



Unity Financial Life Insurance Company Privacy Policy for Agents and Policyholders

Privacy Policy

At Unity Financial Life Insurance Company, we are committed to safeguarding your privacy and keeping your personal information secure.

We collect nonpublic personal financial and health information about you from the following sources:

- Information we receive from you on applications or other forms
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer-reporting agency.

We do not disclose any nonpublic personal financial or health information about our customers or former customers to anyone, except as permitted by law.

We restrict access to nonpublic personal financial and health information about you to those employees and company agents who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal financial and health information



7029 N. 55th Drive
Glendale, AZ 85301
www.unkefer.net

800.523.5851
Fax 623.463.2336



UNITY FINANCIAL LIFE INSURANCE COMPANY
APPLICATION FOR PRE-NEED GENERAL AGENT CONTRACT

Please **attach a copy of your current license** for each state in which you wish to be appointed. If it is a Corporation or partnership requesting appointment, please provide a copy of the complete license showing each of the sublicensees. Please answer all questions:

PROSPECTIVE GENERAL AGENT: _____ SS or Tax ID # _____

Male or Female Date of Birth: _____ Managing General Agent/Agency: _____

By your signature below, you certify that you have provided your correct taxpayer identification number and that you are not subject to backup withholding.

ADDRESSES

(Please print clearly and provide both Residence and Business Addresses)

Residence Address	Business Address	
	E-mail: _____	Cellular: _____
Phone: _____	Phone: _____	Fax: _____

For policy issue or client service questions, please contact me by: Telephone Fax Internet Any

Please send my commissions and related information to my: Residence Business

Subject to specific state requirements, please send policy contracts to my: Residence Business

STATE LICENSES

State	Reference #	Type of License	Lines of Business

Do you hold a current Funeral Director's License for the state in which you intend to sell life insurance? Yes No

Are you a U.S. Citizen? Yes No

EMPLOYMENT HISTORY PAST FIVE YEARS

Name of Company	Appointment effective dates	Production
	From: _____ To: _____	
	From: _____ To: _____	
	From: _____ To: _____	

Criminal History: Federal Law prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust, to participate in the business of insurance. Have you (or, if a corporation, any of the sublicensees) ever been convicted of **any crime** (including DUI) other than a minor traffic offense? If yes, please provide details, including date, jurisdiction, charge and sentence. Yes No

Financial Information: Have you ever used any other name(s)? If so, please provide name(s): _____

Are you presently indebted to any insurance company, its managers or managing general agents? Yes No

Have you filed for bankruptcy within the past seven years?: Yes No

Date: _____

Signature: _____



UNITY FINANCIAL LIFE INSURANCE COMPANY
PO Box 625700 Cincinnati, OH 45262-5700

General Agent's Agreement

Between Unity Financial Life Insurance Company ("the Company") and _____ of _____

General Agent's Business Address

1. **Appointment.** The Company hereby appoints the General Agent to conduct an insurance agency to solicit applications for life insurance and annuities, both individual and group, to be submitted to the Company for approval or rejection and to collect and remit to the Company the first premiums on such insurance, to deliver policies when the terms and conditions governing such delivery shall have been complied with, and to perform such other duties as may be required by the Company. The General Agent shall have the right to appoint agents, with the approval of the Company, on the forms furnished by the Company, one copy being filed with the Company. The General Agent shall be responsible to the Company for all matters entrusted to him and for his acts and conduct relating to the business of the Company, and agrees to hold the company harmless from and against any and all claims of all agents and persons employed by him.
2. **Relationship.** This agreement shall not be construed to create the relationship of employer and employee between the General Agent and the Company. The General Agent is hereby constituted and shall in all respects continue to be an independent contractor. The General Agent shall be free to exercise his own judgment as to the persons he will solicit for insurance.
3. **Rules.** The General Agent shall conform to all the rules and regulations of the Company, now or hereafter to become in force, which shall constitute a part of this Agreement.
4. **Funds.** The General Agent shall immediately remit to the Company all funds received or collected on behalf of the Company.
5. The General Agent shall have no power or authority to do any of the following:
 - a. Represent that he is an employee, associate, joint venture or officer of the Company.
 - b. Change or waive any of the terms, conditions or rates set forth in promotional materials, or any advertisements, receipts, contracts, applications, or policies of the Company in any manner whatsoever.
 - c. Issue, print or circulate any advertisement, or sales material concerning the Company or any other company without obtaining prior approval in writing from the Company.
 - d. Bind the Company on any application for a policy of insurance or group certificate.
 - e. Extend the time of paying any premium, or rebate or offer to rebate any part of a premium.
 - f. Make any misrepresentation or incomplete comparison in order to induce policyholders of the Company or any other company to convert, lapse, surrender or forfeit his insurance.
 - g. Exercise any authority on behalf of the General Agent or the Company other than that expressly conferred by this Agreement unless authorized by the Company in writing.
6. **Indebtedness.** The Company shall have the right to set off any debts owed by the General Agent to the Company against any compensation due or which may become due the General Agent. In addition to such right of offset, the General Agent will pay on demand any amounts owed to the Company during or after the life of this contract, including any collection costs incurred by the Company.
7. **Sub-Agent Indebtedness.** If the General Agent has Sub-Agents for which the General Agent receives an override commission, the General Agent guarantees the payment of any debit balance or other indebtedness incurred by such Sub-Agents. The General Agent will pay the Company on demand if the Company, in its judgment, is unable to collect such balances when due. If the General Agent pays the Company for a Sub-Agent's indebtedness, the Company will assign its rights to such indebtedness to the General Agent to the extent of the General Agent's payments to the Company.
8. **Legal Proceedings.** The General Agent shall have no authority to institute, prosecute or maintain any legal proceedings in connection with any matter pertaining to the General Agent's or Company's business, except with the written consent of the Company. In the event any legal process or notice is served on the General Agent in a suit or proceeding against the Company, the General Agent shall forthwith forward such process or notice to the Company by overnight delivery.
9. **Change or Termination.** This agreement may be changed from time to time by written notice from the Company but no such change shall affect commissions on any contract or policy issued prior to the effective date of the change. Either party may terminate this Agreement at any time by giving the other party ten days' notice in writing. This Agreement shall terminate forthwith on the death of the General Agent. Any compensation due to or indebtedness owed by the General Agent at his death or falling due thereafter, under this Agreement shall be paid to or by his executors or administrators.

10. **Termination for Cause.** If the General Agent shall willfully or knowingly (1) submit any false information, or (2) conceal any material facts concerning the medical or personal history of any applicant or proposed insured, or (3) commit fraud, or (4) withhold or convert to his own use money or documents belonging to the Company, or (5) rewrite or cause to be rewritten with any other insurer any policy in force with the Company, whether or not such policy had been written by the General Agent, without prior written notice to the Company, or (6) induce or attempt to induce, any General Agent or employee of the Company to leave its service or to cease soliciting or writing business for the Company or to decrease the volume of business so written, or (7) improperly induce, or attempt to induce, any policyholder of the Company to discontinue premium payments on this policy, or (8) fail to conform to the rules and regulations of the Company, or (9) fail to comply with the laws and regulations of any state where the General Agent is appointed by the Company, or fail to maintain in good standing his license to sell insurance in such states or (10) violate any of the provisions or conditions of this Agreement, the Company shall terminate this Agreement by written notice and all interest the General Agent may have in any commissions and any other compensation under this and previous agreements made with the Company or any of its agents shall be forfeited. Such termination does not relieve the General Agent of any obligations to pay indebtedness owed at the time of termination or thereafter.
11. **Commissions.** As compensation for production and services as General Agent, the General Agent shall be paid by the Company commissions computed in accordance with the accompanying Commission Schedules. The commission schedules shall be subject to change by the Company at any time, such changes to be applicable to all policies issued after the effective date thereof. Commissions are not earned on policies which are returned to the Company and voided. The Company will recover an amount equal to the commissions paid or advanced on any policy which, during its first policy year, ceases to be in force as a result of death, lapse, surrender, free look, or similar event. The date of death is the actual date, not the reported date. Policies with a death benefit resulting from a nonforfeiture benefit do not count as in force. The company may recover commission payments at any time if the company voids or recinds a policy and returns premium.
12. **Renewal Commissions.** If any policy written under this Agreement shall cease to be in force on a premium-paying basis for a period of ninety days, from the due date of the premium in default and be subsequently reinstated, the General Agent shall not be entitled to any further renewal commissions on such policy unless the policy is reinstated through his agency.
13. **Commission Payments and Refunds.** No commissions shall be payable on any rejected application. Should a policy issued on an application secured by the General Agent lapse and not be reinstated, the General Agent shall have no further interest of any kind in the policy unless it be reinstated through the efforts of his agency while this agreement is in effect. Should the Company refund the premium for any reason, including but not limited to cancellation and rescission, on any policy written on an application secured by the Agent, he shall refund to the Company, if so instructed, any and all monies received by him by reason of the payment of such premiums.
14. **Reporting of Subsequent Events.** After the date of this contract, General Agent shall promptly notify Company if the General Agent is arrested for or convicted of any misdemeanor or felony other than minor traffic violations or if General Agent files for bankruptcy, either personally or for any entity directly related to his or her insurance business.
15. **Limitations.** The Company reserves the right, in its sole discretion and without liability to the General Agent, to disapprove any application for insurance submitted to it by the General Agent or any agent or person under his supervision and to limit or restrict the amount of or plan of insurance it shall issue and to require a higher premium than applied for.
16. **Assignment.** This Agreement is not transferable. No rights or interests under this Agreement shall be subject to assignment without the written consent of the General Agent and the Company.
17. **Waiver.** The failure of the Company to enforce any provision of this Agreement or to insist upon strict compliance by the General Agent with any of the provisions shall not constitute a waiver of any of the rights or privileges of the Company under this Agreement and shall not be deemed to constitute a course of conduct or waiver as to any subsequent acts.
18. **Entire Agreement.** This Agreement shall supersede any prior Agreement between the Company and the General Agent in relation to policies issued through the General Agent after the Agreement becomes effective. The foregoing, together with accompanying schedules, constitutes the entire Agreement between the parties.
19. **Liability.** Each shareholder or partner, if the General Agent is a corporation or partnership, personally and fully guarantees the performance by the General Agent of every commitment, covenant and undertaking in this Agreement, provided such person or persons has signed this contract individually or on behalf of the General Agent.

W. Andrew Unkefer
Supervising General Agent(s)

DELCO

Managing General Agent

General Agent

Date

For the Company



UNITY FINANCIAL LIFE INSURANCE COMPANY

PO Box 625700 Cincinnati, OH 45262-5700

Application and Agreement for Advance Commissions

I hereby request that Unity Financial Life Insurance Company (“the Company”) advance sums against future commissions to be earned under the provisions of my General Agent’s Agreement, and I agree that:

1. All commission advances constitute indebtedness to the Company. I understand that any indebtedness remaining on the date my General Agent’s Agreement terminates will become immediately payable in full. Any indebtedness that is incurred after termination of my Agreement will be payable on demand. Unity Financial does not advance commissions on 7 and 10 Pay Direct Bill business. Advances on 7 and 10 Pay business is available only on policies that pay by Pre Authorized Check (PAC).
2. **Reserve Fund:** I understand that a Reserve Fund will be created, wherein a percentage of my advanced commissions will be held at the Company until a cap has been reached.

Initial Reserve
Fund Percentage: 10%

Initial Reserve
Fund Cap: \$3,000.00

3. Commission charge-backs will be withdrawn from the Reserve Fund first. If the Reserve Fund is not available, charge-backs will be taken from my next commission check. I understand and agree that the Reserve Fund percentage and/or cap amount may be changed at any time by the Company.
4. No sums will be advanced on applications submitted but not yet issued.
5. This Agreement may be terminated at any time for any reason without notice to me.

Date: _____ Signed: _____
General Agent’s Signature

Print full name: _____

Authorization Signatures

Supervising General Agent: _____ Date: _____
W. Andrew Unkefer

MGA: DELCO _____ Date: _____

Chief Marketing Officer: _____ Date: _____



UNITY FINANCIAL LIFE INSURANCE COMPANY
PO Box 625700 Cincinnati, OH 45262

Candidate Notification

Through this document, it is disclosed to you that an investigative consumer report will be obtained from a consumer reporting agency for the purpose of evaluating you for agent appointment, employment, promotion, reassignment or retention as an employee or for eligibility for a license required by law to consider an applicant's financial responsibility. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

UNITY FINANCIAL LIFE INSURANCE COMPANY

PO Box 625700 Cincinnati, OH 45262



Authorization to Conduct Background Investigations

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with my application for agent appointment, employment or license. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written authorized request. I understand this authorization is to be part of the written agent appointment and/or employment application which I sign.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, agent appointment, promotion, reassignment or retention as an employee or for a license required by law to consider an applicant's financial responsibility.

Print Name _____

Signature _____ Date _____

Date of Birth _____
(for identification purposes only)

Social Security Number _____
(for identification purposes only)

If name changed,
(through marriage of otherwise) _____
print former name here



DIRECT DEPOSIT OF COMMISSIONS

AUTHORIZATION AGREEMENT FORM FOR DIRECT DEPOSIT OF COMMISSIONS

I hereby authorize Unity Financial Life Insurance Company to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account. I will not hold the banks liable for any erroneous deposits or adjustments.

Name: Last First M.I.
(Please Print Clearly)

Address City State Zip Code

Agent Number (s)

Please Attach a Voided Check Here

Agent Signature

Date

Please return this to Unity Financial by:
Fax: 623-463-2336 or Email: pat@unkefermail.com

OFFICE USE ONLY:

Entry Code: \$CUFA PRENOTE DATE



*Want 24/7 access to your account information?
Sign up for ViLink today!*

ViLink: Unity Financial's Agent Information System

Full Name: _____

e-mail address: _____

Signature: _____ Date: _____

When your request has been processed, you will be notified by fax or email with all of the information you need to access the ViLink Agent System.

Home Office Use Only

Co. Agent Number(s) States Licensed: _____

Preneed

Approved by: _____

Date: _____

Agency Number _____ (only if GA Access is Required)



UNITY FINANCIAL LIFE INSURANCE COMPANY

PO Box 625700 Cincinnati, Ohio 45262

ASSIGNMENT OF COMMISSIONS

For valuable consideration, I _____, herein called "ASSIGNOR" hereby assign, transfer and set over to _____, hereafter called "ASSIGNEE" all my right, title and interest in and to all commissions and any other compensation now due and hereafter to become due on all insurance policies, present and future, heretofore and hereafter issued by Unity Financial Life Insurance Company (hereinafter called "COMPANY") procured by me or in connection with any of my agency contracts with the COMPANY and all amendments, additions or supplements hereto and all new agency contracts entered into by me with the COMPANY.

ASSIGNEE'S ADDRESS: _____

ASSIGNEE'S TAXPAYER ID NUMBER: _____

The COMPANY is hereby authorized and directed to pay the commissions and other compensation forthwith, as they may become due directly to the ASSIGNEE and the receipt of the assignee shall constitute a full discharge of the COMPANY on account of said payments.

The ASSIGNEE acknowledges that they will be responsible for any financial obligations that result from business sold for which commissions are assigned pursuant to this agreement.

This agreement supercedes any and all assignments executed by the ASSIGNOR relevant to the COMPANY prior to this date.

SIGNATURES

ASSIGNOR: _____ Date: _____

ASSIGNEE: _____ Date: _____

Unity Financial Life Insurance Company, by its Officer,

_____ 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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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 Line 1 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
or
Employer identification number

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

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).

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 4.

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.

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, 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.

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.

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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

UNITY FINANCIAL LIFE INSURANCE COMPANY

Cincinnati, Ohio

PRODUCER'S COMMISSION SCHEDULE

The Producer shall be entitled to receive commission at the rates shown on this schedule for Group or Individual products with applications or enrollment forms dated on or after May 1, 2008 until further notice. Payment of commission under this schedule shall be subject to all the provisions of the General Agent's Agreement between the Company and the General Agent and is subject to change as provided in the General Agent's Agreement.

Single Premium

Commissions expressed as a percentage of premium.

Client Issue Age	Rate
1-65	15
66-70	13.5
71-75	11.5
76-80	8.5
81-85	4.0
86-90	3.0
91-99	0.5

Commission Chargebacks:

- Commissions are not earned on policies which are returned to the Company and voided.
- The Company will recover an amount equal to the commissions paid or advanced on any policy which, during its first policy year was surrendered for the policy cash value.
- If the insured dies prior to the first policy anniversary the commission will be charged back 100%.
- If a policy is issued with an incorrect age and the correct age would have resulted in a lower commission, a partial chargeback will take place to result in the correct commission.

I have read and agree with the above:

Signature: _____

Date: _____

Print Full Name: _____

Level 7T