



AGENT ACKNOWLEDGMENT FORM

I hereby acknowledge receipt and understanding of:

- AGENT LICENSING PROCEDURES
- RULES GOVERNING SALES PRACTICES
- RULES GOVERNING USE OF ADVERTISEMENT OF LIFE, HEALTH AND ANNUITY CONTRACTS
- HIPAA BUSINESS ASSOCIATE CONTRACT PRIVACY ADDENDUM

I understand that if anything in the above written rules applies to me or my position with the Company, my sub-agents (if any) and I will: (1) follow these rules accordingly; (2) monitor any activity applicable to these rules; and (3) report any infraction to my manager.

Signature: _____ Date: _____

A copy of this signed acknowledgment becomes a part of the agent's permanent records.

***The above acknowledgment form must be returned
with Licensing and Contracting paperwork***

RETAIN ATTACHED BOOKLET FOR FUTURE REFERENCE

RETURN ONLY THE ACKNOWLEDGMENT