OWNER NAME (if applicable): _____

II. LIFE PRODUCT/STRATEGY SELECTION - SUBJECT TO STATE AVAILABILITY

PRODUCT (INCLUDE DESCRIPTION ON APPLICATION)	INTEREST CREDITING OPTIONS (INCLUDE DESCRIPTION ON APPLICATION)
<input type="checkbox"/> SECUREMASTER SM SPIUL	<input type="checkbox"/> S&P 500 [*] ONE-YEAR MONTHLY POINT-TO-POINT <input type="checkbox"/> S&P 500 [*] ONE-YEAR ANNUAL POINT-TO-POINT WITH 100% PAR RATE WITH CAP <input type="checkbox"/> S&P 500 [*] ONE-YEAR ANNUAL POINT-TO-POINT WITH 140% PAR RATE WITH CAP <input type="checkbox"/> DECLARED RATE OPTION

III. POLICY FUNDING - CHECK ALL APPLICABLE

- Cash with Application
- 1035 Exchange
- Money to Follow
- CD Transfer
- Money Market/Mutual Fund Transfer (*Signature Guarantee Required*)

IV. POLICY # - AS PROVIDED BY UNDERWRITING DESK

Underwriting Desk Contact Information:
Toll-Free Phone # (888) 342-4616
Hours of Operation (closed weekends) -
Monday thru Thursday - 8am to 9pm CST
Friday - 8am to 5pm CST
POLICY #: _____

V. FORMS - AS APPLICABLE (Always refer to the Forms Store located on Legacynet.com for the most current required forms)

REQUIRED FORMS	OPTIONAL FORMS/DOCUMENTATION (Most common, but not limited to)
<input type="checkbox"/> Life Application <input type="checkbox"/> Illustration or Statement In Lieu of Conforming Illustration (if hard copy was not provide to applicant) <input type="checkbox"/> Notice Regarding Replacement (if required by state) <input type="checkbox"/> HIPAA Authorization for the Release of Medical Information <input type="checkbox"/> Modified Endowment Contracts - Tax Acknowledgment <input type="checkbox"/> Critical Illness Accelerated Benefit Rider Disclosure - For applicants ages 81 & younger at time of sale only (not applicable to sales in California or Florida) <input type="checkbox"/> California Elder Notice (California sales only)	<input type="checkbox"/> Premium Receipt (used when accepting cash) <input type="checkbox"/> Absolute Assignment to Effect a 1035 Exchange <input type="checkbox"/> Authorization to Transfer Funds <input type="checkbox"/> Surrendering Company Contract, CD, or Account Statement (Required when requesting a transfer) <input type="checkbox"/> Funding Vehicle Disclosure - Required if Owner is a Business <input type="checkbox"/> Required when Owner is a Trust - Must provide both Title & Signatures pages of the Trust Documents <input type="checkbox"/> Non-Resident Sales Acknowledgment Form (required when Owner is purchasing insurance outside of their resident state)

V. SPECIAL INSTRUCTIONS: _____

Please MAIL (do not fax) APPROVED new business to:
Dell Systems
Attn: LEGACY MARKETING GROUP
REGULAR MAIL: P. O. Box 81728
 Lincoln, NE 68501
FOR OVERNIGHT DELIVERY: 777 Research Drive
 Lincoln, NE 68521

Statement In Lieu of Conforming Illustration

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Insured

Name	Application Date
------	------------------

Instructions: This form must be completed and returned with ALL Fidelity & Guaranty Life Insurance applications if a computer screen was shown to the applicant but no hard copy of the illustration was furnished. This form should not be used as a substitute for providing a compliant illustration at the point of sale whenever possible.

Computer Screen Illustration Acknowledgement

I certify that I displayed a computer screen illustration for _____ (applicant's name) that complies with state requirements for which no hard copy was furnished. The illustration was based on the following personal and policy information:

1. Gender: Male Female
2. Age: _____
3. Underwriting or rating class: _____
4. Type and name of policy: _____
5. Type(s) of riders: _____
6. Initial death benefit: _____
7. Premium amount illustrated: _____
8. Number of policy years illustrated: _____
9. Assumed number of years of premiums: _____
10. Guaranteed interest rate: _____
11. Non-guaranteed illustration rate: _____

Agent's Statement

I certify that a computer illustration has been shown to the Applicant and that I have explained that any nonguaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

Agent's Signature Date

Agent Name (Print) and License Number (If Required)

South Dakota Only: An illustration conforming to the requirements of the model must be prepared and personally delivered by the agent on or before delivery of the policy.

Applicant's Statement

I acknowledge that I viewed a computer screen illustration based on the information as stated above. I understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. I have read and I understand the descriptions of the insurance product illustrated to me on a computer screen. I also understand that neither Fidelity & Guaranty Life nor my agent has made any guarantees or promises regarding future index values, index changes, index credits, or interest rates pertaining to this product.

No hard copy of the illustration was furnished. I understand that an illustration conforming to the policy as issued will be provided to me no later than at the time the policy is delivered.

Applicant's Signature Date

Applicant's Name (Print)

HIPAA Authorization for the Release of Medical Information

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Name of Proposed Insured (please print or type)

Date of Birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, medical facility, pharmacy benefit manager or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record, medications prescribed and any other protected health information concerning me to Fidelity & Guaranty Life. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, pharmacy benefit manager or other health care provider to release and disclose my entire medical records without restriction.

This protected health information is to be disclosed under this Authorization so that Fidelity & Guaranty Life may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Fidelity & Guaranty Life.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written notification to the entity identified above. I understand that a revocation is not effective to the extent that any of My Providers has already relied on this Authorization to disclose information about me or to the extent that Fidelity & Guaranty Life has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be re-disclosed by Fidelity & Guaranty Life except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical records, Fidelity & Guaranty Life may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

Release all medical records to: Mid-America Agency Services, Inc. (MAAS), 1205 7th Street, Harlan, Iowa 51537 (712-755-2700 -OR- EMSI, P.O. Box 2505, Waco, Texas 76702-2505. The proper mailing address is identified on the cover letter presented with the request for information. Both companies are authorized representatives for Fidelity & Guaranty Life Insurance Company.

Signature of Proposed Insured or Personal Representative

Date

Description of Personal Representative's Authority or Relationship to Patient



**AUTHORIZATION TO TRANSFER FUNDS TO:
FIDELITY & GUARANTY LIFE INSURANCE COMPANY**

Baltimore, Maryland
Administrative Offices:
P.O. Box 81728, Lincoln, NE 68501
Telephone: 877-549-7663

ALWAYS COMPLETE SECTION 1 – The request for transfer will be sent to the address provided on this form. If you are requesting overnight delivery, please provide a street address.

1. PREMIUMS COMING FROM:

Company Name: _____

Address: _____

Transfer Company Phone Number: (____) _____

Insured(s)/Annuitant(s): _____

Owner: _____ SSN/TIN: _____

Joint Owner: _____ SSN: _____

Current Contract/Account Number(s): _____

The undersigned hereby requests and directs that the following action be taken in order to transfer the contracts/accounts identified above.

COMPLETE EITHER SECTION 2 OR 3 FOR NON-QUALIFIED ACCOUNTS ONLY

2. COMPLETE IF TAXABLE TRANSFER OF NON-QUALIFIED FUNDS (i.e., CD, Mutual Fund, Money Market)

I/We direct the Institution named above to immediately liquidate and transfer in full the assets to Fidelity & Guaranty Life Insurance Company, unless otherwise specified below.

Liquidate all assets and transfer in full.

Partial transfer: Liquidate and transfer assets listed: _____

If transfer is not to occur immediately, please process as follows:

On the maturity date of ____/____/____ or On the date of ____/____/____

I/We understand that early withdrawal penalties may apply and that redemption of this account could require payment of taxes on any gains, that this is not a tax-free exchange, and that redemption proceeds may vary depending on the date of redemption.

3. COMPLETE IF TAX-FREE TRANSFER OF VALUES PURSUANT TO IRC SECTION 1035(a)

A. **ABSOLUTE ASSIGNMENT TO EFFECT FULL IRC SECTION 1035 EXCHANGE (Non-Qualified Funds):** As the Owner(s) of the identified contract(s), I/We hereby assign all ownership and beneficial rights under the contract(s) absolutely to Fidelity & Guaranty. All previous designations of payee, and all previous elections of payment options under the contract(s) are hereby revoked. Please, process a full surrender of a non-qualified deferred annuity contract(s) or life insurance contract for the purchase of a non-qualified annuity contract pursuant to IRC Section 1035.

B. **PARTIAL EXCHANGE UNDER IRC SECTION 1035 EXCHANGE (Non-Qualified Annuities Only):** I/We request a partial withdrawal of \$ _____ (indicate amount to be sent to Fidelity & Guaranty) from the contract/account identified pursuant to a partial exchange under IRC Sec. 1035. Please process a partial withdrawal from my existing non-qualified deferred annuity for purchase of a new non-qualified deferred annuity contract pursuant to IRC Section 1035.

If transfer is not to occur immediately, please process as follows:

On the maturity date of ____/____/____ or On the date of ____/____/____

I/We agree(s) that (1) Fidelity & Guaranty is participating in this transaction at my/our specific request and as an accommodation to me/us; (2) Fidelity & Guaranty and its representatives make no representation concerning treatment under IRC Section 1035(a) or otherwise; (3) Fidelity & Guaranty assumes no responsibility nor any liability for the validity of this transaction or for the tax treatment under IRC Section 1035(a) and assumes that I/We consulted a tax advisor; (4) no person, firm, or corporation has a legal or equitable interest under the above referenced contract, except the undersigned, and no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned or involving the above referenced contract; and (5) the full/partial distribution from my existing contract may be subject to surrender charges.

COMPLETE SECTION 4 FOR QUALIFIED ACCOUNTS ONLY (May include: CD, Mutual Fund, Annuity, Money Market, etc.)

4. COMPLETE IF DIRECT TRANSFER/ROLLOVER—QUALIFIED FUNDS

The existing funds are held as: IRA Roth IRA SEP-IRA TSA/403(b)
 Pension Plan 401(k) Keogh Other: _____

Please immediately liquidate and transfer in full the funds from the account/contract identified above for reinvestment in my Fidelity & Guaranty annuity contract, unless otherwise specified below. For TSA funds: I am requesting a tax free transfer of values from my current TSA contract/account to my Fidelity & Guaranty TSA pursuant to Revenue Ruling 90-24. I understand that this transfer is not considered an actual distribution under IRC section 403(b)(1) and, therefore is not a taxable transfer, so long as (1) the early distribution restrictions on my Fidelity & Guaranty TSA are at least as restrictive as the early distribution restrictions on my current TSA and (2) payment is made directly to Fidelity & Guaranty. I further understand that my Fidelity & Guaranty TSA only accepts transfer of assets pursuant to IRS Revenue Ruling 90-24 and that loans may not be transferred to the Fidelity & Guaranty annuity.

- Liquidate all assets and transfer in full.
- Partial transfer: Liquidate and transfer assets listed: _____

If transfer is not to occur immediately, please process as follows:

- On the maturity date of ____/____/____ or On the date of ____/____/____

I agree that I am responsible for determining whether this transfer of funds meets federal tax laws and IRS requirements relating to non-taxable transfers and that this form is being furnished by Fidelity & Guaranty as an accommodation to me.

MINIMUM REQUIRED DISTRIBUTION

- Please distribute my MRD to me prior to transferring or rolling over my qualified funds

5. LOST CONTRACT OR ACCOUNT BOOK STATEMENT

- CERTIFICATE OF LOST CONTRACT: I/We certify that if the identified numbered contract/account book is not attached to this request that it has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

ALWAYS COMPLETE SECTIONS 6 AND 7

6. TAX WITHHOLDING NOTICE AND ELECTION

Depending on the type of transfer you are requesting, all or a portion of the amounts transferred may be taxable and subject to withholding of federal (and state, if applicable) income tax unless you elect otherwise. Please note that even if you elect not to have income tax withheld, you are liable for payment of federal (and applicable state) income tax on the taxable portion of your transfer. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate. Please make your election below:

- I/We elect to have federal (and applicable state) income tax withheld from amounts transferred. Specify amount/percentage: \$/% _____.
- I/We elect not to have federal (and applicable state) income tax withheld from amounts transferred.

7. ACKNOWLEDGEMENT AND SIGNATURES

I/We understand that if the contract/account is surrendered or otherwise terminated, Fidelity & Guaranty bears no responsibility for reinstatement in the event that I/we exercise my/our right to examine and return my Fidelity & Guaranty contract. Interest will never be credited to the Fidelity & Guaranty contract prior to the date the amounts transferred are received at the Administrative Office. Fidelity & Guaranty bears no responsibility for payment of any premiums or other amounts necessary to keep my/our existing contract/account in force prior to its liquidation, surrender or termination.

I/We am/are aware of any company-imposed surrender/withdrawal charges which may be imposed by the transferring company, and I/We authorize the transaction described above.

Dated at (City & State) _____ Date _____

Witness _____

Primary Owner Signature: _____

Joint Owner Signature: _____

Signature Guarantee (may be required for mutual funds)

Notary Signature (if required)

FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Home Office: Baltimore, Maryland

Administrative Office:

P. O. Box 81728, Lincoln, NE 68501

Telephone: 877-549-7663

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY NUMBER	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)

Make sure you know the facts. Contact your existing company or its agent or information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

Is the existing policy or contract being replaced? YES NO

If you answered "yes" above, the existing policy or contract is being replaced because

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

NOTICE: You have the right within 30 days from the date of delivery of your new life insurance policy or annuity contract, to return it to our office and receive an unconditional full refund of all premiums or considerations paid on it, including policy fees or charges.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Could they change?
You're older -- are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is this a tax-free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company with your existing annuity?

LEGACY MARKETING GROUP®

2090 Marina Avenue, Petaluma, CA 94954-6714

Please mail form to: Licensing & Contracting Team • P.O. Box 81728, Lincoln, NE 68501 • Telephone 800-300-0519 • Fax 800-813-6095

Producer/Wholesaler Application and Agreement

PART I — Applicant is An Individual Corporation LLC Partnership (Please attach copy of Partnership Agreement.)

I understand that I cannot solicit applications for the company(ies) until I am contracted with LMG and duly licensed and appointed with LMG's authorized companies in the states that require such licensing and appointment.

PART II — APPLICANT NAME AND ADDRESS INFORMATION Mr. Ms.

Last Name _____ First Name _____ Middle Initial _____ SSN _____ - _____ - _____

Business Name _____ TIN/EIN _____ DOB _____ / _____ / _____

(Please view general instructions concerning Taxpayer Identification Number (TIN) information on www.legacy.net.com.)

Business (Principal) Address _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Residential Address _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Business Phone Number _____ - _____ - _____ Home Phone Number _____ - _____ - _____ Fax Number _____ - _____ - _____

Cell Phone Number _____ - _____ - _____ E-Mail Address _____

Beneficiary Name _____ Beneficiary Date of Birth _____ / _____ / _____ Beneficiary SSN _____ - _____ - _____

PART III — APPOINTMENTS

For states that require appointment prior to solicitation, which carrier do you want to be appointed with? _____

PART IV — BACKGROUND INFORMATION

Violent Crime Control and Law Enforcement Act of 1994: The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. Willfully participating in the business of insurance includes acting as an insurance agent. Penalties for violating the 1994 Crime Act include civil fines up to \$50,000 and imprisonment for up to 15 years.

Will you be in violation of the 1994 Crime Act if you act as an insurance agent? Yes No

The applicant must answer the following questions. If the applicant is an entity, such as a corporation or partnership, the questions apply to the entity and to each of its principals and officers.

If the answer to any questions is "Yes," a detailed explanation must be provided on a separate sheet, with supporting documentation attached:

1. Do you have any outstanding debt(s) with any insurance marketing or insurance company(ies) as a result of a commissions chargeback? Yes No
2. Have you ever filed for bankruptcy? Yes No
3. Have you ever been charged with, convicted of, or pled no contest to a felony or misdemeanor? Yes No
4. Do you currently have, or have you ever had, an insurance or securities license denied, suspended, or revoked or been the subject of an administrative or regulatory action by any state or federal regulatory agency? Yes No
5. Do you currently have a state, federal, or other taxing authority tax lien? Yes No
6. Have you ever been refused a bond or had a bond cancelled (other than for non-payment)? Yes No
7. Are you currently, or have you ever been, involved in any litigation and/or collection matters? (You may omit matters of family law.) Yes No

PART V — DECLARATION AND SIGNATURE

Under penalties of perjury, I certify that: (a) My Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a Taxpayer Identification Number to be issued to me), and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

I hereby certify that I have truthfully answered the questions above. The information is to the best of my knowledge an accurate Statement of Fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of LMG. This application is contingent upon LMG's completion of its investigation of my background, as contemplated herein, and upon LMG's approval. If this application is approved and accepted by LMG, I agree that by accepting commissions from LMG, I acknowledge my acceptance of all terms and conditions of the Agreement, as amended from time to time. My signature on this application represents my signature on the Agreement and is incorporated by reference. The Agreement becomes effective when accepted by LMG, as evidenced by the signature of an authorized LMG representative.

Print Applicant Name _____ Applicant Signature _____ Date _____

(IF CORPORATION, TITLE)

(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

PART VI — SIGNATURE SECTION (IMMEDIATE UPLINE ONLY)

I have reviewed the contract, and to the best of my knowledge, the applicant has answered all questions accurately. Recommended Contract Level: _____

Print Upline Name _____ Upline Signature _____ Upline Producer Number: _____

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that we may procure a consumer report on you as part of the process of considering your application. If information from the report is used in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act before making the adverse decision.

Please be advised that we may also obtain an investigative consumer report, including information on 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 on the Federal Trade Commission's website at www.ftc.gov.

Release and Authorization

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Legacy Marketing Group® or any of its affiliates or carriers. This release and authorization shall remain valid and in effect during the term of my contract. LMG reserves the right to obtain subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Applicant's Printed Name _____
(IF CORPORATION, TITLE)

Applicant's Signature _____
(OR APPLICANT'S AUTHORIZED REPRESENTATIVE, IF CORPORATION)

Date _____