

United Heritage Life Insurance Company

P.O. Box 7777, Meridian, Idaho 83680-7777 - 1-800-657-6351 - unitedheritage.com



APPLICATION TO REPRESENT

This applicant is applying for contract kind code _____ .

Full Name (as licensed) _____ Date of Birth: _____

Please print or type all information.

Social Security No. _____ Tax ID. # if Corp. Licensed _____

Business Mailing Address:	Business Street Address (for UPS deliveries):
_____	_____
Street Address	Street Address
_____	_____
City State Zip	City State Zip

Business Phone (_____) _____ Home Phone (_____) _____
Area Code Area Code

Fax Phone (_____) _____ Cell Phone (_____) _____
Area Code Area Code

Email address (required) _____

Residence Address _____ Years at Residence _____
Street City State Zip

List ALL addresses for the prior 5 years (attach a separate page if necessary).

_____ Street City State Zip

_____ Street City State Zip

LICENSE DATA: **RESIDENT LICENSE IN** _____ **NON-RESIDENT LICENSE(S) IN** _____
(ATTACH PHOTOCOPY OF CURRENT RESIDENT LICENSE AND NON-RESIDENT LICENSE FOR STATES YOU WANT APPOINTMENTS IN, WITH APPROPRIATE APPOINTMENT FEES. See form 23-46)

Referred by: _____

PERSONAL PRODUCTION RECORD

Commission Advance Requested? Yes No *(The following information must be completed in all cases.)*

Estimated annualized premium you or your agency will write with United Heritage Life Insurance Company in the next 12 months:

Personal Life \$ _____ Agency Life \$ _____
 Personal Annuity \$ _____ Agency Annuity \$ _____

List all companies appointed within past 5 years (If necessary attach additional sheet):

Company <small>(PLEASE LIST COMPANY NAME AND ADDRESS)</small>	Dates Contracted	If You Have A Debit Balance Indicate Amount	Annualized Premium Delivered Last 12 Months	Persistence	
	----- Terminated			1st Yr./ 13 Mo.	2nd Yr./ 25 Mo.
	-----	\$ _____	Life \$ _____		
	-----	\$ _____	Annuity \$ _____		
	-----	\$ _____	Life \$ _____		
	-----	\$ _____	Annuity \$ _____		

May we contact the above listed companies: Yes No If no, list company(ies) and reason(s):

What is your primary market? _____

Have you ever had a contract with United Heritage (formerly Grange Mutual Life) before? Yes No

References (Name, Address & Phone Numbers)

1. _____

2. _____

ATTACH A LETTER OF EXPLANATION FOR ANY QUESTIONS ANSWERED YES.

DISCLOSURE:

	YES	NO
1. Have you ever been penalized or fined, had a license refused, suspended or revoked by any Insurance Department in any state, or is any such action now pending?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your account with any company, agent or insured, now delinquent or in dispute?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had your appointment terminated by another insurance company for any reason other than lack of production?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has there ever been a complaint filed against you with any State Insurance Department?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been suspended, disqualified or disciplined as a member of any profession?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been involved in any civil lawsuit relating to a client or insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes please indicate type (<i>such as Chapter 7 or 13</i>) _____ Date of filing _____		
Date of discharge _____ Reason for filing _____		
Do you anticipate personal or business filing of bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been convicted, pled guilty or Nolo Contendere to a State or Federal felony or misdemeanor other than a minor traffic citation, or are you now charged with or under indictment for such a crime?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any liens, garnishments, collections, unsatisfied judgments or other similar actions pending or filed against your earnings?	<input type="checkbox"/>	<input type="checkbox"/>

I also understand if I am EVER charged with or convicted of a State or Federal felony for a crime involving dishonesty or a breach of trust, I will immediately notify the company.

I STATE THAT TO THE BEST OF MY KNOWLEDGE THE PRECEDING INFORMATION IS CORRECT.

SIGNATURE OF AGENT

DATE

I have personally met and/or interviewed the above representative and recommend them to United Heritage Life Insurance Company.

SIGNATURE OF ASSOCIATE GENERAL AGENT (required,) if applicable

SIGNATURE OF GENERAL AGENT (required)

SIGNATURE OF REGIONAL MARKETING ORGANIZATION (required,) if applicable

SIGNATURE OF REGIONAL DIRECTOR (required)

Must have GA and Regional signature. (see 23-46)

GROUP AGENT AGREEMENT



SECTION ONE - APPOINTMENT AND PURPOSE

Effective _____, _____, UNITED HERITAGE LIFE INSURANCE COMPANY (hereinafter called the COMPANY) hereby appoints _____ of _____ (hereinafter called the SECOND PARTY) as a Group Agent (G.A.) to procure and submit to the COMPANY applications for the types of insurance set forth in the Schedule of Commissions-Group attached to and made a part of this Agreement.

SECTION TWO - SECOND PARTY'S RESPONSIBILITIES

- (A) **The SECOND PARTY agrees to comply with all federal laws and the laws and rules of the Insurance Department of the state or states in which the SECOND PARTY transacts business.**
- (B) **The SECOND PARTY agrees to comply with the COMPANY'S rules and regulations in force and such as are adopted from time to time.**
- (C) The SECOND PARTY is without authority to perform and expressly agrees not to perform any of the following acts: Make, modify, alter or discharge any policy contract; extend the time for the payment of any premium; waive any forfeiture; guarantee dividends; incur any debt or liability in the name of the COMPANY; or receive any money due or to become due to the COMPANY except the initial premiums on applications obtained by or through the SECOND PARTY, or for policies sent to the SECOND PARTY for delivery.
- (D) The SECOND PARTY agrees to promptly pay to the COMPANY the gross amount of any premium received on applications for insurance or for policies delivered by the SECOND PARTY.
- (E) The SECOND PARTY shall have no authority to institute, prosecute or maintain any legal proceedings in connection with any matter pertaining to the COMPANY'S business.
- (F) In the event any legal process or notice is served on the SECOND PARTY in a suit or proceeding against the COMPANY, the SECOND PARTY shall immediately forward such process or notice to the COMPANY by registered mail.
- (G) The SECOND PARTY agrees to not, directly or indirectly, use or disseminate any advertising matter, prospectuses, circulars, letters, booklets, trademarks, schedules, stationery, broadcasting, or sales material of any kind concerning the COMPANY or its policies until approved by the COMPANY in writing.
- (H) **The SECOND PARTY shall fully cooperate with the COMPANY in any legal or regulatory matter that may arise from or relate to the conduct of the SECOND PARTY or any sub-agent directly or indirectly appointed by the SECOND PARTY. The SECOND PARTY shall indemnify and save the COMPANY harmless from any loss or expense on account of any unauthorized act or transaction by the SECOND PARTY. The SECOND PARTY expressly authorizes the COMPANY to charge against all compensation due or to become due to the SECOND PARTY under this agreement any monies paid or liabilities incurred by the COMPANY by reason of any such unauthorized act or transaction. However, this lien shall not be the COMPANY'S exclusive remedy against the SECOND PARTY. The COMPANY reserves the right to pursue recovery of any debt due the COMPANY by the SECOND PARTY by any permissible means or methods.**
- (I) The SECOND PARTY shall not offer to pay or pay any rebate of premiums or any other inducement not specified in the policy, to any person to insure with the COMPANY. The SECOND PARTY shall not make any misrepresentation or incomplete comparison for the purpose of inducing a policyholder in any other company to lapse, forfeit, or surrender his insurance therein.

SECTION THREE - COMPENSATION

- (A) The full compensation of the SECOND PARTY with respect to any application submitted by the SECOND PARTY and policy issued pursuant thereto shall be commissions and service fees payable by the COMPANY at the rates set forth in the SCHEDULE OF COMMISSIONS AND SERVICE FEES-GROUP in effect at the time of application for the policy, which Schedule and all amendments and replacements are hereby made a part of this Agreement.
- (B) The SECOND PARTY shall receive, as full compensation on all business paid for by appointed Agents of SECOND PARTY, overriding commissions or service fees at the rate set forth in the Schedule of Commissions and Service Fees-Group in effect at the time of application for the policy, which Schedule and all amendments and replacements are hereby made a part of this Agreement.
- (C) **Commissions and service fees are subject to change at any time by written notice by the COMPANY to the SECOND PARTY, but no such change shall affect commissions on any policy issued prior to the effective date of such change.**
- (D) If commission rates are not shown, or if special premium rate quotations are made, commissions shall be such as may be fixed by the COMPANY.
- (E) In the event any policy on which the SECOND PARTY is entitled to commissions shall be reentered or shall lapse because of nonpayment of premium and shall be replaced or reinstated, any commissions on the reentered or the new or reinstated policy shall be payable only at the sole discretion of the COMPANY.
- (F) **Whenever, in the judgment of the COMPANY, it shall become advisable to recall any policy issued before delivery thereof is made, or rescinded thereafter, the SECOND PARTY shall promptly refund to the COMPANY any commission received by him on account of such policy. Whenever after delivery the COMPANY shall effect or procure the surrender or cancellation of any policy and refund or waive premium or premiums, the SECOND PARTY shall in all cases lose all rights to commissions and shall repay such commissions to the COMPANY on demand.**

SECTION FOUR - INDEBTEDNESS PROVISIONS

- (A) **The SECOND PARTY shall be personally and wholly liable to the COMPANY for any debt incurred by the SECOND PARTY as a result of the SECOND PARTY'S own actions under this contract or any other contract with the COMPANY.**
- (B) **The COMPANY shall have first lien on all compensation or commissions due the SECOND PARTY to the extent of the SECOND PARTY'S indebtedness to the COMPANY. However, this lien shall not be the COMPANY'S exclusive remedy against the SECOND PARTY. The COMPANY reserves the right to pursue recovery of any debt due the COMPANY by the SECOND PARTY by any permissible means or methods. The SECOND PARTY shall be liable for any and all costs of collection incurred by the COMPANY.**
- (C) **Upon termination of this Agreement, any indebtedness then due the COMPANY by the SECOND PARTY shall be immediately due and owing in full.**

SECTION FIVE - TERMINATION PROVISIONS

- (A) **The COMPANY and the SECOND PARTY shall have the right to terminate this Agreement at any time and for any reason or no reason by written notice sent by ordinary or by registered mail to the last address furnished to the party giving the notice.**
- (B) This Agreement shall automatically terminate on the date of death of the SECOND PARTY, if it be an individual, and on the date of dissolution of the agency of the SECOND PARTY, if it be a partnership, a corporation, or agency, or on the date of the revocation or nonrenewal of the SECOND PARTY'S license(s).
- (C) Upon termination of this Agreement, the SECOND PARTY shall immediately deliver to the COMPANY or its representative all rate books, letters, records and supplies connected with the business of the COMPANY and belonging to the COMPANY.
- (D) **Fraud, malfeasance, misappropriation, wrongful withholding of COMPANY funds or unauthorized replacement of the COMPANY policies by the SECOND PARTY shall automatically terminate this Agreement, and all commissions, fees and benefits, otherwise payable hereunder, shall be forfeited, anything in this Agreement to the contrary notwithstanding.**
- (E) It is expressly understood that failure of the SECOND PARTY to meet the COMPANY'S Production Requirement(s) or to abide by all laws, rules and COMPANY policies will result in termination of this Agreement.

SECTION SIX - MEDIATION AND ARBITRATION

The SECOND PARTY hereby agrees that any and all controversies, claims, and/or disputes arising out of or relating to any contract or other legal relationship the SECOND PARTY may have with the COMPANY that cannot be resolved by good faith negotiation will be submitted to mandatory mediation under the American Arbitration Association's Commercial Mediation Rules. The mediation will be conducted by one neutral mediator who will be chosen by agreement. The mediation will be held in Boise, Idaho. All discussions during the mediation shall remain confidential and will be treated as compromise and settlement negotiations for purposes of any rules of evidence. The COMPANY shall bear the cost of the mediator's fee.

The SECOND PARTY further agrees that any controversy, claim, or dispute arising out of or relating to any contract or other legal relationship the SECOND PARTY may have with the COMPANY that is unresolved following mandatory mediation shall be settled by binding arbitration administered under the Federal Arbitration Act and the American Arbitration Association's rules for the Resolution of Commercial Disputes. The place of the arbitration shall be Boise, Idaho. The arbitration panel shall consist of three (3) arbitrators, one selected by the COMPANY, one selected by the SECOND PARTY, and one (1) selected by the arbitrators previously selected. The arbitration shall be binding upon the SECOND PARTY and upon the COMPANY, and the SECOND PARTY and the COMPANY agree to waive the right to seek remedies in a court of law, including the right to a jury trial. The arbitrators shall not have the right or the power to award any non-compensatory, punitive, or exemplary damages and/or attorney fees and costs. The SECOND PARTY agrees to waive any right to be awarded any and all non-compensatory, exemplary or punitive damages and/or attorney fees and costs. The arbitrators' decision will be binding on the SECOND PARTY and the COMPANY and the decision will be final with no right to appeal. Any arbitration award may not be set aside except upon the limited circumstances set forth in the Federal Arbitration Act. The award of the arbitrators may be entered as a final judgment in any court which has jurisdiction thereof.

The SECOND PARTY and the COMPANY agree to bear their own respective costs incurred in connection with the mediation and/or arbitration, except (1) as stated above with respect to the fees of the mediator, which shall be borne by the COMPANY; and (2) the fees of the arbitrators, which will be borne by the party or parties as the arbitrators decide. If legal action has already been initiated by either party, that action will be stayed pending the outcome of the mediation and/or arbitration. These mediation and arbitration rules are mutually binding on the SECOND PARTY and on the COMPANY. This section shall survive the termination of this contract.

SECTION SIX - GENERAL PROVISIONS

- (A) This Agreement cancels any previous Agreement or contract between the SECOND PARTY and the COMPANY except as to Commissions, Fees and Vesting Rights, which may accrue thereunder, if any, provided for in such Agreement, and except further, any rights of the COMPANY under the provisions of such previous agreement.
- (B) **The COMPANY reserves the right to decline any application for insurance, to withdraw from any territory, reduce assigned territory, or to withdraw any policy form, without liability to the SECOND PARTY.**

- (C) No assignment of this contract or the benefits accruing hereunder will be effective as to the COMPANY unless and until accepted in writing by the COMPANY. Every assignment shall be subject to any indebtedness and obligation of the SECOND PARTY that may be due or become due to the COMPANY.
- (D) Payment of commissions to the SECOND PARTY or ASSIGNEES of record on any policy as of the date of receipt of a particular premium shall fully discharge the COMPANY'S liability for commissions thereon to the extent of the payment made.
- (E) **Nothing contained herein is intended to create the relation of employer and employee between the COMPANY and the SECOND PARTY.** The SECOND PARTY shall be free to exercise his own judgment as to the time, place and means of performing all acts hereunder, but he shall conform to all regulations of the COMPANY not interfering with such freedom of action or judgment.
- (F) All signed applications shall be the property of and be delivered immediately to the COMPANY. Commissions, fees or benefits shall be paid to the SECOND PARTY only after issuance and delivery of the policy, after the due date of the premium and after receipt of the gross premium in cash by the COMPANY.
- (G) The COMPANY reserves the right to share all information related to the SECOND PARTY it may have in its files as permitted by law, unless the SECOND PARTY affirmatively requests that the information be kept confidential.
- (H) No waiver or modification of this Agreement shall be effective unless it be in writing and signed by a duly authorized officer of the COMPANY. The failure of the COMPANY to enforce any provision of this Agreement shall not constitute a waiver by the COMPANY of any such provision. The past waiver of a provision by the COMPANY shall not constitute a course of conduct or a waiver in the future of that same provision.
- (I) If the SECOND PARTY be a partnership, a corporation, or an agency, all applications for insurance under this Agreement shall be solicited only by individuals representing the SECOND PARTY, who have been duly licensed under the applicable state insurance laws to procure such applications and who indicate in each such application that it has been solicited on behalf of the SECOND PARTY.
- (K) It is expressly understood and agreed that this Agreement contains all promises, inducements and representations made collateral thereto.
- (L) If the SECOND PARTY is a partnership, a corporation, or an agency, the provisions hereof shall be applicable to each individual licensed therein.
- (M) IDAHO LAW SHALL CONTROL THIS CONTRACT.
- (N) COMPENSATION DISCLOSURES - Upon request by a client, Agent/Broker agrees to disclose to the client all types of Agent/Broker compensation the Agent/Broker may receive from United Heritage. The disclosure may be verbal or written. At a minimum, the Agent/Broker must disclose that, as a result of the sale of a policy, the Agent/Broker receives commissions and may receive additional compensation that includes, but is not limited to, trips, merchandise and/or cash bonuses.

SECOND PARTY	UNITED HERITAGE LIFE INSURANCE CO
Name (Printed)	By R. Shane Nelson
By X	X
Social Security No. (If Individual)	Title Vice President, Group
Signed On (Date)	Signed On (Date)

ASSIGNMENT OF COMMISSIONS

I, _____, understand that I am,
Agent Name & Agent Number

or have been requested to be, appointed to market insurance products for United Heritage Life Insurance Company.

It is understood and agreed that:

- (1) I must abide by the terms of my contract with and between United Heritage Life Insurance Company.
- (2) Beginning on the date this Assignment is approved by the Company, all commissions, bonuses, service fees and any compensation of all kinds, resulting from business placed by me with United Heritage Life Insurance Company and which would otherwise be due to me under my contract with United Heritage, will be paid to:

NAME _____,

TIN/SS NUMBER _____.

- (3) In exchange, I will be compensated pursuant to an Agreement between myself and the Assignee.
- (4) United Heritage Life Insurance Company has no liability to me for any commissions and/or service fees.
- (5) This Assignment shall survive the termination of my contract with United Heritage Life Insurance Company.

<u>ASSIGNEE</u>	<u>AGENT</u>
Name _____ Print	Accepted By _____ Print
Address of Assignee if different from Agent _____ _____	
TIN/SS No.: _____	
EFT Bank Information if different from Agent	
Signature _____	Signature _____
Title _____	
Date _____	Date _____

COMPANY APPROVAL

By: Rob McCarvel

Title: Sr. Vice President, Marketing & CMO

Signature: _____

Date: _____



LIFE INSURANCE COMPANY
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SCHEDULE OF COMMISSIONS AND SERVICE FEES – GROUP

_____, herein after referred to as “the Agent,” has complied with all licensing requirements necessary to permit him to solicit applications for Group policies for United Heritage Life Insurance Company (“the Company”). Therefore, the Company authorizes the Agent to deliver the Company’s Group policies (hereinafter “the policies”) and to collect and remit to the Company the first premium due on the policies, and for no other purpose unless so directed in writing by the Company.

The Company agrees to pay the following commissions on the total of the premiums required under the policies solicited by the Agent after the premium has fallen due, been collected and paid to the Company, provided the policies remain in force without lapse and subject to all the provisions of the Agent’s contract with the Company. The years referred to in the commission schedule are “policy years” as defined in the policies.

Vesting of Group Policy Commissions: Subject to the terms and conditions of the Agent’s contract with the Company, commissions on Group policies shall be paid to the Agent so long as the Agent (1) is continuously and actively engaged as a licensed Agent; (2) continues to be designated as the Agent of Record for the policies in question; and (3) services the policies in a manner satisfactory to the Company for said policies. Any provisions in the Agent’s contract with the Company regarding “Vesting” shall not apply to Group policy commissions.

The Agent agrees to exert his/her ability and influence at all times to keep the policies in force.

This Commission Schedule is in addition to and does not replace, unless expressly stated herein, any part of the Agent’s contract with the Company. In the event of a conflict between the provisions of this Schedule and the Agent’s contract, the Company shall have the right to determine which provisions shall be controlling.

MEDIATION AND ARBITRATION - The mediation and arbitration section of your agreement shall expressly survive the termination of your agreement.

COMPENSATION DISCLOSURES - Upon request by a client, Agent/Broker agrees to disclose to the client all types of Agent/Broker compensation the Agent/Broker may receive from United Heritage. The disclosure may be verbal or written. At a minimum, the Agent/Broker must disclose that, as a result of the sale of a policy, the Agent/Broker receives commissions and may receive additional compensation that includes, but is not limited to, trips, merchandise and/or cash bonuses.

Idaho Law shall control your contract.

FIRST YEAR AND RENEWAL COMMISSION SCHEDULE			
<input type="checkbox"/> Life, AD&D, DLI			
Annual Premium			
First	\$ 2,000	12.0%	
Next	\$ 3,000	6.0%	
Next	\$ 5,000	5.0%	
Next	\$ 10,000	3.0%	
Next	\$ 10,000	2.5%	
Next	\$ 20,000	2.0%	
Next	\$ 50,000	1.0%	
Next	\$ 150,000	.5%	
Next	\$ 250,000	.3%	
Over	\$ 500,000		Refer to Home Office
PacificSource Package Plan		10.0%	
<input type="checkbox"/> Long Term Disability			
Annual Premium			
First	\$ 15,000	15.0%	
Next	\$ 10,000	10.0%	
Next	\$ 20,000	5.0%	
Over	\$ 50,000	.5%	
<input type="checkbox"/> Short Term Disability			
Annual Premium			
First	\$ 5,000	15.0%	
Next	\$ 5,000	10.0%	
Next	\$ 40,000	5.0%	
Over	\$ 50,000	1.0%	
<input type="checkbox"/> Voluntary Plans			
<input type="checkbox"/> Supplemental Plans			
<input type="checkbox"/> Group Trust		Level 15.0%	



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Electronic Funds Transfer (EFT) Option for Payment of Commissions

We are asking that everyone be set up for Electronic Funds Transfer (EFT) commission payments.

By being paid EFT, your commissions will be paid directly into the checking or savings account you provide. This option eliminates receiving a check in the mail. If you elect not to take advantage of EFT commissions, you will be paid once a month by means of a mailed check.

Please make sure if you elect the EFT option and your commissions are assigned to anyone other than yourself that you provide the assignee's account information so we can ensure the commissions are being EFT'd to the assignee.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (we) hereby authorize United Heritage Life Insurance Company, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Account indicated below and the bank named, hereinafter called BANK, to credit and/or debit the same to such account.

BANK NAME _____ BRANCH _____ ACCOUNT NO. _____
CITY _____ STATE _____ ZIP _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination.

NAME(S) _____ AGENT NUMBER _____
PLEASE PRINT

SIGNED X _____ SIGNED X _____

PLEASE ATTACH VOID CHECK HERE

"Our Commitment to Professional & Ethical Standards"



Mission Statement

United Heritage Life Insurance Company specializes in the sale and service of Group life and Disability Income products. The company strives to maintain a strong financial position for the protection and security of its Policyholders/Certificateholders.

GUIDING PRINCIPLES TO THE ETHICAL CONDUCT OF ITS REPRESENTATIVES

As a Representative of United Heritage Life Insurance Company, it's important to remember that to your Prospects, Policyholders and Certificateholders, you are the company. As such, it is essential that you conduct your business with integrity and to the highest ethical standards.

United Heritage has designed five Guidelines for you to observe in all your business activities when you are representing the company.

The company believes that its representatives should act in a thoroughly professional and ethical manner, and that they are fully responsible for their behavior.

The following information is designed to outline the ethical standards United Heritage Life Insurance Company expects you to follow.

STATE AND FEDERAL RULES AND REGULATIONS

You must abide by and keep current on all State and Federal Rules and Regulations that pertain to your business activities. These generally relate to your sales activities, including unfair sales practices, advertising requirements, and sales solicitations.

UNDERSTANDING COMPANY RULES AND REGULATIONS

The policies and procedures that surround the writing of new business and servicing of established business are considered essential to United Heritage's method of doing business.

You should become familiar and fully comply with the company's policies and procedures.

MISREPRESENTATION

Do not knowingly misrepresent the facts when soliciting a sale.

You must be truthful when dealing with a Prospect, Policyholder, or Certificateholder, and be satisfied that they fully understand the product.

All sales proposals and illustrations must be accurate and complete.

PROPER BEHAVIOR

You, the agent, have a responsibility to provide competent advice and service to the Prospect, Policyholder, and Certificateholder, which involves putting their interests first and respecting their confidentiality. Even if the solution is not to your personal advantage, you have a responsibility to "do the right thing".

Ethics is a concept. An attitude. Doing what is right . . . even when no one is watching.

Code of Ethics

United Heritage Life Insurance Company believes in building mutually beneficial and enduring relationships with our policyholders/Certificateholders, based on conducting business activities with integrity and respect. We take customer satisfaction personally; we are committed to providing superior value in our products and services on a continuing basis. This commitment is a visible pledge that United Heritage field representatives and home office employees will put the needs of our Policyholders/Certificateholders first. Our Code of Ethics is set forth in pursuit of continued growth for our company, and continued constructive relationships within the communities we serve.

I acknowledge that I have received and read "Our Commitment to Professional and Ethical Standards" and our "Market Conduct Manual" and agree to accept and abide by the rules of the conduct expressed therein.

Date

Signature of Agent/Broker



CONSUMER PRIVACY

As you know, privacy has become an important consumer issue over the last couple of years. State governments and the Federal government have been implementing new laws designed to safeguard the privacy of consumers' personal and financial information. The privacy and security of our policyholders' personal information is also a top priority of United Heritage. In order to safeguard the privacy of this information, it is our policy that information, data, and/or details regarding our policyholders, clients, and other customers, their insurability, health and their policies or accounts is (1) the property of the customer and United Heritage; (2) to be used and accessed only as permitted by the customer and management; and (3) not to be shared or distributed outside of the United Heritage group of affiliated companies unless permitted by the policyholder, client or customer, and management. This policy is explained to every new customer and all of our customers on a yearly basis in our written privacy policy. A copy of our policy appears on the reverse side of this bulletin.

You may be thinking: what will this mean for you as an agent and/or registered representative of United Heritage? How will this affect my business or my relationship with my clients and with United Heritage? Essentially, we are counting on you to abide by this policy in your dealings with your clients and their United Heritage policies and/or accounts. These sample questions and answers may help you understand how you can protect your clients' information:

May I share my client's United Heritage policy information with another insurance company?

Only if you first obtain the policyholder's and United Heritage's written approval.

What about my client's name and address? Is this basic information covered by the policy?

Our policy protects from disclosure a client's personally identifiable financial and health information. Examples of this information are social security numbers, policy values and health conditions. It may include a client's address and phone number if they are unlisted.

Who are the affiliated companies of United Heritage?

The United Heritage Financial Group includes United Heritage Life Insurance Company, United Heritage Financial Services, Inc., and United Heritage Property & Casualty Company.

Whom should I contact if I have further questions regarding this policy?

Please contact our Marketing Department at 1-800-657-6351 and your question will be routed to the appropriate department.

I have read and understand the above policy and I agree to abide by this policy.

Date

Signature

Consumer Report Disclosure & Release of Information Authorization

I hereby authorize all corporations, companies, institutions, credit agencies, financial institutions, educational institutions, law enforcement agencies, insurance departments, present or former employers, the Military services, or other persons having personal knowledge about me to furnish United Heritage Life Insurance Company or any authorized consumer reporting agency with any and all written and verbal information in their possession regarding me in connection with an application for employment or agent application.

I authorize the procurement of a consumer report and understand that it may contain information regarding credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, background or criminal records from public record sources. Through this document, United Heritage Life Insurance Company discloses to you that a report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee or agent or for eligibility for a license required by law to consider an applicant's financial responsibility. This report may contain information regarding credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living or criminal records from public record sources.

I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written authorized request. I understand this authorization is to be part of the written application which I sign.

I release United Heritage Life Insurance Company and their authorized representatives or persons which provide information pursuant to this authorization, from any liabilities, claims or lawsuits regarding the information obtained from any and all of the above referenced sources.

If you are applying for a contract in the State of California please note that a new Disclosure and Release of information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for a contract in California, Minnesota or Oklahoma? YES NO
If so, would you like a copy of any Consumer report prepared on you? YES NO

Print name _____ Date _____

Signature _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

If name has changed (through marriage or otherwise) print former name(s) _____



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