



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

AGENT AGREEMENT

Upon approval of an executed copy at its executive offices, The Cincinnati Life Insurance Company (Company), appoints _____, (the Agent) a licensed agent and independent contractor, as an Agent of the Company effective _____, 20_____.

Purpose and Definition of this Agent Agreement

The purpose of this Agent Agreement between the Agent and the Company is to define the relationship between the Agent and the Company and to enumerate the obligations, duties, rights and responsibilities of each. This Agent Agreement terminates and supersedes any and all other agreements made between the Agent and the Company.

The provisions herein shall also be applicable to officers, partners, members and employees of the Agent.

This Agent agreement and all addenda attached hereto now or in the future constitute the entire agreement between the Agent and the Company. This Agent Agreement may not be modified, revised, altered, added to, or extended in any manner or superseded in any way without the written consent of both parties. However, the Company may change or discontinue any addenda that provide and detail specific commission or any remuneration, providing 30 days notice to the Agent. Such addenda changes shall be effective without the written consent of the parties. When this Agent Agreement is terminated, all addenda attached hereto are also terminated.

Agent and Company Relationship

The Company appoints the Agent, as an independent contractor for the purpose of procuring applications for insurance and annuities offered by the Company in jurisdictions in which both the Company and the Agent are licensed and Company products are approved. Additional authorizations and obligations of the Agent are described within this Agent Agreement. The Agent shall be free to exercise his/her own judgment as to the persons to whom the Agent will solicit applications and the methods, time and place of solicitation, and nothing contained herein shall be construed to create the relationship of employer and employee between the Company and the Agent.

A. AGENT

I. Authority of the Agent

The Agent shall have:

- a) Applications**—The authority to procure Company applications for insurance and annuities:
- 1) In territories where the Agent is licensed and appointed at the time of application and policy delivery.
 - 2) For products offered by the Company at the time of the application.
 - 3) For products of the Company approved by the applicable state at time of application.

II. Limitations of Agent Authority

The Agent shall have no authority to perform any activities on behalf of the Company not specifically granted in this Agent Agreement, including the following:

- a) Make, alter or discharge agreements**—The Agent shall not make, alter or discharge any agreement between the policyholder and the Company or any of the terms, rates or conditions of the Company's policies or agreements.
- b) Procure applications**—The Agent shall not procure applications for insurance or annuities on any products not offered by the Company or not approved in the governing state.
- c) Advertisements**—The Agent shall not use or refer to the Company in any advertisement except as provided below and within the limitations described below. The Agent:
- 1) May use materials referring to the Company and Company products and services in the Agent's advertising activities, including any information about the Company in the Agent's or any other Internet site, provided that the Agent has first secured the Company's written approval of the advertising materials, unless the materials used were prepared by the Company specifically for the use of its agents.

- 2) Shall not alter any materials prepared by the Company for the Agent without first obtaining the Company's written consent.
- 3) Shall not reproduce, display or use the Company's trademark, service mark, logo or other identifying symbols in any manner whatsoever without first obtaining the Company's written consent.
- d) **Suit**—Bring or defend any suit involving the Company without prior written consent of the Company.

III. Privacy Responsibilities of the Agent

The Agent agrees:

- a) Any information about our customers will be used only in accordance with the term of this Agent Agreement.
- b) Not to disclose confidential information that is personal and private to any applicant or policy- or account-holder of The Cincinnati Life Insurance Company or any of its subsidiary or affiliated companies, including but not limited to, customer names, addresses, telephone numbers, medical and financial information, property descriptions, policy limits and coverage types, billing and payment history, driving records and other loss information, without the applicant, policy- or account-holder's prior permission, except to the extent that such disclosure is, in our sole judgment, necessary to facilitate the processing or service of an account or claim, is part of the business of insurance, is required by state, federal or local law, regulation or subpoena, or is otherwise allowed by law.
- c) To use all reasonable efforts to ensure that any third party to whom the Agent makes a disclosure in furtherance of this agreement also complies with the terms of this Agent Agreement. The Agent also agrees that if any disclosure is made that is not in accordance with this Agreement, the Agent will notify the Company immediately of the disclosure.
- d) To use all reasonable efforts to maintain full compliance with the Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA) and any other state or federal act designed to protect the personal information of your customers and our customers. The Agent agrees to distribute privacy disclosures to applicants and holders of our policies and accounts in accordance with such laws and as required by us. The Agent further warrants he/she maintains security safeguards to protect customer information that matches or exceeds standards for insurance agents.
- e) To make available all information to the Secretary of Health and Human Services, upon his or her reasonable request.

The Agent agrees that the privacy agreements and obligations described in this section shall, in all cases, survive the termination of this Agent Agreement.

IV. Duties and Obligations the Agent

The Agent shall be responsible to:

- a) **Applications and Forms**—Submit accurate and complete applications and any forms required by the Company.
- b) **Company Property**—Return to the Company such records, documents, application, papers, sales materials and property of every description belonging to or pertaining to the Company's business, whether paid for by the Agent or not, upon termination of the Agent Agreement or upon demand by the Company. Commission payments to the Agent, if any, will be withheld until the Company has received such property.
- c) **Conform to changes**—Conform to any changes made by the Company as it deems advisable in the conduct of its business.
- d) **Deliver policies**—Deliver policies on behalf of the Company, except:
 - 1) When the Agent has knowledge, directly or indirectly, that the health of the proposed insured has or may have materially changed since the time the application for such policy was completed. In such cases, the Agent shall immediately return the policy(ies) to the Company.
 - 2) When coverage has been rejected, canceled or postponed by the Company.
- e) **Initial premiums**—Collect initial premiums at the time of application or policy delivery. All monies collected by the Agent must be payable to the order of the Company and promptly remitted to the Company and shall always be the property of the Company.
- f) **Refunds**—Return, to the applicant, any and all monies the Agent may have received on account of any application the Company rejects, cancels or postpones.

V. Indemnification Agreement

The Agent agrees to indemnify, defend and hold the Company harmless from any and all expenses, claims, costs, causes of action and damages resulting from any act or omission committed by or at the direction of the Agent, his or her Agents or any employee of either that is illegal, fraudulent, in contravention of applicable state or federal laws or regulations or beyond the scope of authority granted by the Company. This Indemnification Agreement shall survive the termination of this Agent Agreement.

B. COMPANY

VI. Rights of the Company

The Company:

- a) Make changes**—May make such changes as it deems advisable in the conduct of its business or discontinue at any time issuing any of its forms, policy agreements or other instruments issued in the pursuance of its business, providing advance written notice to the Agent when possible.
- b) Reject coverage**—Shall have the right to reject, cancel or postpone any coverage for insurance without specifying to the Agent the reason therefore.
- c) Remove, alter and add products**—Shall have the right to remove, alter or add products at its discretion, providing no less than thirty (30) days notice to the Agent when possible.
- d) Servicing Agent**—shall have the right to change the Agent of record on a policy or contract, without approval of the Agent, upon the Company's receipt of a written request from a policyowner. At such time, the Agent will be construed to have relinquished his/her right and obligation to further service the policy or contract. Future correspondence concerning the policyholder's policies or contracts in regard to a servicing agent will be directed as determined by the Company in accord with the policyowner's request. Agent Commission will be in accordance with the Agent Commission Addendum.

VII. Privacy Responsibilities of the Company

The Company agrees:

- a) Disclosure to third parties**—Not to disclose to third parties, without your prior permission, any specific information about your agency, including customer lists and agency production figures, unless such disclosure is necessary to adjust a claim involving your agency, to publish results of promotions and/or contests; we are required to disclose such information by law, regulation or subpoena, or as otherwise set forth in this Agent Agreement.
- b) Disclosure to non-affiliates**—Not to disclose to any non-affiliated person or organization confidential information that is personal and private to your customers, including but not limited to, customer names, addresses, telephone numbers, medical and financial information, property descriptions, policy limits and coverage types, billing and payment history, driving records and other loss information without your customer's prior permission, except to the extent that such disclosure is, in our sole judgment, necessary to facilitate the processing or service of an account or claim, is part of the business of insurance, is required by state, federal or local law, regulation or subpoena, or is otherwise allowed by law. Publicly available information, including but not limited to rating plans and policy forms filed with government regulators, is not subject to our non-disclosure agreement in this section.

The Company agrees that these privacy agreements and obligations described in this section shall, in all cases, survive the termination of this Agent Agreement.

C. MISCELLANEOUS

VIII. Assignment, Sale or Transfer—No sale, transfer or assignment of this Agent Agreement, in whole or in part, shall be valid without the consent of the Company, made in writing and signed and dated by an officer of the Company at its Cincinnati offices.

IX. Compliance—If any of the provisions of this Agent Agreement are in conflict with any applicable statute or regulation of the state in which you are located, such provision shall be deemed to be amended to conform to those statutes or regulations.

X. Expense Assumption – *The Company shall not be responsible for any expenses incurred by the Agent, whether on the Agent's or the Company's behalf, unless prior written consent is obtained from the Company.*

XI. Severability—*If any provision of the Agent Agreement is held to be invalid, illegal or unenforceable, the holding shall not affect or impair, in any way, the validity, legality and enforceability of the remaining provisions of this Agent Agreement.*

XII. Waiver—*Neither the Agent nor the Company shall be deemed to have waived any right or obligation under this Agent Agreement or any addendum, schedule or agreement attached hereto unless such waiver is in writing and signed by both parties. No delay, omission or granting of consent on one or more occasions on the part of either party in exercising any right or enforcing an obligation shall operate as a waiver of such right or obligation or any other right or obligation on any other occasion.*

D. TERMINATION

XIII. Mutual Agreement: This Agent Agreement may be terminated at any time by mutual agreement of the Agent and the Company.

XIV. The Agent: The Agent shall have the right to terminate this Agent Agreement at any time, providing written notice to the Company.

XV. The Company: The Company, upon thirty (30) days written notice to the Agent, or such longer period as is required by law, shall have the right to terminate this Agent Agreement:

- a) Vested Compensation payable**—with all vested commissions payable to the Agent for any reason whatsoever that are not prohibited by law except those reasons listed in the following “All Compensation forfeited” section. Such reasons include but are not limited to the Agent changing the form of legal entity under which the Agent does business, merging, adding or changing owners, selling, assigning or transferring the Agent produced business or rights of compensation due thereon, unless the Company is notified prior to such an event and the Company consents in writing.
- b) All Compensation forfeited**—*and thereupon all compensation and other claims whatsoever accruing under this Agent Agreement shall become forfeited to the Company, if any of the following occurs:*
- 1) The Agent's license is terminated for any reason.
 - 2) The Agent withholds or misappropriates any monies or property belonging to the Company.
 - 3) The Company has evidence of malfeasance, fraud, material misrepresentation, insolvency, abandonment, willful misconduct or any activity regarding the Company that exceeds the authority granted under this Agent Agreement. This applies to the Agent and the Agent's employees.

AGENT AGREEMENT

E. ACCEPTANCE and ADDENDA INCLUDED, if indicated

Addenda attached hereto and included herein:

The following checked addenda, or any revisions thereto, while this Agent agreement is in force, are made a part of this Agent Agreement:

- Agent Commission Addendum
- Agent Commission Schedule
- _____

FORM NUMBER

Joint acceptance of this agreement is required for it to be effective. This agreement shall be construed in accordance with the Laws of Ohio.

Intending to be legally bound, this Agent Agreement is accepted by and at:

COMPLETE ALL OF THE FOLLOWING

BY:

Print Agent Name

Signature of Agent (if entity, Authorized Representative)

Title, if signed by representative of an entity

Check one:

- Individual/Proprietorship
- Corporation
- Partnership
- LLC
- Other _____

Check one:

- SS# or Tax ID#

SS# or Tax ID#

AT:

City and State

Agent E-mail Address

ON:

Date

Agency affiliation:

Agency/General Agent name

CLIC HEADQUARTERS USE ONLY

The Cincinnati Life Insurance Company approves this Agent Agreement if so completed below.

Agent Code #: _____

By: _____

David Burbrink

Vice President

Title

Date



The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

**Authorization Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act**

This is a release for The Cincinnati Insurance Company and its subsidiary/affiliated companies to obtain a consumer report about me in connection with my application for a license and/or company appointment. I further release and hold harmless The Cincinnati Insurance Company and its subsidiary/affiliated companies, its directors, officers, and employees and my employer from any liability arising from the procurement of a consumer report and the use of any information contained in such report.

I, _____, hereby authorize The Cincinnati Insurance Company and its subsidiary/affiliated companies to obtain such report from any consumer reporting agency. This authorization shall remain in effect throughout the term of my appointments.

Signature

Date

CLI-8514 (4/04)



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
www.cinfin.com ■ 513-870-2000

**Disclosure Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act**

To Agents Requesting Appointments with The Cincinnati Insurance Companies:

Thank you for your recent application for a license and/or company appointment. Because the role of independent agent involves fiduciary duties and provides access to and responsibility for business or personal financial information, we intend to obtain a report from a consumer reporting agency. We will use the report only for the purpose of determining your eligibility for a license or appointment. The report may contain personal information about you including your credit history, employment history, criminal history, and/or the insurance license(s) you hold. Upon your written request, you will be given a list of the areas included in your particular report.

Please sign and return the attached Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act. The authorization will remain in effect throughout the term of your appointments.

Please be aware that we cannot process your appointment to represent The Cincinnati Insurance Company and its subsidiary/affiliated companies until we receive this authorization and request the consumer report.

The Cincinnati Insurance Companies
Licensing Department



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

LIFE APPOINTMENT APPLICATION

A. AGENT INFORMATION

PC/Life appointment

Life appointment only

Full name (as it appears on residence license): _____
(First) (Middle) (Last)

Date of birth: _____ SSN: _____ Gender: Male Female

National Producer number (NPN): _____ Email: _____

Resident license state: _____ Resident license number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____

Business name: _____ Website: _____

Business street address: _____

City: _____ State: _____ ZIP: _____

Business phone: (____) _____

Nonresident state(s) where appointment is requested (if applicable): _____

Counties in which appointment is requested (required in Florida) _____

Email address of case manager (underwriting contact): _____

B. AGENCY INFORMATION (IF NEW APPOINTMENT)

INDIVIDUALS DO NOT COMPLETE THIS SECTION

Agency Tax ID number: _____

Corporate name: _____

Corporate phone: (____) _____ Corporate fax: (____) _____

Corporate address: _____

Primary principal (for background report): _____

Resident license state: _____ Resident license number: _____

Nonresident state(s) where appointment is requested (if applicable): _____

Counties in which appointment is requested (required in Florida) _____

C. BACKGROUND INFORMATION REQUIRED FROM AGENT OR PRINCIPAL

Please provide a detailed explanation below for any "yes" answers. If this is a corporate application, the questions should be answered by the agency principal.

- 1. Has any state license you have held ever been suspended or revoked? Yes No
- 2. Have any complaints or regulatory actions ever been filed against you? Yes No
- 3. Are you currently under investigation by any Department of Insurance?..... Yes No
- 4. Are you in debt to any insurance company? Yes No
- 5. Have you ever been convicted of or pled no contest to any violation of federal or state securities or investment related regulation? Yes No
- 6. Have you ever been convicted of or pled no contest to any crime or are you currently under investigation for any crime?..... Yes No
- 7. Do you have any delinquent debts that cumulatively exceed \$10,000 or have you filed for or been discharged from bankruptcy in the past seven years? Yes No

Details to "yes" answers: _____

Are you now or have you ever been contracted or otherwise associated with The Cincinnati Life Insurance Company? Yes No

If "yes", please provide details, including agent # and agency name. _____

Do you have Errors and Omissions coverage? Yes No

If you are a general agent, does your E&O policy cover agent/broker activity? Yes No

E&O Carrier: _____ Policy number: _____

Effective date: _____ Expiration date: _____

D. APPOINTMENT AGREEMENT

The information you have provided in this application will be used and may be disclosed to third parties for licensing, appointment and agency management purposes. It may be disclosed to third parties for purposes such as continuing education, license verification, consumer reporting, and/or electronic appointment and termination transactions. Your signature below signifies your acceptance of our use and possible disclosure to process and maintain your appointments throughout the term of your appointment

Agent/Principal name: _____

Agent/Principal Signature: _____ Date: _____

E. HIERARCHY INFORMATION

Please list all members of this agent's hierarchy (all agents/agencies need to be appointed and contracted) beginning with the **highest level**:

Check if new (HQ use only)	Level	Producer/Agency Name (if not appointed, need appointment application)	CLIC Agent # (if appointed)	Commission Schedule Form # (Use ZERO for no commission)	PC Split (Field Rep Use Only)	Contact Name	Email address	Life User Roles (Refer to key below)			
								LEA	LSS	LPAR	LOC
	GA										
	Other										
	Other										
	Other										
	WA										

Key to Life User Roles

- **LEA:** Life e-App – Allows licensed and appointed agents to electronically submit applications for faster processing
- **LSS:** Life Sales System – Provides users with the ability to determine clients' insurance needs and illustrate those products
- **LPAR:** Life Application Report – Allows agent-specific access to status of clients' pending life applications
- **LOC:** Life Commission Statement – Provides access to online commission statements

Address for commission statements, if not receiving them electronically: _____

 City State ZIP

F. MISCELLANEOUS – FOR HEADQUARTERS USE ONLY

Field rep: _____ Life Agency code: _____
 Date appointed: _____ Bulk mail: Yes No New Agent Kit needed: Yes No
 Financed agent: _____ to _____ Deal code changes: Start _____ Stop _____
 Additional notes: _____

<p>Regulatory and Consumer Relations</p> <p>Use Only:</p> <p>Processed by: _____</p> <p>Date Processed: _____</p>



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

AGENT COMMISSION ADDENDUM

Purpose and Definition of this Agreement

This addendum is in effect when attached to and made a part of an Agent Agreement between an Agent named in the Agent Agreement (Agent) and The Cincinnati Life Insurance Company (Company).

The purpose of this addendum is to enumerate the financial obligations, duties, rights and responsibilities of each to the other. This addendum terminates and supersedes any and all other agreements made between the Agent and the Company, governing commission of the Agent, and is automatically terminated when the Agent Agreement to which this addendum is attached is terminated.

Specific commission percentages, amounts or rates payable to the Agent are specified in other addenda attached to and made a part of the Agent Agreement.

A. AGENT

I. Rights of the Agent

The Agent shall have a right to:

- a) Commission change notifications**—Receive notification from the Company no less than 30 days prior to the effective dates of any changes in commission.
- b) Commission rates at issue**—Be paid commission rates as determined by the Agent Commission Schedule in effect at the policy issue date. Revisions of the Agent Commission Schedule shall not affect or reduce commission as specified in an Agent Commission Schedule on policies written prior to the effective date of any revision.
- c) Commission paid timely with accompanying reporting**—Receive payment of all earned commission on a scheduled basis and with detailed reporting when reasonably possible. The “Company” section provides greater detail.
- d) Vesting commissions**—Vesting commissions, as outlined in the Agent Commission Schedule, without exception unless so noted in this addendum or the Agent Commission Schedule.

II. Financial Obligations and Liabilities of the Agent

The Agent shall be responsible for:

- a) Canceled Policy or Contract**—Returning to the Company commission received by the Agent for any policy or contract canceled or declared void for any reason whatsoever. The commission to be returned are those applicable to the premiums or deposits returned to the policyholder by the Company.
- b) 90-Day Lapses**—Returning to the Company all commission paid on any policy or contract that lapses in the first 90 days.
- c) Overpayment**—Returning to the Company all commission paid to the Agent in error, whether such error is the Company’s error or the Agent’s error.

B. MISCELLANEOUS

- III. Assignment, Sale or Transfer**—No sale, transfer or assignment of this addendum, in whole or in part, shall be valid without the consent of the Company made in writing and signed and dated by an officer of the Company at its Cincinnati offices.

C. COMPANY

IV. Rights and Obligations of the Company

The Company shall:

- a) **Set Commission Rates**—Set the rate of Commission on all products offered by the Company as detailed in the Agent Commission Schedule for most products and marketing conditions.
- b) **Change Commission rates**—Increase or decrease policy commission rates as outlined on the Agent Commission Schedule at its discretion. Changes in the commission rates shall be applicable only to policies or contracts effective on or after the date of the revision. The Company shall provide the Agent written notification of any commission changes 30 days in advance of the effective date of the change.
- c) **Lien on Commission**—Have the right to reduce any commission earned by the Agent on any account by any amounts owed the Company by the Agent.

V. Financial Obligations/Limitations of the Company to the Agent:

The Company shall pay the Agent, as full commission for services provided as Agent, commissions in the amount and upon the terms set forth in the Agent Commission Schedule, with the following additional specific obligations of the Company and limitations of payment to the Agent:

- a) **Add to or Revise**—The Company reserves the right to add to or revise in writing this addendum or any Agent Commission Schedule attached to the Agent Agreement on any products or policies at any time it deems advisable. Such revision shall apply only to policies or contracts issued after the effective date of the revision.
- b) **Advanced Payments**—Commission shall not be payable on discounted premiums unless and until such premiums are due.
- c) **Automatic Premium Loan (APL)**—The Agent shall receive full commission on premiums paid by an automatic premium loan provision of a policy or contract.
- d) **Assignment, Sale or Transfer**—If a sale, transfer or assignment is made, the terms are more specifically outlined in the Agent Agreement. The Company assumes no responsibility for the validity or sufficiency of such assignment, sale or transfer or any commission due or to become due hereunder, even if the Company has consented to the transaction. When filed with the Company, a sale, transfer or assignment will be effective as of the date signed and shall be subject to any payments due or commissions paid or action taken by the Company before filing. No assignment shall affect the first lien of the Agent's commission held by the Company as set forth in this Agent Commission Addendum or Agent Commission Schedule.
- e) **Commission paid timely with accompanying reporting**—All earned commission outlined in the Agent Commission Schedule shall be paid on a Company determined frequency to be not less often than monthly while the Agent Agreement is in effect. The Agent will be provided an accompanying statement of commission paid during the relevant period, including policy detail when reasonably possible. Payment of statement earnings less than the Company's minimum check amount will be paid when the accumulated earnings equal or exceed the minimum check amount.
- f) **Conversion Credits**—The Company, at its discretion, will determine the commission payable on all conversion credits applied to a policy.
- g) **Conversions**—If any insurance is subsequently converted into some other form of policy, the Agent shall forfeit all further rights to commission payable under such insurance in either its original or converted form unless such conversion is effected by the Agent.
- h) **Joint Business**—If the Agent produces an application for a policy jointly with any other licensed Agent(s) of the Company, the premiums on which the Agent commission shall be computed and any other credit for the business, may, at the discretion of the Company, be divided as expressly agreed by all parties in writing and filed with the Company at its executive offices.
- i) **Internal rollovers**—The Company, at its discretion, will determine the commission on all monies rolled from one Company policy to another Company policy.
- j) **Issue age of case outside of normal issue ages**—The Company, at its discretion, will determine the commission on all cases outside of normal issue ages shown in the Company's rate manual.
- k) **Lapsed policy**—No commission shall be paid to the Agent on any policy that lapses, unless the policy is reinstated wholly through the effort and instrumentality of the Agent and under the Agent's direction.
- l) **Preliminary Term**—No commission is payable on Preliminary Term insurance premiums.

- m) Products/Commission not shown**—The Company, at its discretion, will determine the commission on any products not shown in the Agent's Commission Schedule and in all cases where special premium rate quotations are made.
- n) Replacement**—The Company, at its discretion, will determine the commission payable on a Company policy or contract which replaces another Company policy or contract.
- o) Riders**—First-year and renewal commissions on riders are payable at the same rate as the basic policy to which the rider is attached unless the rider is for a plan that is also written as a policy. In such case, the commission will be the same as if the rider was issued as a policy.
- p) Special Underwriting and Marketing**—The Company will determine the commission on all special underwriting and marketing methods of sale.
- q) Temporary Extra Premiums**—No commission shall be paid on temporary extra premiums that are placed on policies for a period of nine (9) or fewer years of duration.
- r) Vested Commission**—First-year and renewal commissions as provided in the Agent Commission Schedule are vested, except as provided under "Termination" section of the Agent Agreement and shall be payable following termination of the Agent Agreement.
- s) Vesting Settlement**—Following termination of the Agent Agreement, the Company may, at its discretion, pay future vested commission as provided in "Vested Commission," paragraph r), in a lump sum payment when such commission shall at any time have equaled less than \$500 in the immediately preceding 12-month period. The amount of such lump sum payment shall be computed in accordance with the Company's practice at the time of such payment.
- t) Waived Premiums**—The Agent shall not be entitled to commission on premiums waived or paid by the Company under the disability provisions of any policy.



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
www.cinfin.com ■ 513-870-2000

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

In the completion of the Electronic Funds Transfer Authorization, I, the undersigned, hereby authorize **The Cincinnati Life Insurance Company** (hereinafter "CLIC") to make deposits by automatic entry on the account for the purpose of payment of commissions.

NAME OF AGENCY OR WRITING AGENT: _____

LIFE AGENCY CODE # OR WRITING AGENT CODE #: _____

BUSINESS MAILING ADDRESS: _____

FEDERAL ID OR SOCIAL SECURITY NUMBER: _____

CLIC is authorized to use automatic entry to deposit funds on the account indicated below:

SAVINGS ACCOUNT

CHECKING ACCOUNT

(Select One Account Type)

(Bank Account Number)

(Routing Number)

(Name of Bank and Name of Branch, If Any)

(Address of Bank or Branch)

TO AUTHORIZE DEPOSIT OF FUNDS TO YOUR ACCOUNT, YOU MUST INCLUDE A VOIDED CHECK FOR YOUR CHECKING ACCOUNT OR DEPOSIT SLIP FROM YOUR SAVINGS ACCOUNT.

X

(Signature of Authorized Agency Representative or Writing Agent)

(Date)

(Printed Name of Agency or Agent)

Upon completion of this form, return it to Life Field Services – Commissions, P.O. Box 145496, Cincinnati, OH 45250-5496 or fax it to Life Commissions at 513-870-2500.