

Producer Appointment Application

Chase Insurance Life and Annuity Company (CILAAC/"the Company")
Chase Insurance Life Company (CILC/"the Company")
Chase Insurance Life Company of New York (CILCONY/"the Company")
Kemper Investors Life Insurance Company (KILICO/"the Company")
Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

Administrative Offices:
2500 Westfield Drive,
Elgin, IL 60123-7836
877/280-5102

PLEASE ANSWER ALL APPLICABLE SECTIONS COMPLETELY.

Section 1: Appointment Information

Appointment for: Individual Corporation Partnership Sole Proprietorship

Type of appointment requested: Life Variable Annuity Variable Life

State(s) to be appointed in: _____ (Attach copies of licenses)

Type of license currently held (provide copies) Life Life A/H Variable Life Variable Annuity

Note: General Agent and Broker Dealer must be contracted before a representative is appointed. Corporations must hold a valid license in all states, where applicable, in which agents/representatives will solicit business. A copy of the agent/representative individual state license and NASD Form U4 must be submitted with this application.

Section 2: Producer Information

Producer _____
Producer Number Assigned by General Agent/Broker Dealer

Business Street Address _____
City _____
State _____
Zip

Resident Street Address _____
City _____
State _____
Zip

Phone Number _____
Fax Number _____
E-Mail Address

Social Security Number (Tax I.D. Number) _____
Place of Birth _____
Date of Birth

What is your primary business activity (check only one)

Life Insurance Agent/Broker Financial Planner Registered Rep Property/Casualty Agent
 Qualified Plans (TSA, 401K, etc) Health Insurance Agent Other _____

Are you NASD registered? Yes No What series? _____

If yes, who is your Broker Dealer? _____

CRD Number: _____

Section 3: General Agent/Broker Dealer Information

Name

Business Street Address _____
City _____
State _____
Zip

General Agent Number _____
Phone Number _____
Fax Number _____
E-Mail Address

Section 4: Background Information

Please attach details for any question answered yes.

- a) Has any insurance license held by you ever been refused, suspended, revoked or been the subject of any administrative action by this state or any other state? Yes No
- b) Have you ever filed for bankruptcy, been charged with, pled guilty or nolo contendere to, or been found guilty of felony or misdemeanor charges including motor vehicle infractions, or any crime involving moral turpitude, or had charges pending against you at any time Yes No
- c) Are you currently covered by Errors and Omission Insurance? Yes No
 Insurer _____ Coverage Amount \$ _____
 If you have ever made a claim, attach separate sheet with details.

Section 5: Employment History (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Ohio or Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary.

From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip
From	To	Company Name	Position		
Contact Person		Street Address	City	State	Zip

Section 6: Code of Conduct Agreement

I have read the Company's Ethics Guide found on the www.chaseinsurancecompany.com Information for Representatives page, and certify that I understand, and will comply with, the company's policies, procedures, and code of ethical market conduct.

By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to the company in a timely manner and will notify the company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

Signature	Date
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Section 7: Consent to Request Consumer Report and/or Investigative Consumer Information

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment as a General Agent/Agent/Broker (circle one). I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through person interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information.

I agree the Company has the right to release any information revealed by this investigation to any State requiring it.

Driver's License #: _____

Commission Authorization

Chase Insurance Life and Annuity Company (CILAAC/"the Company")
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Kemper Investors Life Insurance Company (KILICO/"the Company")
Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

Applies only to Agents appointed with
Chase Insurance Life and Annuity Company
and Chase Insurance Life Company

Administrative Offices:
2500 Westfield Drive,
Elgin, IL 60123-7836
847-930-7000
Ext. 2132

A) Agent/Rep Commission payable to an agency/corp? Yes No
(If yes, complete below. If no, complete Section B).

Agency/Corporation Name _____

Tax ID # _____ (attach a copy of Agency/Corporate License)

Name of Agent listed on Corporate License _____

B) Agent's Name (print) _____

Life Products:
Agent's Commission Schedule _____

Fixed Annuities:

Agent's Commission for Chase Classic II – circle one of the following:

100%, 4.0, 3.5, 3.0, 2.5, 2.0, 1.5 or 0%

Agent's Commission for Chase Elite – circle one of the following:

100%, 6.5, 6.0, 5.5, 5.0, 4.5, 4.0 or 0%

_____ Option Available for Life Products Only _____

C) Please complete if an Agency/Manager is to receive a direct override commission on business written by the Agent.

Agency/Manager Name _____ Commission Schedule _____

Agency/Manager Tax ID# or SSN# or Code Number (if assigned) _____

I authorize the Company (s) to pay the above agent(s)/Broker(s) Commissions, according to the schedule indicated. I have personal knowledge of the above agent(s) to whom these commissions are to be paid. To the best of my knowledge and belief, the agent is trustworthy, and of good character, integrity and good business standing.

General Agent Signature _____

General Agent Number _____

Date _____

Return to Chase Insurance Department – Chase Insurance, 2500 Westfield Dr., Elgin, IL 60123-7836

Phone: (847) 930-7000 Ext. 2132 Fax: (847) 874-0639

Fidelity Life Association, A Mutual Legal Reserve Company ("FLA") is an independent insurance company owned by its policyholders. It is not part of the JPMorgan Chase & Co. family of companies.

Commission Direct Deposit Request

Chase Insurance Life and Annuity Company (CILAAC/"the Company")
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847/930-7000 Ext. 2132

In order to initiate the direct deposit of commission earned during the period of your appointment with the Company, the following information must be completed.

Please Print

Agent/Agency Name

Date

Business Phone

Fax Number

Email Address

SSN/TIN

This account is (check one): Checking Account Savings Account

Account Name

9 Digit ABA Number

Account Number

Bank Name

City

State

Zip Code

To assist in sending a confirmation that your direct deposit request has been processed, please provide your business address information.

Name

Street/PO Box

City, State, Zip Code

Note: Please do not assume that your commission will be deposited into your account because you have direct deposit. Always check your commission statement to determine the amount deposited into your account. Allow at least 3 business days for direct deposit to be processed into your account.

Questions regarding this information can be directed to the Commission Department 847/930-7902.

Agent Signature

Mail to: Chase Insurance, Commission Department, 2500 Westfield Drive, Elgin, IL 60123-7836
(attach a voided or cancelled check from your banking institution)

Or Fax to: Chase Insurance, Commission Department 847-874-0813
You are responsible for ensuring all information is correct.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 2.** 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 2.

Note: *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

Social security number								
				+				

or

Employer identification number								
	+							

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III 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. person (including a U.S. resident alien).

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 2.)

Sign Here

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.**

Note: *If 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.*

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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 not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

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

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.