

# JEFFERSON NATIONAL

Send/Fax To: SAS, Inc.  
P.O. Box 1086  
Janesville, WI 53547  
T: 608-756-2290 F: 253-595-6901

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## Agent/Agency Appointment and Personal Profile Questionnaire

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### Appointment Instructions

Please complete all Sections on the form and e-mail or submit it to Jefferson National Life Insurance Company Administration at the address or fax number listed above.

### Section I: Agent Appointment Information

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

### Section II: Notice, Certification and Signature

I hereby acknowledge that Jefferson National Life Insurance Company ("Insurer") and/or third parties may make inquiries regarding my general character, reputation, business experience, credit history, and other personal history. I hereby authorize all such inquiries and the release of all such information to Insurer or its designated representatives. Under penalties of perjury, I certify that the information provided above is correct. I agree that this questionnaire does not constitute a contract of employment or a guarantee of appointment by Insurer.

I understand and agree that if I am appointed by Insurer, that I (i) am authorized to sell those products listed on the Fee Schedule(s) provided to me ("Products") and my appointment may be terminated at any time in writing; (ii) shall not engage in or benefit from any unlawful, unsuitable or Insurer-prohibited: rebating, misrepresentation, twisting, replacement or churning of Products, or violations of any applicable insurance regulations or market conduct rules; (iii) shall not alter any contract on Insurer's behalf, tamper with any signed applications nor give any tax or legal advice on Insurer's behalf; (iv) shall not use or publish any materials of any kind which contain references to the Insurer's or its affiliates' names, logos, trademarks, products or services without Insurer's prior written approval; and (v) shall adhere to or comply in good faith with Insurer's administrative rules, sales processes, product specifications, qualifications for applicants, marketing restrictions, if any, and Insurer's privacy policy, all of which have been made available to me, as well as comply with all federal and state privacy laws and regulations applicable to insurance agents. I represent and warrant that I am duly licensed, authorized and in good standing in the applicable states and/or the District of Columbia where I intend to sell the Products.

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

Name (please print) \_\_\_\_\_

Please send completed form to the address or fax listed below:

SAS, Inc., P.O. Box 1086, Janesville, WI 53547, T: 608-756-2290 F: 253-595-6901

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**Commission Agreement – Agent**  
**Insurance Company(s): American Life of New York (ALNY)**  
**Jefferson National (JNLI)**  
**Effective Date of this Schedule: November 1<sup>st</sup>, 2003**

This Schedule of Commissions applies only to SAS, Inc. online sales for the products listed below for the above referenced Insurance Company(s) for so long as this Schedule of Commission remains in effect. SAS, Inc. reserves and shall have the right, at its sole option and discretion, to adjust or change the commissions at any time, on 10 day prior written notice to Agent. Upon termination of ELECTRONIC DISTRIBUTION and TELEMARKETING Agreement for cause, SAS, Inc.'s obligation to pay commissions for Online Sales for Online Products shall immediately cease. Agent must be licensed and appointed to sell in States where he/she receives a commission. Agent agrees to abide by all rules and regulations set forth in the Software and Web Link Agreement (version 1.01, January 16th, 2003).

<b>Company</b>	<b>Product Name</b>	<b>1st Year Percentage of Premium</b>
ALNY	Instant Term	70%
ALNY	Select Term	70%
JNLI	Simple Term	100%

AGENT Commitments:

Production Requirement: None  
Development Costs: None

IN WITNESS WHEREOF, the parties have executed and entered into this Agreement as of the day and year set forth above.

Producer: \_\_\_\_\_ SAS, Inc.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_