



General Agent Contract

This is a General Agent (GA) Contract between the GA referred to below (the "GA", "You" or "Your") and The Baltimore Life Insurance Company (the "Company").

I. AGREEMENT

The GA agrees to represent the Company, subject to the authority delegated herein, and to abide by the terms of this Contract. The Company agrees to compensate the GA according to the terms of this Contract and the compensation schedules, attached hereto and made a part hereof. The GA is an independent contractor, and this Contract does not create an employer/employee relationship between the Company and the GA, or between any of the GA's appointed sub-agents.

II. AUTHORITY AND RESPONSIBILITY OF THE GA

The GA is authorized by the Company to perform the following duties. The GA agrees to perform these duties according to the Company's practices and procedures, which may change from time to time.

- a. Procure and submit to the Company personally and through sub-agents applications for life insurance, health insurance and annuities. Assure that applications are accurately completed and fully disclose to the Company all facts which could affect the Company's decision regarding the issuing of the policy. Ensure that the application is reviewed by the applicant before it is signed by the applicant and that it is signed in your presence or in the presence of sub-agent.
- b. Assure that all sales, marketing and service activities involving the Company or any of the Company's products which are conducted by the GA and all sub-agents appointed by the GA strictly adhere to the Company's Market Conduct Training Manual as well as any other communicated rules of the company and incorporated herein by reference to form a part of this contract.
- c. Those policies provided to you for delivery issued on the applications referenced in subparagraph (a) above should be promptly delivered to the policyowner, provided the initial premium has been paid. If, at the time of delivery, the insured is not in the same health and insurable condition as represented in the policy application, the GA or the GA's appointed subagent should not deliver the policy but rather should immediately forward to the Company full details including the nature of the disorder, the date of inception, and

the extent of treatment. Policies are not to be delivered unless each person insured by the policy is in the same health and insurable condition as represented in the policy application.

- d. Use best efforts to provide satisfactory service to those policyholders solicited by or assigned to the GA.
- e. Recommend agents and sub-agents for appointment to act as an agent of the Company. All such appointments must be approved at the sole discretion of the Company. The company may terminate the appointment of any agent or sub-agent recommended by GA with our without cause and with or without GA's approval.
- f. Use best efforts to supervise agents and sub-agents and have standards in place so as to reasonably assure that its agents and sub-agents are in conformity with the terms of their contracts including but not limited to the Company's Market Conduct Training Manual.
- g. Be responsible for all money received by the GA, RGA, agents and sub-agents contracted by the GA on behalf of the Company.
- h. Be responsible for any and all indebtedness to the Company of the GA and all agents and sub-agents contracted by the GA. GA agrees to reimburse the Company for all costs and expenses incurred in collecting such debt.
- i. Procure and maintain all necessary licenses required for the GA and all GA's agents and/or sub-agents to solicit applications for or sell or service any of the Company's policies.
- j. Conform to all applicable laws and regulations governing the solicitation, sale and servicing of life insurance, health insurance and annuities.
- k. Be responsible for all property of the Company lent or leased to the GA or GA's sub-agents, and conform to the terms of any loan or lease agreement.
- l. Cooperate at all times with the Company or any of its representatives in any inquiry or investigation as it may relate to the business of the Company, including but not limited to, any within the context of an administrative, regulatory, or judicial proceeding. GA will notify the Company promptly upon receipt of any complaint. In accordance with applicable

laws and regulations you shall maintain accurate and complete books, records, accounts, correspondence or other data relating to all the business of the Company. The Company shall at all times have the right to inspect any and all books, records, accounts, correspondence, or data in your office or kept by you or any agent so far as the same may relate to the business of the Company, and to make such extracts or copies as it may desire.

III. LIMITS OF THE GA'S AUTHORITY

The GA agrees NOT to perform any acts on behalf of the Company for which the GA is not authorized, including, but not limited to, the following:

- a. Incur any debt, expense or liability on behalf of the Company.
- b. Modify or waive any of the provisions of the Company's policies, applications, or contracts; or bind the Company in any way.
- c. Misquote or incorrectly illustrate any rates or values for any of the Company's products.
- d. Use any materials, proposals, illustrations, or advertising identified with the Company or any of the Company's products, which have not been previously submitted to the Company for approval and have not received specific written approval from the Company.
- e. Collect any money on behalf of the Company, except for initial premiums on business solicited by the GA.
- f. Make any representation or state any opinion regarding the validity or payment of any claim.

IV. COMPENSATION

As compensation for services, the Company agrees to pay the GA according to the "Schedule of Compensation" attached hereto and made a part hereof as follows:

- a. This compensation will be paid only after receipt in the Home Office of premiums. If a premium is refunded for any reason, the GA must return to the Company any compensation and fees paid on that refunded premium. The "Schedule of Compensation" may be modified, altered or changed by the Company in any way upon notice to the GA, and will affect business submitted to the Company after the effective date of the change.
- b. Overriding compensation will be paid to the GA on business produced by the GA's agents and or sub-agents. The amount of the overriding compensations paid to the GA is the difference between the compensation in the "Schedule of Compensation" attached to the GA's Contract and the compensation, if any, paid by the Company directly to the GA's agents and sub-agents or owing to the GA's agents and sub-agents but paid

through the GA. The GA is responsible for and shall account for and keep records of any compensation earned by its agents or sub-agents which Company pays through the GA.

- c. Except as otherwise set forth in this Contract, compensation, which is earned under the terms of this Contract and that is set forth in the "Schedule of Compensation," will be deemed vested, but will be forfeited if the Contract is terminated under the provisions of paragraph V., section d and section e., subsections 1. through 8., or if the GA has not met production requirements at the time of termination as set forth in the "Schedule of Compensation."
- d. The Company may elect to accumulate the GA's compensation payments until a payment in excess of \$50.00 is due for electronic funds transfer. Amounts not paid by electronic funds transfer will have higher minimums that are established by internal policy. If, in any calendar year, the total compensation due to a GA no longer appointed with the Company is less than \$400.00, this contract will terminate, all compensation will stop at the end of that calendar year, and the Company shall have no further liability under this Contract.
- e. Any indebtedness of the GA to the Company, whether resulting from acts of the GA, acts of the GA's agents, sub-agents or otherwise, shall be the responsibility of the GA and will be a lien on all compensation payable to the GA. The Company may apply any compensation payable to the GA to offset indebtedness owed to the Company at any time. The Company's right to collect payment of any indebtedness owed by GA shall not be limited solely to offsetting compensation owed the GA by Company. The GA shall remain fully liable for any remaining indebtedness. Any indebtedness which remains outstanding for a period of 60 days after demand by the Company shall bear interest at a rate of 3% above the prime rate listed in the Wall Street Journal. The provisions of this Paragraph shall survive the termination of this Contract.
- f. Subject to paragraphs IV. d. and IV. e. above, upon the death of the GA, this Contract will be vested if at the time of the GA's death the production requirements set forth in the Schedule of Compensation have been met.
- g. No compensation will be paid when an existing policy issued by the Company on the same life has terminated within six (6) months of the date of the new application being submitted by the GA or the GA's agents or sub-agents. If an existing policy terminates within six (6) months of the date of the new policy on the same life, the GA agrees to refund first year premiums on

the original policy not to exceed the first year commission on the second policy.

V. TERMINATION

This Contract, together with any riders, supplements and endorsements hereto, shall terminate on the occurrence of any of the following:

- a. Thirty (30) days following the mailing of written notice by either party to the last known address of such other party.
- b. Upon the death of the GA.
- c. Upon the termination of the GA's life or health insurance license.
- d. Upon a material breach of any of the terms of this Contract as determined by the Company in its sole and absolute discretion.
- e. Notwithstanding any other provision in this Contract, and whether such events occur prior to or after termination of this Contract, upon the occurrence of any of the events set forth in paragraph V., section e., subsections 8. through 8. The provisions of paragraph V., section e., subsections 1. through 7. shall survive the termination of this Contract.
 1. Upon the commission of any act of fraud, theft or misappropriation of funds, involving the Company, by the GA.
 2. Submission to the Company of information which the GA knows to be false.
 3. Failure to disclose to the Company any medical or personal history of any applicant for any of the Company's policies of which the GA has knowledge.
 4. Inducing any policyholder to terminate any policy with the Company without the prior written approval of the Company.
 5. Upon the GA pleading guilty or nolo contendere or upon being convicted of a crime involving moral turpitude.
 6. Any action on your part that could reasonably be construed to be defamatory, slanderous, libelous, or materially prejudicial to the Company.
 7. Failure to fully pay outstanding debt owed to the Company within 60 days of such date such debt is incurred.
 8. Upon any act that violates market conduct rules as described in the disciplinary actions section of the Market Conduct Training Manual.

Upon termination of this Contract, you shall immediately pay to the Company all sums due and deliver to the Company all brochures, publications, and other materials connected with the sale of Company products. Upon termination for cause, you forfeit all rights to future commissions, and the Company reserves the right to retain, reassign, or cancel any of your general agents, agents or subagents

without any further obligation to you.

VI. GENERAL PROVISIONS

- a. The Company may reject applications for policies, limit the amount or plan of insurance, or require a higher premium than applied for, if not prohibited by law.
- b. The Company may alter or withdraw existing insurance products, introduce new insurance products, and enter or withdraw from territories, at its sole discretion. The Company shall not be liable to GA or any of GA's agents or sub-agents in connection with such actions.
- c. Failure of the Company to promptly enforce non-compliance with the terms of this Contract does not constitute a waiver of such terms. Further, the waiver by the Company of any term or right of enforcement contained in this Contract shall not constitute a waiver of any subsequent breach or right of enforcement.
- d. This Contract supersedes any previous Contracts between the GA and the Company. It does not release the GA from financial obligations owed or assumed prior to its effective date.
- e. No modification, amendment, or assignment of this Contract will be valid unless approved in writing by a Vice President or President of the Company.
- f. The GA shall maintain error and omissions insurance and provide Company evidence of such coverage upon request.
- g. The financial obligations of this Contract shall be binding upon the parties, their heirs, successors and assigns.
- h. You agree to hold harmless, defend (with counsel reasonably acceptable to the Company) and indemnify the Company against any claims, judgments, settlements, costs, expenses or other damages, including attorneys fees, which the Company may suffer or incur as the result of any breach of this Contract or any negligent, fraudulent, or unauthorized act, or error or omission, of you, any of your employees, agents, officers, or sub-agents. The Company shall have exclusive authority to direct the defense and effect any settlement in any action for which the foregoing indemnity may apply. You shall upon demand, pay the Company as a debt due hereunder any sums due to it in accordance with this paragraph, as well as any monies expended by the Company in answering or defending any attachment, garnishment, or other proceedings involving you, your employees, or officers, or any agent or other individual under your direct control and supervision. You agree that under no circumstances whatsoever shall the Company be liable to you (or anyone claiming through

you) for any lost profits or indirect, incidental, punitive, or consequential damages in connection with this Contract.

- i. This Contract is governed by the Laws of the State of Maryland (without regard to any choice of law provisions) and each party hereto agrees to accept service of process in and to submit to the jurisdiction of the federal or state courts located within the State of Maryland for any matter involving this Contract. In any action, suit or proceeding brought by the Company, you agree not to assert that such action, suit or proceeding is brought in an inconvenient forum or that the venue of the action, suit or proceeding is improper.
- j. The provisions of this Contract shall be deemed severable. In the event any provision in this Contract is determined to be unenforceable or invalid, such provision shall nonetheless be enforced to the fullest extent permitted by applicable law, and such determination shall not affect the validity and enforceability of any other provisions in this Contract.
- k. The Company reserves the right in its sole discretion when settling disputed claims or complaints of a policyholder to refund any premium or premiums paid on a policy or contract produced under this Contract directly by the GA or by an agent or sub-agent of the GA. If such a refund is made, other than as part of the benefits provided by the policy or contract, the GA shall be charged with and/or shall repay to the Company, any compensation paid to GA or GA's agents or sub-agents on the premium or premiums so refunded.
- l. You understand and acknowledge that during the term of this Contract you may gain access to certain confidential and proprietary information relating to the Company and its business and you agree to keep all such information confidential.

You agree that any and all "Nonpublic Personal Information" obtained by you on behalf of or from the Company in the performance of your duties and obligations under this Contract shall be used by you only as necessary to fulfill your obligations under this Contract and shall not be disclosed to any other person unless specifically authorized in writing by the Company, or the person who is the subject of the "Nonpublic Personal Information," or as otherwise permitted by law. "Nonpublic Personal Information" has the meaning set forth in section 509 of the Gramm-Leach-Bliley Act (P.L. 106-102) and any federal and state laws and regulations that implement that Act and includes but is not limited to name, address, and financial or health information of a policyholder, insured, applicant, or prospect. You agree to establish physical, electronic, and administrative procedures to protect the security and confidentiality of "Nonpublic Personal Information" in compliance with the Act and any and all federal and state laws and regulations that implement the Act.

- m. You agree that the Company will have at all times, both during and after the termination of this Contract, the right to communicate in any fashion with the persons insured under the policies issued hereunder or the owners of such policies for any purpose.
- n. Notwithstanding any provision of this Contract to the contrary, the termination of this Contract, whether with or without cause, shall be construed as a termination of: (a) your appointment and your authority under Paragraph I of this Contract; (b) your authority under Paragraph II of this Contract; and (c) the Company's obligations under Paragraph IV of this Contract. All other provisions of this Contract shall survive any termination of this Contract.

Signature of General Agent

Date

Signature of Appointing Agent/Agency

Date

Name of Appointing Agent/Agency

The Baltimore Life Insurance Company

Date

—NOT EFFECTIVE UNTIL SIGNED BY COMPANY—

THE BALTIMORE LIFE COMPANIES APPOINTMENT REQUEST

I. PERSONAL DATA

Full Name Mr. Mrs. Ms. _____
Last First Middle Jr./Sr. Maiden

Social Security Number _____ - _____ - _____ Birth Date ____/____/____ Birth Place _____

Agency/Corporation Name _____ Corporation Partnership Other

Business Tax Identification Number _____

Administrative (*policies, reports, copies of correspondence*)

Send To _____ Fax (_____) _____

Street _____ City _____ State _____ Zip _____

Business Phone (_____) _____ Mobile (_____) _____

Email _____

Personal (*other correspondence*)

Send To _____ Fax (_____) _____

Street _____ City _____ State _____ Zip _____

Business Phone (_____) _____ Mobile (_____) _____

Email _____

Compensation and Tax Reporting (*commission checks and 1099MISCs, etc.*)

Payable To (Payee) _____ Tax Identification Number for This Payee _____

Street _____ City _____ State _____ Zip _____

Business Phone (_____) _____ - _____ Fax (_____) _____ - _____

Email _____

PRESENT PRIMARY COMPANY _____

- 1) Has your insurance license ever been restricted, suspended, revoked, relinquished or surrendered as part of any investigation proceeding by any state or federal regulatory agency? Yes No
- 2) Have you ever been convicted of, currently charged with, or pleaded "nolo contendere" (*no contest*) to, a felony or misdemeanor involving insurance, investments, taxes, or other financial transactions? Yes No
- 3) Are you currently subject to any disciplinary action, regulatory supervision or probation involving insurance, investments, taxes or other financial transactions? Yes No
- 4) Have you ever been fined, barred or otherwise disciplined by an insurance regulatory agency or any other regulatory authority of any kind? Yes No
- 5) Within the last five years, have you been involved in any litigation or been the subject of any consumer complaint filed with any state insurance department, NASD or any federal regulatory agency or do you anticipate being the subject of any litigation or complaint? Yes No
- 6) Have you ever been terminated for cause or wrongful act? Yes No
- 7) Do you have any unpaid debit balance with another insurance company? Yes No
- 8) Have you ever filed for bankruptcy? Yes No
- 9) Have you ever been convicted of a felony, involving any motor vehicle violations, use or possession of a weapon, violent act, theft, or act of dishonesty for which the record has not been sealed or expunged? Yes No
- 10) If you have been convicted of a felony, have you notified your domicile state insurance regulatory agency of your legal status? Not Applicable Yes No

(If you answer "Yes" to any question, please provide details below.)

Prior to the appointment or contracting of any agent, Companies require the receipt of employment and credit history from said Agent. Nothing in this authorization restricts Companies from seeking additional information from Agent relating to his/her appointment with Companies.

The Companies reserves the right to decline an appointment request for any reason, including solely because an applicant has been convicted of a crime. The Companies, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.

I authorize Companies to provide the below-described General Agency with all information Companies obtain relating to my application to contract with Companies, including my consumer credit report and/or investigative consumer report.

I certify that all statements of information provided on this Appointment Request form are true and correct. I understand if any of the information is found to be untrue, it will be a basis for my termination.

IMPORTANT TAX NOTICE: Under federal Tax law, The Company is required to ask you to certify your correct Taxpayer Identification Number (TIN), and to include it in any reports of taxable income it makes to the IRS.

Certification: Under penalties of perjury, I certify that:

- 1) 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
- 2) I am not subject to backup withholding under provisions of section 3406(a) (1) (c) of the Internal Revenue Code because:
a) I am exempt from backup withholding, or b) I have not been notified 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
- 3) I am a US person (including a US resident alien). The Internal Revenue Service does not require your consent to any provisions to this document other than the certification to avoid backup withholding.

Signature of Applicant _____ Date _____

General Agencies Authorized to Receive Information _____

II. CURRENT LICENSING DATA

License Number _____ Expiration Date _____

TYPE OF LICENSE Individual: Agent Broker Solicitor Other

Agency: Corporate Partnership Other

INSURANCE LINES Life Accident & Health Life, Accident & Health

III. LICENSE/APPOINTMENT REQUESTS (Note: Appointment Requests Must Include Copies of Agent Licenses)

Check type of license(s) and insurance line(s) you are requesting:

TYPE OF LICENSE Individual: Agent Broker Solicitor Other

Agency: Corporate Partnership Other

INSURANCE LINES Life Accident & Health Life, Accident & Health

States Applying For: (Indicate Resident or Non-Resident Appointment) _____

Authorization and Disclosure Form

The purpose of this form is to authorize The Baltimore Life Insurance Company, their authorized representatives, and the supervisor or agency, as defined below to obtain a “consumer report” or an “investigative report” on the person named below (the proposed Agent) for purposes of evaluating whether that person will be contracted as an Agent with The Baltimore Life Insurance Company and at any time after that person has been contracted as an Agent.

Definitions

1. A “consumer report” and an “investigative report” shall have the same meaning as defined in the Fair Credit Reporting Act.
2. A “supervisor” or “agency” shall mean the entity or person that receives override compensation based on the business written by the Agent, and that is responsible for any indebtedness of the Agent. The supervisor or agency will generally execute, along with the Agent, the agent contract that the person listed below will execute with The Baltimore Life Insurance Company, if the Agent is contracted by The Baltimore Life Insurance Company.
3. “Agent” shall mean any entity or person that seeks to be contracted by The Baltimore Life Insurance Company, without regard to how the entity or person is contracted; i.e., Managing General Agent, General Agent, Agent, Sub-Agent.

I (Name) _____, SS#, _____ hereby authorize The Baltimore Life Insurance Company, and my supervisor (or agency, if applicable) to view, copy, procure, be furnished copies, or be given details of all information in my consumer report and my investigative report. The information in my consumer report will include information by a credit reporting agency bearing on my consumer credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which will be used for the purpose of establishing my eligibility to be contracted by The Baltimore Life Insurance Company as an Agent and for the purpose of maintaining that contract. The information in my investigative report shall include information on my character, general reputation, personal characteristics, or mode of living obtained through personal interviews with neighbors, friends, associates of me, or others with whom I am acquainted.

A copy of this authorization shall be as valid as the original. I also release The Baltimore Life Insurance Company and any person or organization complying with this authorization from any liability in connection with information furnished pursuant to this authorization.

I UNDERSTAND THIS AUTHORIZATION ALLOWS PROCUREMENT OF A CONSUMER OR INVESTIGATIVE REPORT FOR PURPOSES OF CONTRACTING AS AN AGENT WITH COMPANIES.

Signature: _____

Address: _____

Email: _____

Date: _____

____ California, Minnesota, and Oklahoma Applicants: Please check here to have a copy of your consumer report sent directly to you at the address listed above.

DIRECT DEPOSIT AUTHORIZATION

Instructions

1. Please complete this form and return to the Corporate Disbursement Department with a **void check** from the account listed below.
2. If you change your bank account, a new form and a void check will be required. You will be paid by check until your account is changed.

Account Name *(As shown on the bank records)*

Social Security Number / Tax I.D. <i>(Required)</i>	E-mail Address
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Account Number

Account Type *(Checking or Savings)*

Bank Name		
Bank Address		
City	State	ZIP Code
Telephone Number	Bank Transit Number	

HOME OFFICE USE
Secondary I.D. #
Pre-Note Date

I hereby authorize The Baltimore Life Insurance Company (the Company):

- to electronically deposit, to the account listed above, amounts to which I may become entitled; and
- to withdraw, from the account listed above, amounts due for non-resident state appointment fees *(independent agents only)*.

If the Company determines that funds were deposited to my account in error, I authorize the bank to return funds to the Company upon request by the Company. Any recourse shall only be against the Company. The Company may discontinue electronic deposits to my account at any time upon written notice to me.

I may withdraw or change this authorization at any time by providing written notice to the Company.

(X) _____
Signature (If joint account, Joint Owner signs below) *Date*

(X) _____
Joint Owner's Signature (If required) *Date*



The Baltimore Life
COMPANIES

10075 Red Run Boulevard • Owings Mills, Maryland 21117-4871
410.581.6600 • 800.628.5433 • www.baltlife.com

The Baltimore Life Insurance Company

Advance Commission Agreement

Complete This Form Only If Applying For The Advance Commission Program.

This Agreement is an addendum to the contract by and between the Agent (named below), the Supervising Agent (named below), the Marketing Organization and The Baltimore Life Insurance Company (the company). This addendum provides for the annualization of commissions pursuant to the following conditions:

- 1) The amount of annualization will be 75% of first year commissions on monthly PAC mode.
- 2) The amounts advanced under this Agreement in no way either decreases or increases the amount of compensation which will ultimately become payable to the Agent. Therefore, the amounts advanced are interest-free loans granted to the Agent by the Company, and for which the Agent is liable. Chargebacks can occur as outlined in your Commission Schedule. Should this Agreement be terminated, the Company shall withhold any and all compensation otherwise payable to the Agent until the amounts advanced have been repaid. If, at the sole determination of the Company, such compensation does not appear to be adequate to repay the amounts advanced, the Agent will be liable for the balance due and must reimburse the Company upon written notification. Agent shall indemnify the Company or Supervising Agencies for all costs or harm associated with collection of debit balances including reasonable attorney fees.
- 3) Maximum Annualization Amount: Annualized Commission on a single policy will not exceed \$1,000.00.
- 4) There will be no annualization of commission on policies covering the Agent's own life or those of his immediate family.
- 5) This Agreement shall terminate (a) upon termination of the Agent's Contract, (b) upon termination of the General Agent's Contract, (c) upon written notice by the Company of an intention to terminate the annualization, or (d) in the Company's sole discretion.
- 6) During the period of the Agreement the Company reserves the right, in its sole discretion, to change or modify in any way the percentage of premium annualized.
- 7) Annualization of commissions will not go into effect until this Agreement is signed by the Agent, the Supervising Agent, the Marketing Organization and The Baltimore Life Insurance Company, and only applies to business written and dated subsequent to the signing of this Agreement.

Agent Name (Print)

Signature

Date

Supervising Agent (Print)

Signature

Date

Authorized Marketing Organization Rep.(Print)

Signature

Date

Authorized Baltimore Life Rep. (Print)

Signature

Date

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 (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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 3. 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 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, 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:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. 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 *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

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.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

For your information

Our Market Conduct Training Manual

The enclosed agent contract references the Baltimore Life Market Conduct Training Manual in the section entitled "Authority and Responsibility of the Agent", Section II, paragraph b. Before signing this contract, please review a copy of this manual by visiting the web page shown below.

<http://www.baltlife.com/pdf/6177.pdf>

If you have any questions about any of the policies and procedures included in the market conduct manual, please contact David Griffin at 800-628-5433, ext. 6635.



The Baltimore Life
C O M P A N I E S

10075 Red Run Boulevard
Owings Mills, MD 21117-4871
800.628.5433
www.baltlife.com



IMPORTANT NOTICE

PLEASE READ THIS INFORMATION IN ITS ENTIRETY ANTI-MONEY LAUNDERING TRAINING REQUIREMENT

Federal law requires that producers complete anti-money laundering training. Baltimore Life requires producers to complete LIMRA Anti-Money Laundering (AML) Training Programs. Certifications for completion of other AML training programs will not be accepted. You will be pre-registered for LIMRA training *at no cost to you upon receipt of your first Baltimore Life application.*

COMPLIANCE WITH ANTI-MONEY LAUNDERING TRAINING REQUIREMENTS IS ESSENTIAL AS COMMISSIONS ON NEW BUSINESS SUBMITTED WILL BE TEMPORARILY HELD UNTIL TRAINING HAS BEEN COMPLETED.

How to Access LIMRA's Anti-Money Laundering Training Programs

- Log onto the course at the following website address: <https://aml.limra.com>
- Your Username is the first four characters of your last name (lowercase) combined with the last six digits of your social security number. Your password is your entire last name in lowercase letters.
- The title of the training course is **“Anti-Money Laundering for Insurance Producers.”**
- Once logged in, you'll be taken to the Home Page. Click the appropriate course title. The Lessons screen is the first screen that will appear. To start a lesson, click on its link. You will be brought to the Lesson Introduction screen of the lesson you choose. Continue the training by clicking “Next” at the bottom of each screen until you show 100% completed for each lesson and the entire course.
- You **will not** receive a paper certificate of your completion of the course. The Home Page indicates whether or not you have completed the assigned materials. **You do not have to notify our office when you complete the AML Training Course.** LIMRA will provide us with a report informing us that you have completed the course.

Should you have technical questions accessing the training site or navigating within the LIMRA site, please contact LIMRA's customer-support help line at (866) 364-2380. If LIMRA's Customer Service Representative informs you that you cannot log onto their site because your name does not appear in their database or if you have any questions regarding Baltimore Life's AML training requirements, you should contact the Legal and Compliance Department at 410-581-6660.