



FIELD HANDBOOK

FAMILY SOLUTIONS DIVISION

Columbian Mutual Life Insurance Company • Home Office: Binghamton, NY
Columbian Life Insurance Company • Home Office: Chicago, IL
Administrative Service Offices: Binghamton, NY • Syracuse, NY
www.cfglife.com

Columbian Life Insurance Company is not licensed in every state.

The information contained herein is designed to serve as a general reference source only. The company procedures, practices and products outlined in this guide are subject to change due to legal compliance requirements or the needs of the business. Product/Rider availability and specifications may vary by state.



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HOW TO CONTACT US

Binghamton Office: PO Box 1381 Binghamton, NY 13902-1381

Syracuse Office: PO Box 1056 Syracuse, NY 13201-1056

800.423.9765

| | Ext | Fax | Email |
|---|------------------------------|--|--|
| Claims Final Expense All other | 7557 5916 | 866-253-9459 | claimsdepartment@cfglife.com |
| Commissions Agent Collection All other | 5914 5908 | 877-319-2463 | zBGMCommissions@cfglife.com |
| Customer Service Final Expense All other | 4900 5920 | 877-260-3264 866-253-9459 | zATL_CustomerService@cfglife.com |
| Debit Monthly Reports | 5914 | | |
| Debit Bill Activity Report (DBAR) | 6237 | | |
| General Services Kits Forms/Supplies | 7193 7197 | 607-724-4345 | SupplyOrders@cfglife.com |
| Licensing/Contracting | 5927 | 607-724-1599 | zBGM_licensing@cfglife.com |
| Marketing/Advertising | 6342 | 607-724-6382 | Sharon.snyder@cfglife.com |
| New Business Final Expense (NY) Final Expense (other states) Simplified Issue Term All other | 4902 4902 5944 5915 | 888-224-7759 877-261-3266 866-253-9459 866-253-9459 | zATL_New_Issue@cfglife.com zATL_New_Issue@cfglife.com SIT.NB@cfglife.com |
| PC Help Desk | 6333 | | |
| Premiums | 5907 | 877-319-2463 | |
| Reinstatements | 5920 | | |
| Sales Support | 7582 | 315-471-3912 | syrmarketing@cfglife.com |
| Underwriting | 5904 | 866-253-9459 | risk.assessment@cfglife.com |

MARKET CONDUCT

General Guidelines

The Company expects agents to follow rules of ethics and professional conduct. Failure to do so may result in termination of your contract. You should always:

- Properly identify yourself, your company and your role as an insurance agent.
- Use an organized sales process that is based on fact finding and thorough needs analysis.
- Use words, terms and symbols that accurately describe the features and benefits of the products you sell.
- Disclose to clients accurately, and in language they can understand, all relevant information about the products and services you recommend.
- Recommend a replacement only if, after a careful, thorough and fully documented analysis, it can be shown to provide both short and long term benefits that outweigh its costs.
- Accurately complete all forms related to a replacement and provide copies to the client and the Company.
- Provide copies of all state-mandated forms and guides to clients at the appropriate time during the sales process.
- Maintain complete client files and a master compliance file which includes all Company compliance-related policies and procedures.
- Respond on a timely basis to all customer complaints and other communications. All complaints and grievances, written or verbal, must be fully documented and forwarded to the Binghamton Office as soon as you receive them.
- Educate yourself about your responsibilities as an insurance professional and keep current on compliance and market conduct rules and regulations.
- Use only sales materials that have been approved by the Company's Marketing and Legal Departments.

MARKET CONDUCT

Solicitation

Be aware of and comply with all solicitation regulations, including those regarding telemarketing, faxing and electronic communications.

Telemarketing

If you engage in telephone solicitation, it is your responsibility as an independent Agent to know and comply with all federal and state laws regarding telemarketing. If you use an outside source for sales leads, you must ensure that the lead source is fully compliant.

- For information about the Telephone Consumer Protection Act, go to <https://www.fcc.gov/general/do-not-call>
- To check the Federal Trade Commission National Do Not Call Registry, go to <https://telemarketing.donotcall.gov/>

In addition to the federal rules, many states also have their own laws regarding telemarketing. Exemptions and restrictions vary among the federal and state rules. Those involved in telemarketing must comply with the applicable laws of the state they are calling from, as well as the state they are calling to. For information about a particular state's laws, contact the state attorney general's office or state consumer protection agency.

Unsolicited Faxes

Columbian abides by the Telecommunication Consumer Protection Act of 1991, which makes it unlawful to send unsolicited advertisements via fax machine. We expect General Agents and Agents licensed to sell our products and other representatives of our Company to also follow this law.

Electronic Communications

Electronic communications must comply with the CAN-SPAM Act of 2003, which sets rules for commercial email and establishes requirements for commercial messages. For guidance, go to <https://www.ftc.gov/tips-advice/business-center/guidance/can-spam-act-compliance-guide-business>

If you maintain a website, be sure that all information is accurate and not misleading, and include all required disclosures. No links to the CFG website are allowed without prior written approval from Columbian's Marketing Department.

MARKET CONDUCT

Suitability

Only the consumer's best interest, and not the financial interests of the producer or insurer, can influence a recommendation to purchase a life insurance policy or make any in-force transaction. You must have reasonable grounds for believing that your recommendation is suitable based on the consumer's insurance needs and financial objectives at the time of the transaction.

New York producers are required to complete a [NY Reg 187 Best Interests training course](#) and provide proof of training to Columbia's Licensing Department before conducting any New York business. When an application is completed, the Agent must attest that:

- the recommendation to the Applicant was based on an evaluation of relevant suitability information and that only the interests of the consumer were considered in making the recommendation for insurance; or
- the Applicant decided to purchase the product despite the Agent's recommendation not to do so; or
- the Applicant refused to discuss suitability and no recommendation was made.

If a recommendation was made, either for or against the policy being applied for, the Agent must submit a completed Suitability Information Form (Form 2592) with the application.

Replacements

Replacement of an existing policy should be recommended only if it can be shown to provide both short and long term benefits to the client that outweigh the costs. Columbia does not condone the wholesale replacement of any Agent's prior business with another company. If we are aware of such activity, we will take appropriate action.

Consumer Complaints

State regulations require that all consumer complaints be documented and acted upon promptly to ensure that each is resolved in an appropriate manner.

- **Definition of a Complaint** - A complaint is any written or verbal communication that expresses a grievance.
- **Duties of the Agent** - Should any client express a complaint to you regarding you, your actions, the Company, its products, services or any other matter related to our relationship with the client, you must immediately advise the Company of the complaint. This should be done in writing to Columbia's Chief Administration Officer and include all documentation of the complaint and any additional information pertinent to a response.
In some instances, you may be able to immediately resolve a complaint by taking some action or providing an explanation. Even in this event, if the incident meets the definition of a complaint, the matter should be documented as described above.
- **Action** - Once we are notified of a complaint, we will document the matter as required by state regulations. If the complaint is unresolved, we will research the matter in order to affect an appropriate solution.

MARKET CONDUCT

Agent/Agency Records

In order to protect yourself and the Company, all communication with policy owners regarding policies must be documented chronologically. The following areas are extremely important:

- Complete details on the subject matter discussed
- The day, month and year the information was recorded and documented in the agent/agency file.
- The day, month and year the information was received by the agent/agency
- The name of the individual recording the information in the agency file
- The name of the individual(s) with whom the subject matter was discussed

Most states require Agents to maintain transaction records for a specified period of time. Although regulations regarding the required content and length of time records must be maintained vary by state, you should always keep your files as complete as possible.

Along with a copy of the application, you should file copies of any other documents connected with the policy, such as disclosure notices, replacement notices, policy delivery receipts, lapse notices, change requests, claims or complaints. If the policyowner or anyone associated with the policy contacts you in person or by phone, be sure to document the date and purpose of the conversation and note any subsequent actions taken as a result.

If your state allows, you may be able to maintain transaction records in an electronic format or store them in a place other than your office; however, they must be available in a hard copy format upon request.

Contact your insurance department if you have questions regarding your state's requirements, but keep in mind that no matter what your state requires, it is in your best interest to maintain well-documented transaction records. Good records can be your most valuable resource if questions ever arise regarding a transaction.

MARKET CONDUCT

Confidentiality

A producer may not disclose or use any nonpublic personal information concerning Columbian's customers (including but not limited to Columbian's policyholders, insureds, annuitants, claimants, beneficiaries and applicants), including names, addresses, telephone numbers, birth dates, Social Security numbers, insurance policy or annuity information, financial information or any other personally identifiable information for any purpose other than to carry out the duties and functions of the producer as set forth in the producer's contract, or as otherwise permitted under federal or state law.

Personally Identifiable Information (PII) is information that, when used alone or with other relevant data, can identify an individual. PII may contain direct identifiers (e.g., name, address, social security number or other identifying number or code, telephone number, email address, etc.) that can identify a person uniquely, or quasi-identifiers (e.g., race) that can be combined with other quasi-identifiers (e.g., date of birth) to successfully recognize an individual.

The producer must establish appropriate safeguards to protect against the inadvertent disclosure of PII to any other person or entity. In the event of any improper or unauthorized disclosure of PII while in the custody or control of the producer, the producer must immediately notify Columbian so that the Company and the producer may take appropriate remedial action.

Special attention must be paid to the use and disclosure of Protected Health Information ("PHI") as defined in the Health Insurance Portability and Accountability Act ("HIPAA") of 1996. Specifically, the producer must establish and implement appropriate safeguards for PHI that is created, received, used or disclosed in the performance of the obligations under the producer's contract with Columbian.

Additionally, upon receiving a written request from Columbian, the producer must make available in a timely manner the information required by Columbian to provide an accounting of the uses and disclosures of PHI in accordance with the HIPAA privacy rule.

Columbian prohibits the use of email for sending information or inquiries that include PII. These types of communications should be sent by mail, fax, or secure upload through the Partners Website.

MARKET CONDUCT

Unfair Trade Practices

Examples of unfair trade practices include:

- **Churning** – Improper policy replacement within the same company.
- **Defamation** – Any maliciously critical or derogatory written or oral statement made about any insurer or agent of an insurer.
- **Failure to Remit Insurance Funds** – Failure to remit collected premiums, premium refunds, claim settlements or any other type of insurance funds to their proper owner. This practice can result in an insurance professional losing his or her license.
- **False or Deceptive Advertising** – Advertising must be true, clear and understandable. All advertising and sales materials that use either the Company's name or products must be approved through the Marketing and Legal Departments.
- **Inaccuracy** – The Agent is responsible for accurately completing the application.
- **Misrepresentation** – Making oral or written false or misleading statements about the financial condition of the Company or policy.
- **Rebating** – Offering some inducement other than what is contained in the policy itself in exchange for the purchase of life insurance.
- **Twisting** – Using misleading information to induce a person to replace existing coverage.
- **Improper use of Senior-Specific Certifications or Designations** - Use of a senior-specific certification or designation that indicates or implies in a misleading way that the producer has special training or certification in advising or servicing seniors in connection with the solicitation, sale or purchase of life insurance. Producers may not:
 - Use a certification or professional designation he or she has not actually earned or is otherwise ineligible to use; or
 - Use a nonexistent or self-conferred certification or professional designation; or
 - Use a certification or professional designation that implies a level of occupational qualifications obtained through education, training or experience that the producer does not have; or
 - Use a certification or professional designation that was obtained from a certifying or designating organization that:
 - is primarily engaged in the business of instruction in sales and marketing; or
 - does not have reasonable standards or procedures for assuring the competency of its certificants or designees; or
 - does not have reasonable standards or procedures for monitoring and disciplining its certificants or designees for improper or unethical conduct; or
 - does not have reasonable continuing education requirements for its certificants or designees in order to maintain the certificate or designation.

MARKET CONDUCT

Prohibited Practices

Do not:

- Call life insurance or annuities “plans,” “programs,” or in any way disguise that they are life insurance policies or contracts.
- Provide services, such as legal or tax advice, or products for which you are not duly trained and licensed.
- Show materials to the public which are identified as “Not for Consumer Use,” “For Agent Use Only” or “For Internal Use Only.”
- Sell products that do not meet the client’s financial and personal needs.
- Exaggerate, inflate or misrepresent your products, services or company.
- Make any statement, written or oral, which is untrue and derogatory regarding the financial condition of any insurance company.
- Minimize, ignore or avoid discussing aspects of your products and services because they are complicated or potentially unfavorable.
- Develop “home grown” illustrations, advertising, or present tabular data that has not been approved at Columbian’s Home Office.
- Use terms like “vanishing premium” or “vanish” when describing the mechanics of using accumulated values to pay future premiums.
- Give monetary or indirect “in kind” rebates.

MARKET CONDUCT

Anti-Money Laundering

Columbian's anti-money laundering program is designed to comply with federal regulations for insurance companies and to prevent any activity that facilitates money laundering or the funding of terrorist or criminal activities. As a person who deals directly with customers, you are in a critical position to obtain information regarding the customer, their source of funds, and their reasons for purchasing an insurance product. To help prevent money laundering, you must understand how it works, be able to recognize suspicious activities, and comply with your responsibilities within the program.

How Money Laundering Works

Money Laundering is a process by which illegally obtained money is filtered through a series of transactions that eventually make the money appear to be obtained from "clean," or legal, activities. Insurance products with an investment feature or cash value such as whole life, universal life, or annuities are sometimes used in money laundering schemes, where a policy or contract may be purchased and then canceled in the free-look period.

Recognizing Suspicious Activities

You should be alert to suspicious activities, because ignoring warnings to money laundering can implicate you in the crime. Some "red flags" to watch for include:

1. The purchase of an insurance product that appears to be inconsistent with the customer's needs or appears to exceed the customer's known income or liquid assets.
2. Little or no concern by a customer for product features, other than the early termination features.
3. Reluctance by a customer to reveal information normally provided in the application, or is unwilling to provide photo ID or other documentation that will enable proper identification.
4. Attempted unusual payment methods, such as cash, foreign currency, foreign accounts, or cash-like instruments such as money orders, traveler's checks, cashier's checks, starter checks or credit card advance checks.
5. An attempt to purchase several small policies rather than one large policy for no valid reason.
6. Payment of a large amount broken into small amounts.
7. A large pour-in to a contract, followed by an immediate withdrawal.
8. A request for a maximum loan on a single premium policy shortly after purchase.
9. Early termination of a product, especially at a cost to the customer or where payment is made by, or the refund check is directed to, an apparently unrelated third party.
10. The return of a policy that refunds a large amount of premium during the free-look period with no apparent reason for not wanting the policy.
11. Insistence on speedy issue or service without the required paperwork or medical requirements.
12. The transfer of the benefit of a product to an apparently unrelated third party.
13. Repeated policy cancellations in a short period of time for significant amounts of money.

MARKET CONDUCT

Your Anti-Money Laundering Responsibilities

Columbian's Anti-Money Laundering Program requires you to:

1. Verify the identity of every customer through a government-issued photo ID, such as a driver's license or passport.
2. Verify the need for the insurance that is being purchased.
3. Ensure that all information on the application and associated documents is accurate and complete.
4. Create a client profile for each client, documenting verification of identity and the need for the insurance. Include information on all policies or annuities purchased by the individual. Files must be retained for five years after termination of the policy or contract. State insurance regulations may require certain documentation to be retained for a longer period.
5. Report transactions of more than \$10,000 that are paid in cash or cash-like instruments, such as money orders, traveler's checks or cashier's checks.
6. Report suspicious transactions of \$5,000 or more, whether conducted in an individual transaction or aggregate related transactions.
7. Report any money laundering red flags so that the Company can determine whether a Suspicious Activity Report (SAR) must be filed with the U.S. Department of the Treasury.

The USA PATRIOT Act holds agents and brokers liable for reporting suspicious activities. Failure to do so can result in charges of willful blindness. **To report suspicious transactions or activities, contact your Columbian Representative.**

DO NOT, under any circumstances:

- **inform the client that you have suspicions or are making a report; or**
- **disclose the fact that a SAR has been filed or considered; or**
- **disclose the contents of a SAR to the subject of a SAR or any third party**

MARKET CONDUCT

Compliance Checklist

Responsibility does not end when the sale is made. If any transactions seem suspicious, contact Columbian.

What can you do to be sure you are fulfilling all of your compliance responsibilities?

- ☒ Comply with terms of agency contracts
- ☒ Continue your education in products, ethics, law and industry changes
- ☒ Maintain technical expertise
- ☒ Conduct thorough fact-finding and needs analysis
- ☒ Submit accurate and complete policy applications
- ☒ Submit all collected premiums to Columbian
- ☒ Maintain confidentiality of client information
- ☒ Perform all disclosure as required
- ☒ Perform all necessary policyholder services and annual reviews
- ☒ Promptly report any consumer complaints to the Binghamton Office
- ☒ Maintain accurate and complete documentation and recordkeeping
- ☒ Keep licenses and appointments current
- ☒ Conduct internal reviews

Contact our Legal Department at 800-423-9765, extension 7398 to report any violations.

MARKET CONDUCT

Penalties for Noncompliance

Every agent must comply with all applicable industry codes, laws and regulations, as well as all Company rules and practices including, but not limited to, those published in Field Bulletins, training manuals, rate manuals, and the Agent Code of Ethics. Agents are expected to correct violations where possible and report violations as directed. All suspected violations will be investigated by the Company's Market Conduct Committee which will, if warranted, determine an appropriate disciplinary response, which may include:

- Verbal warning
- Written warning
- Probation
- Suspension of privileges
- Termination
- Termination with cause
- Civil Action

Typical Legal Actions for Breaches of Insurance Law:

- Administrative or criminal investigation
- Formal hearing
- Official censure
- Cease-and-desist order
- Fines, civil penalties and other monetary forfeitures
- Liability for payment of compensatory and punitive damages as a result of private legal action by a consumer or group of consumers in civil court
- License suspension or revocation

By following laws, regulations and Company rules and practices closely, you safeguard your professional status while protecting the public, your company, your license, your livelihood and your financial well-being.

LICENSING

Resident Licensing Requirements

- Must be at least 18 years of age.
- Must be a permanent resident of the state in which he or she is applying for licensing.
- Must be free of felony charges and not convicted of a crime of moral turpitude.
- Must be of an acceptable financial background and have no unsatisfied judgments that are material to his or her fitness as an insurance producer.
- Must have completed a course of education as required by the state insurance commissioner.
- Must have passed an examination approved by the insurance commissioner to test the knowledge and proficiency of the Applicant for the kinds of insurance for which he or she seeks authority.
- Must be of good reputation and good character and be trustworthy, competent and worthy of a license.

If you have questions regarding licensing requirements, please call our Licensing Department at extension 5927.

Continuing Education Requirements

Ongoing continuing education is a requirement for maintaining a valid life insurance license. We suggest that you check the continuing education requirements each year for every state in which you are licensed to sell insurance.

LICENSING

Recruiting - General Selection Criteria for Agents

- Presents a professional appearance
- Demonstrates excellent communication skills
- Possesses a successful work history / résumé
- Portrays a positive and enthusiastic attitude
- Exhibits a competitive spirit and high moral values
- Possesses the initiative and ability to work independently

Agent Distribution Guidelines

Columbian has established the following guidelines governing the transfer of an agent from one general agency to another. These guidelines are consistent across all of Columbian's product distribution channels.

- General Agents are prohibited from recruiting existing Columbian agents.
- An agent may transfer to another General Agent if the agent obtains prior written consent from the Company and the current General Agent.
- If the requested transfer could be detrimental to the Company or any of its policyholders, the request may be denied by the Company or the General Agent.
- If the current General Agent does not consent to the requested transfer, the agent may terminate his or her contract and apply for appointment with the new General Agent after a period of six months. If the agent has any outstanding debt to the Company, the balance must be paid in full before the Company will authorize the appointment.
- Any time an agent transfers to another General Agent, whether by consent or by terminating for six months, all existing business written by the agent remains with the current General Agent.

If you have questions, please contact the Licensing Department at extension 5927.

SALES & MARKETING

Needs Analysis

One of the most important parts of the sales process is working with the client to establish their insurance needs. When you and your client work together to complete a needs analysis, you are providing an invaluable service, and your sales presentation is enhanced on several levels:

- By listing the family's future expenses, you transform a vague idea of tomorrow into a clear picture today, and turn an intangible insurance policy into a blanket of security.
- By being attuned to the client's needs, you demonstrate that you are interested in providing quality service, rather than simply overselling a product and gaining a commission at their expense.
- When you make your life insurance recommendation, the client will understand why the product and the face amount are suitable for their current situation and future needs.

A Needs Analysis Form is available in English (Form No. 4355CFG) and Spanish (4355CFG-S). An interactive Needs Calculator is also available on Columbian's Illustration Software, which is available for download [here](#)

Life Insurance Needs Calculator

| Existing Assets (\$55,000) | Cash Needs (\$10,000) | Important Facts & Tips |
|-----------------------------------|------------------------------------|--|
| Life Insurance: \$25,000 | Final Expenses: \$0 | Existing Assets <u>Life Insurance</u> Include your personal life insurance and any group life coverage. |
| Liquid Assets: \$20,000 | Funeral Expenses: \$10,000 | <u>Liquid Assets</u> Include any Checking, Savings, Money Market Accounts, Annuities, and any other asset that can be quickly turned into cash. |
| Investments: \$0 | Other Expenses: \$0 | <u>Investments</u> Include all Stock & Brokerage Accounts and Pension Accounts. |
| Other Assets: \$10,000 | | <u>Other Assets</u> Include any asset that can be converted to cash, even if some time may be involved. Examples: Antique cars, valuable artwork, income contracts, business assets, etc. |
| Debts (\$67,500) | Income Needs (\$0) | |
| Credit Cards: \$2,500 | Monthly Income: \$0 | |
| Car Loans: \$15,000 | Income Years: 0 | |
| Mortgage: \$50,000 | | |
| Other Debts: \$0 | | |
| Education Needs (\$30,000) | Investment & Inflation | |
| # of Children: 2 | Investment Return: 4.00 % | |
| Cost per Child: \$15,000 | Inflation Rate: 2.00 % | |
| | Total Life Insurance Needed | |
| | \$52,500 | |

*Remember, selling to the client's **needs** produces quality, persistent business.*

SALES & MARKETING

Promotional Items

Columbian Financial Group branded merchandise such as apparel, golf items, mugs, coasters, pens and much more are available at low prices through the online [CFG Company Store](#). Call Sales & Marketing at extension 6255 if you have questions.



The Miamian Portfolio



Travel Tumbler



Golf Umbrella



25 Sheet Notepad

Conferences

Producers who qualify for Columbian's conferences enjoy luxurious accommodations in some of the most exciting locations in the world. In past years, our conferences have been held in Curacao, Aruba, Puerto Vallarta, Cancun, Vienna and Maui.



SALES & MARKETING

Advertising Practices

All advertising of Columbian's companies or products must meet Company standards and comply with state and federal regulations. Advertising must be approved at the Binghamton Office by Columbian's Legal Department and Marketing Department prior to use. This includes:

- Sales pieces on products
- Form letters and direct mail solicitations
- Advertisements in trade journals, newspapers and magazines
- Scripts for videos or radio/television ads
- CD / DVD / USB content and labels
- Business cards and stationery
- Billboards and display units
- Illustrations
- Internet/web pages, including social networking sites, web ads and/or links to any website under CFG
- Advertising written by GAs/Agents that includes our products and/or companies
- Training presentations, including PowerPoint presentations, prepared sales talks and scripts
- Recruitment materials

Requests should be submitted to Sharon.Snyder@cfqlife.com. Consequence for failure to obtain the required prior approval may include, but is not limited to, termination for cause. You must submit two copies of the final version of the advertisement to the Marketing Department as soon as it is available. Final web pages must be sent to Sharon.Snyder@cfqlife.com.

In advertising, it is important to remember the following points:

- You may not use Columbian's name in advertising without permission and you may not imply that your relationship with the Company is other than as an independent agent.
- You may not misrepresent your level of expertise by using designations or titles such as "certified," "accredited," "retirement planner," "senior advisor," "senior consultant" or similar unless such designation or credential is supported by a documented program of study and current continuing education standards are maintained.
- Do not say it if it is not true.
- Do not use highly technical insurance language for consumer pieces.
- Do not be misleading.
- Clearly state the type of product that is being promoted.
- Clearly state all reference sources.
- Use only royalty-free artwork.
- Testimonials are allowed on a limited basis and must be updated annually.
- Endorsements, testimonials and/or use of a spokesperson must be approved by the Binghamton Office and must disclose any financial relationship.

PRODUCT PORTFOLIO

| WHOLE LIFE | | | |
|---|--|---|--|
| PRODUCT | MARKETS | RIDERS | FEATURES |
| Dignified Choice® Final Expense Classic Elite and Select - Ages 18-24 \$5,000 - \$25,000 - Ages 25-44 \$5,000 - \$35,000 - Ages 45-80 \$2,500 - \$35,000* - Ages 18-85 \$2,500 - \$25,000* Classic Advantage - Ages: 40-85 \$2,500 - \$20,000* *Minimum issue \$5,000 in WA. | <ul style="list-style-type: none"> Personal Senior Market Final Expense | <ul style="list-style-type: none"> Accidental Death Benefit Accelerated Death Benefit Children's Term Rider | <ul style="list-style-type: none"> Simplified Issue Full Benefit & Graded Benefit available |
| PRODUCT | MARKETS | RIDERS | FEATURES |
| Simple Security (MDO) - Ages 0-49 \$5,000 - \$15,000* - Ages 50-85 \$2,500 - \$15,000 *If the Insured currently has a Columbian policy, minimum issue for an additional policy is \$2,500, regardless of age. | <ul style="list-style-type: none"> Personal | <ul style="list-style-type: none"> Accidental Death Benefit Common Carrier ADB Children's Term Rider Primary Insured Term Rider Other Insured Term Rider Waiver of Premium | <ul style="list-style-type: none"> Simplified Issue Low face amounts Monthly agent collection mode available |
| TERM LIFE | | | |
| PRODUCT | MARKETS | RIDERS | FEATURES |
| SafeShield® Term Ages (Age Last): 10YT 18-70 15 YT 18-70 20 YT 18-65 30 YT 18-55 Amounts: Ages 18-55 \$20,000 - \$350,000 Ages 56+ \$20,000 - \$250,000 | <ul style="list-style-type: none"> Personal Business | <ul style="list-style-type: none"> Accelerated Benefit Riders Accidental Death Benefit Common Carrier ADB Children's Term Rider Guaranteed Purchase Option Unemployment Waiver Waiver of Premium Rider | <ul style="list-style-type: none"> Simplified Issue Level premiums for 10, 15, 20 or 30 years Renewable annually after initial term period Convertible after two years |
| CONVERSION | | | |
| PRODUCT | MARKET | RIDERS | FEATURES |
| Lifetime Plan - Ages 0-17 \$2,500 - \$125,000 - Ages 18+ \$25,000 - \$250,000* *Minimum \$2,500 for Children's Term Rider conversions. | <ul style="list-style-type: none"> Simplified issue term conversions (fully underwritten products convert to Life's Solutions LP90) | <ul style="list-style-type: none"> Accidental Death Benefit Common Carrier ADB Children's Term Rider Guaranteed Purchase Option Living Benefit Riders Waiver of Premium Rider | <ul style="list-style-type: none"> Permanent insurance for conversions of simplified issue term policies and riders |

Product availability and specifications may vary by state.

PRODUCT PORTFOLIO - FINAL EXPENSE

Dignified Choice® Final Expense is level premium whole life insurance with simple issue underwriting. Final Expense policies are purchased to cover the anticipated costs of final expenses, medical bills, debts and/or general funeral expenses.



Classic Elite & Classic Select Full Benefit Policies

| | | |
|---------------|------------|--------------------|
| Issue Limits* | Ages 18-24 | \$5,000 - \$25,000 |
| | Ages 25-44 | \$5,000 - \$35,000 |
| | Ages 45-80 | \$2,500 - \$35,000 |
| | Ages 81-85 | \$2,500 - \$25,000 |

| | |
|-----------------|-----------------------|
| Premium Classes | Male / Female |
| | Non-Tobacco / Tobacco |

Non-Tobacco means no tobacco, nicotine or smoked marijuana in the past 12 months.

| | |
|---------------|---|
| Death Benefit | Full death benefit payable in all years |
|---------------|---|

Classic Advantage Modified Benefit Policy

| | |
|---------------|---|
| Issue Limits* | Age 40-85 \$2,500 - \$20,000 (Ages 50-75 in NY) |
|---------------|---|

| | |
|-----------------|---------------|
| Premium Classes | Male / Female |
|-----------------|---------------|

| | |
|---------------|--|
| Death Benefit | Return of premiums plus 6% interest for non-accidental death occurring within the first two policy years. Full face amount payable for non-accidental death occurring year three or thereafter or by accidental death in any year. |
|---------------|--|

Sales of Classic Advantage is restricted to 30% of applications issued and paid in the past 365 days.

Maximum issue for combined coverages:

- \$40,000 maximum for combined Simple Security, MDO and Classic Elite
- \$35,000 maximum for combined Simple Security, MDO and Classic Select
- \$25,000 maximum for combined Guaranteed Issue Whole Life** and Classic Advantage
- If a client already has \$10,000 of Classic Security in force, we will be unable to issue any additional coverage.

*Age at the last birthday as of the effective date of the policy. Minimum issue \$5,000 in WA.

**Guaranteed Issue Whole Life is no longer available for sale, as of 1/1/20.

Refers to Policy forms 1F607, 1F607-CL, 1F608-CL, 1F609 and 1F609-CL or state variation.

PRODUCT PORTFOLIO - FINAL EXPENSE

Accelerated Death Benefit Rider

Allows the policyowner to receive advance payment of 50% of the policy death benefit if the Insured is diagnosed with a terminal condition and life expectancy of 12 months or less. The accelerated benefit is treated as a lien against the death benefit and lien interest is charged. Coverage remains in force as long as the policy remains in force. Receipt of accelerated benefit may affect eligibility for public assistance programs and may be taxable.

Issue Ages: Same as base policy

Availability: Available at no additional premium with Classic Elite and Classic Select at time of policy issue. May be added to Classic Advantage after the modified benefit period. The rider is not available in NY.

Accidental Death Benefit Rider

Provides an additional death benefit equal to the policy face amount if the Insured dies by accident while the rider is in force. Coverage remains in force until the first policy anniversary on or after the Insured's 100th birthday.

Issue Ages: 25 - 75

Availability: Available with Classic Elite and Classic Select at the time of policy issue.

Children's Term Insurance (aka Grandchild Rider)

Term insurance on individual child, grandchild or great grandchild of the Insured. Coverage remains in force to the first policy anniversary on or after the child's 25th birthday or upon conversion of rider coverage to a permanent policy.

Issue Ages: Base Insured 18 - 85 / Child 15 days through 18 years (less than 19)

Amounts: \$2,500 - \$10,000, not to exceed policy face amount. Rider amount must be the same for all children. \$15,000 maximum per child for multiple policies. Up to 20 riders may be attached to a policy.

Refers to Rider Forms 1H885-CL, 1H884, 1H884-CL 1H915, 1H915-CL, 1H915 and 1H916-CL or state variation.

PRODUCT PORTFOLIO - SIMPLE SECURITY (MDO)

Simple Security is simplified issue whole life insurance designed for people who need a small face amount and those who may need premiums collected.* Premiums are payable for life or to age 121.

Issue Limits Ages 0 - 49 \$5,000 - \$15,000
 Ages 50 - 85 \$2,500 - \$15,000



Maximum issue for combined coverages:

- If the Insured currently has a Columbian policy, the minimum amount for an additional policy is \$2,500, regardless of age.
- \$40,000 maximum for combined Simple Security, MDO and Classic Elite
- \$35,000 maximum for combined Simple Security, MDO and Classic Select
- \$25,000 maximum for combined Guaranteed Issue Whole Life and Classic Advantage
- If a client already has \$10,000 of Classic Security in force, we will be unable to issue any additional coverage

Juvenile Insurance Limits

New York: The combined insurance in all companies may not exceed the greater of:

- Ages 0 - 4 ½: \$25,000 or 25% of the life insurance in force on the life of the Applicant.
- Ages 4 ½ - 14 ½: \$25,000 or 50% of the life insurance in force on the life of the Applicant.

All other states: Total insurance for the child age 0 to 15 may not exceed the greater of \$50,000 or 50% of the amount of life insurance in force on the parent/Applicant.

A grandparent can be owner/beneficiary without signature of the parent.

Premium Classes Male / Female

Non-Tobacco / Tobacco
(ages 18+)

Standard issue with no substandard ratings or flat extras

Non-Tobacco means no tobacco, nicotine or smoked marijuana in the past 12 months.

* Agent collection mode is available only through agents with an MDO contract. New York policies are available on agent collection mode only.

Refers to Policy Forms 2F404, 2F404-CL or state variation.

PRODUCT PORTFOLIO - SIMPLE SECURITY (MDO)

Accidental Death Benefit Rider

Provides an additional death benefit equal to the policy face amount if the Insured dies by accident while the rider is in force. Coverage remains in force until the first policy anniversary on or after the Insured's 100th birthday.

Issue Ages: 25 - 75

- **In New York**, the rider is automatically included for issue ages 25 - 75, subject to underwriting. Rider premium is included in base policy premium.
- **For all other states**, the rider is not automatically included with the policy. If the rider is desired, check the ADB box on the application and add the appropriate rider premium.

Children's Term Insurance (aka Grandchild Rider)

Term insurance on individual child, grandchild or great grandchild of the Insured. Coverage remains in force to the first policy anniversary on or after the child's 25th birthday or upon conversion of rider coverage to a permanent policy.

Issue Ages: Base Insured 18 - 85 / Child 15 days through 18 years (less than 19)

Amounts: \$1,000 - \$15,000, not to exceed the policy face amount plus any Primary Insured Rider amount. Rider amount must be the same for all children.
Up to 20 riders may be attached to a policy.

Common Carrier Accidental Death Benefit Rider

Provides an additional death benefit equal to the policy face amount (up to \$250,000 for all Common Carrier Accidental Death benefits combined) if the Insured dies within 180 days of an accidental bodily injury sustained while a fare-paying passenger on a common carrier.

Issue Ages: 25 - 75

Availability: This rider is automatically included with the policy for issuable ages at no additional premium.

Refers to Rider Forms 1H884, 1H884-CL, 1H915, 1H915-CL, 1H916, 1H916-CL, 1H932 and 1H932-CL or state variation.

PRODUCT PORTFOLIO - SIMPLE SECURITY (MDO)

Primary Insured Term to Age 65 Rider

Level term coverage to the first policy anniversary on or after the Insured's 65th birthday. Coverage may be converted to a permanent policy without evidence of insurability while the rider is in force.

| | |
|----------------|---|
| Issue Ages: | 18 - 55 |
| Minimum Issue: | \$2,000 |
| Maximum Issue: | Up to the policy face amount for policies \$2,500 to \$4,999 Up to five times the policy face amount for policies \$5,000 and up Base policy plus rider cannot exceed \$50,000 (\$25,000 in NY) |

Other Insured Term to Age 65 Rider

Level term coverage on one additional person in whom the Primary Insured has an insurable interest. Coverage remains in force until the first policy anniversary on or after the Other Insured's 65th birthday. If the Primary Insured dies while the rider is in force, the insurance on the Other Insured will remain in force without the payment of any further premiums. This benefit is not provided if the Primary Insured commits suicide within two years after policy issue. Coverage may be converted to a permanent policy without evidence of insurability while the rider is in force.

| | |
|----------------|--|
| Issue Ages: | 18 - 55 |
| Minimum Issue: | \$2,000 |
| Maximum Issue: | Rider may not exceed base policy plus Primary Insured Rider amount OIR plus PIR cannot exceed six times base policy face amount |

Waiver of Premium Rider

Waives all premiums after six months of total and continuous disability. Rider remains in force to the first policy anniversary on or after the Insured's 65th birthday.

- If disability begins prior to the policy anniversary on which the insured is age 60, the benefit will continue until the insured is no longer disabled
- If disability begins on or after the policy anniversary on which the insured is age 60, the benefit will continue to the earlier of age 65 or the total disability ends

Issue Ages: 15 - 55

- **In New York**, the rider is automatically included with the policy for issue ages 15 - 55, subject to underwriting. Rider premium is included in base policy premium.
- **For all other states**, the rider is not automatically included with the policy. If the rider is desired, check the ADB box on the application and add the appropriate rider premium.

Refers to Rider Forms 1H935, 1H935-CL, 1H936, 1H936-CL, 1H871 and 1H871-CL or state variation.

PRODUCT PORTFOLIO - SAFESHIELD®

SafeShield® is renewable level benefit term insurance with simplified issue underwriting. SafeShield® is available with level premiums for the initial 10, 15, 20 or 30 years. After the initial level premium term period, the policy may be renewed at annual renewal premiums to age 100.



| | | |
|---------------|------------|----------------------|
| Issue Amounts | Ages 18-55 | \$20,000 - \$350,000 |
| | Ages 56+ | \$20,000 - \$250,000 |

| | | |
|------------|--------------|---------|
| Issue Ages | 10-Year Term | 18 - 70 |
| | 15-Year Term | 18 - 70 |
| | 20-Year Term | 18 - 65 |
| | 30-Year Term | 18 - 55 |

| | |
|-----------------|-----------------------|
| Premium Classes | Male / Female |
| | Non-Tobacco / Tobacco |

Non-Tobacco means no tobacco, nicotine or smoked marijuana in the past 12 months.

Standard issue through Table 4 with no substandard ratings or flat extras

| | |
|-------------|---|
| Conversions | Policy may be converted to a permanent plan without evidence of insurability after the second policy anniversary. Conversion must be applied for in writing before the earlier of age 65 or five years prior to the end of the initial level term period. |
|-------------|---|

SafeShield® is not available in New York.

Refers to Policy Forms 1F612-CL and 1F613-CL or state variation.

PRODUCT PORTFOLIO - SAFESHIELD®

Accidental Death Benefit Rider

Provides an additional death benefit equal to the policy face amount if the Insured dies by accident while the rider is in force. Coverage remains in force until the first policy anniversary on or after the Insured's 95th birthday.

Issue Ages: same as base plans

Children's Term Insurance (aka Grandchild Rider)

Term insurance on individual child, grandchild or great grandchild of the Insured. Coverage remains in force to the first policy anniversary on or after the child's 25th birthday or upon conversion of rider coverage to a permanent policy.

Issue Ages: Base Insured same as base policy / Child 15 days through 18 years (less than 19)

Amounts: \$2,500 - \$15,000, not to exceed the policy face amount plus any Primary Insured Rider amount. Rider amount must be the same for all children.

Up to 20 riders may be attached to a policy.

Common Carrier Accidental Death Benefit Rider

Provides an additional death benefit equal to the policy face amount (up to \$250,000 for all Common Carrier Accidental Death benefits combined) if the Insured dies within 180 days of an accidental bodily injury sustained while a fare-paying passenger on a common carrier.

Issue Ages: 18 - 65

Availability: Automatically included with the policy for issuable ages at no additional premium.

SafeShield® is not available in New York.

Refers to Rider Forms 1H931-CL, 1H885-CL, 1H915-CL, 1H916-CL and 1H932-CL or state variation.

PRODUCT PORTFOLIO - SAFESHIELD®

Guaranteed Purchase Option

Provides an opportunity to increase coverage on option dates without further evidence of insurability.

- Scheduled Option Dates are within 90 days prior to the policy anniversary on which the Insured is 25, 28, 31, 34, 37, and 40 years old.
- Special Option Dates are within 90 days after marriage, purchase of a home, or birth or adoption of a child.

Exercising a Special Option Date eliminates the next Scheduled Option Date. Rider remains in force to the policy anniversary on or after the Insured's 40th birthday or when the last available option has been exercised.

Issue Ages: 18 - 37

Amount: Coverage may be increased by the lesser of \$3,000 or the initial policy face amount at each option date. Total coverage may exceed maximum issue limit after options are exercised.

Living Benefit Riders

The riders provide the option for the policyowner to accelerate up to 95% of the base policy death benefit if the Insured is diagnosed with a qualifying condition:

- **Terminal Illness Rider** - Life expectancy of 12 months or less
- **Critical Illness Rider** - ALS, life-threatening cancer, kidney failure, heart attack, major organ failure or stroke
- **Chronic Illness Rider** - Inability to perform two of the six activities of daily living or require substantial supervision due to severe cognitive impairment

Riders remain in force until the total accelerated amount under all riders equals the maximum allowable acceleration amount. Terminal Illness Rider terminates when an accelerated benefit is paid for terminal illness.

Issue Ages: Same as base policy

Availability: Riders are not available in CA. Chronic Illness Rider is subject to underwriting.

There is no additional premium charge for the riders. Receipt of accelerated benefit may affect eligibility for public assistance programs and may be taxable.

SafeShield® is not available in New York.

Refers to Rider Forms 1H933-CL, 1H906-CL, 1H907-CL and 1H908-CL or state variation.

PRODUCT PORTFOLIO - SAFESHIELD®

Unemployment Premium Waiver

Waives premiums for up to six months if the Insured becomes unemployed after the first two policy years and receives unemployment benefits for four weeks or more.

Availability: Automatically included with all policies (where allowed) at no additional premium.
Not available in MA, PA, TN or WA.

Waiver of Premium Rider

Waives all premiums after six months of total and continuous disability. Rider remains in force to the first policy anniversary on or after the Insured's 65th birthday.

- If disability begins prior to the policy anniversary on which the insured is age 60, the benefit will continue until the insured is no longer disabled
- If disability begins on or after the policy anniversary on which the insured is age 60, the benefit will continue to the earlier of age 65 or the total disability ends

Issue Ages: 18 - 55

SafeShield® is not available in New York.

Refers to Rider Forms 1H934-CL and 1H841-CL or state variation.

PRODUCT PORTFOLIO – LIFETIME PLAN

Lifetime Plan is available for conversion of the following to permanent insurance:

- Simplified Issue Term policies
- Family Connection Term policies
- Children’s Term Riders issued with all policies except Simple Security (MDO)
- Spouse Term, Decreasing Term and Term to Age 65 Riders issued with a Standard or Substandard rating on legacy MDO policies (Riders issued with a Preferred rating may be converted to a Life’s Solutions LP90 policy)

Premiums cease at age 90, but a reduced paid-up policy can be achieved in fewer years due to the policy’s high cash values. Coverage remains in force to age 121.

The conversion is considered a new policy and full commissions are payable.
No conversion credit is available.

Issue Amounts Ages 0-17 \$2,500 - \$125,000
 Ages 18+ \$25,000 - \$250,000 (minimum \$2,500 for CTR conversions)
Policy conversion amount may not exceed the amount of the original policy.
Rider conversion maximum amount is subject to the terms of the rider.

Juvenile Insurance Limits

Total insurance for the child age 0 to 15 may not exceed the greater of \$50,000 or 50% of the amount of life insurance in force on the parent/Applicant.

Riders The following riders may be added if included on the original term policy and in effect at the time of conversion:

- Accidental Death Benefit
- Common Carrier Accidental Death Benefit
- Children’s Term Insurance
- Guaranteed Purchase Option
- Terminal Illness Rider*
- Critical Illness Rider
- Chronic Illness Rider
- Waiver of Premium Rider

*Accelerated Benefit Rider may be converted to Terminal Illness Rider.

Refers to Policy/Rider Forms 1F602-CL, 1F602-CL CONV, 1F611-CL, 1H871-CL, 1H906-CL, 1H907-CL, 1H908-CL, 1H915-CL, 1H916-CL, 1H931-CL, 1H932-CL and 1H933-CL or state variation. Lifetime Plan is not available in ME or NY.

CALCULATORS AND QUOTES

Illustration & Proposal Software System

The CFG Illustration Software allows you to calculate premiums for all products and generate printable sales quotes suitable for presentation to your clients.

The software includes a Life Insurance Needs Calculator to help your clients determine the amount of insurance needed, and a Life Expectancy Calculator to give an idea of their projected life expectancy based on age, gender, smoking habits and other lifestyle choices.

For the Life's Solutions fully underwritten product, the software includes an Underwriting Guide and Reduced Paid-Up Tables, which show the face amount needed in order for your client to have a fully paid-up \$10,000 policy in 10 years or a \$25,000 policy in 20 years.

For New York, the software will create a completed Preliminary Statement of Policy Cost, which can be printed or used to complete the values in your printed form.

[Click here](#) to download the CFG Illustration Software to your computer.

The screenshot shows the CFG Illustration Software interface. The top menu bar includes: New Case, Save Case, Find Case, Quick Quote, Full Report, Features, Resources, and Agent. The main window is divided into several sections:

- Policy Selection:** Includes Regular Plans and Conversion Plan. Under Regular Plans, options include Dignified Choice® Final Expense, Life's Solutions (\$119.13 Monthly (EFT)), SafeShield® Simplified Issue Term, and Simple Security Whole Life (MDO).
- Case Information:** Includes State (New York) and Class (Preferred Non-Tobacco).
- Policy Information:** Includes Policy Number, Policy Type, and Policy Term.
- Premium Details:** Includes Premiums and Benefits table.

Callouts highlight specific features:

- Resources:** A callout points to the Resources button in the top menu bar, stating "Click the Resources button to access valuable tools."
- Needs analysis tools:** A callout points to the Resources dropdown menu, which includes Life Insurance Needs Calculator, Life Expectancy Calculator, Preliminary Statement of Policy Cost, Underwriting Guide, and Life's Solutions RPU Face Amounts.
- Use for New York required disclosure:** A callout points to the Preliminary Statement of Policy Cost option in the Resources dropdown.
- RPU tables for Life's Solutions:** A callout points to the Life's Solutions RPU Face Amounts option in the Resources dropdown.
- Underwriting Guide for Life's Solutions:** A callout points to the Underwriting Guide option in the Resources dropdown.

Premiums and Benefits Table:

| | Amount | Monthly (EFT) | Annualized |
|----------------------------|----------|-----------------|-------------------|
| Base Policy | \$10,000 | \$104.32 | \$1,251.84 |
| Children's Term (1) | \$2,500 | \$0.52** | \$6.24** |
| Cost per covered child | * | \$2,500 | \$0.52 |
| Guaranteed Purchase Option | 5 | \$30,000 | \$4.31 |
| Primary Insured Term Rider | 55 | \$50,000 | \$4.31 |
| Waiver of Premium | 30 | N/A | \$5.67 |
| Total Premium | | \$119.13 | \$1,429.56 |

*Each Child rider ends at the Child's age 25 or date of rider conversion.
 **Total initial premium for all child term riders.

Version 3.0.8

CALCULATORS AND QUOTES

Final Expense Risk Qualifier and Premium Calculator

The Dignified Choice® Final Expense Risk Qualifier and Premium Calculator is an interactive tool that helps identify the best Final Expense plan your client may qualify for, based on age, height/weight, and preliminary medical information.

After selecting an available plan and calculating premium, you can complete an electronic or paper application and get an immediate Point of Sale underwriting decision.

[Click here](#) to download the Final Expense Risk Qualifier and Premium Calculator to your computer or handheld device.

The image displays three sequential screenshots of the Dignified Choice Final Expense Risk Qualifier and Premium Calculator interface.

Screen 1: Enter Client Information

- Fields: Age (40), Birthdate, State (Arizona), Gender (Female), Height (5' 3"), Weight (120).
- Question: Have you had a medical consultation within the last 5 years? (Yes/No).
- Buttons: Reset, Next, Elite, Select, Advantage.

Screen 2: Select What Drugs You Take

- Search bar: Search.
- List of drugs with checkboxes: A-DEX DM, A-HYDROCORT, A-METHAPRED, A-SPAS, A-TAN 12X, A.A.G.C. KIT IN TERODERM, A/B OTC, A/T/S.
- Buttons: Back, Next, Elite, Select, Advantage.

Screen 3: Choose Elite Features

- Summary: \$5,000.00 / \$10.79 Monthly EFT. Female / Age 35 / NT / 118 lbs / 5'3" / GA.
- Fields: Face Amount (5,000.00), Premium, Monthly EFT, Tobacco (No Tobacco), ADB (No ADB), Number of Children (0).
- Buttons: POS Underwriting - Paper App, eApp w/POS Underwriting Option.

PARTNERS WEBSITE

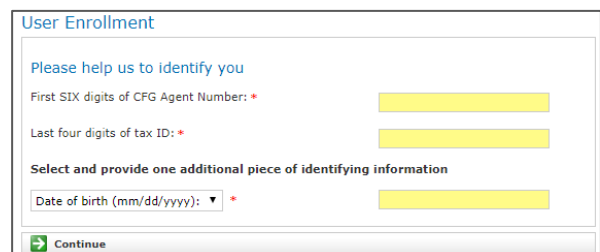
Partners is a secure website that provides 24/7 access to:

- Your personal dashboard
 - Status of pending applications
 - Notifications of any actions needed
 - Application history for the current week, past 30 days, year to date and since inception
- Commission Information
 - Commission Statement, updated daily
 - Commission Summary & Commission Paid Reports
 - Agent Balances (if applicable)
- Resources
 - eApp (Dignified Choice® Final Expense and SafeShield® Term only)
 - Announcements, bulletins and forms
 - Secure Document Upload and Upload History
 - Managed Agent Contact List (if applicable)
- Production
 - Production Credits
 - Production Management
- Policy Management
 - Personal Inforce & Terminated
 - Managed Inforce & Terminated (if applicable)
 - Past Due Policies
 - Agent Metrics
- Policy Search
 - All policies
 - Pending business

Secure Document Upload is a fast and easy way to transmit documents containing PII, which cannot be emailed.

To enroll in Partners, go to <https://partners.cfglife.com/partners/login/identify>

Enter the first six digits of your Agent Number, the last four digits of your SSN or tax ID, and provide your Zip code, date of birth, telephone number, or email address. Once your identity has been confirmed, you will create your user ID and password for future log-ins.



The screenshot shows a web form titled "User Enrollment". It contains the following fields and instructions:

- "Please help us to identify you"
- "First SIX digits of CFG Agent Number: *" followed by a yellow input box.
- "Last four digits of tax ID: *" followed by a yellow input box.
- "Select and provide one additional piece of identifying information"
- "Date of birth (mm/dd/yyyy):" followed by a dropdown menu and a yellow input box.
- A green "Continue" button at the bottom.

APPLICATIONS

Application Tips

- Be sure to use the correct application for the product and state.
- Beneficiaries and their relationship to the Proposed Insured must be listed.
- If the Owner is other than the Proposed Insured, include the Owner's Social Security, Green Card or Taxpayer ID Number and relationship to the Proposed Insured.
- Calculate premium based on the Proposed Insured's age at their last birthday as of the policy effective date.
 - If the initial premium will be drafted at a future date, the effective date and insurance age will be based on the date of the first draft. The first draft must be within 35 days of the application date.*
 - If backdating to save age, the initial premium must include back premiums to the requested effective date. Backdating of up to six months is allowed.
- Indicate whether the initial premium is to be drafted from an account at a specified future date, immediately upon receipt of the application, or submitted with the application by check, cashier's check or money order. Please note that the Company will not accept an Agency or Agent's personal check or any post-dated check. For bank drafts, include a voided check to avoid errors.*
- *Answer all health questions and provide details for any "Yes" answers where requested.* Each health question must be asked as written on the application. Only the Proposed Insured may answer the health questions, except if the Proposed Insured is under age 15 or the age of majority for the state, only the parent/legal guardian may answer the health questions.
- Answer both questions regarding replacement. In states that have adopted the NAIC Model Replacement Regulation, a signed Replacement Form must be submitted if the Applicant has existing life insurance or annuities, even if a replacement is not occurring.
- *Be sure to indicate the city and state where the application was signed by the Applicant.* The Proposed Insured, or parent/legal guardian for child under 15, must sign the application.
- *In the Report of Licensed Agent, answer both replacement questions and the question asking if you are related to the Proposed Insured or Owner. Provide the relationship if you are related to either party.* The Agent who signs the application as Licensed Agent must be the same Agent who asks each health question.
- Complete the Conditional Receipt only if premium is paid with the application or will be paid by immediate draft upon receipt of the application.
- Signatures and answers to all health questions must be obtained on the same day the application is dated, except as noted for applications written by phone and mail.

*In New York, agent collection is the only mode available for Simple Security (MDO).

APPLICATIONS

Electronic Applications (eApp)

eApp is available for Dignified Choice® Final Expense and SafeShield® Term through the [Partners Website](#). When the application is completed, you may request an immediate Point of Sale (POS) Underwriting decision or submit for underwriting review. For telesales, eApp allows you to obtain electronic signatures remotely through DocuSign. POS Underwriting is not available for telesales.

Telesale with Voice Signature*

Telesale with voice signature is available for Dignified Choice® Final Expense* and SafeShield® Term paper applications. Point of Sale Underwriting is not available for telesales.

1. Initial premium must be paid by bank draft.
2. You must have the ability to place a three-way call for the voice signature process. Please be sure you know how to initiate a three-way call before you begin.
3. You must have a cell phone with texting capability to finalize the voice signature process.
4. All signees must be available for the call to provide their voice signature, including:
 - The Proposed Insured
 - The Policyowner, if other than the Proposed Insured
 - The bank account holder, if premium is to be paid by bank draft and the payor is other than the Proposed Insured or Policyowner
 - Any proposed insured children who are of the age of majority in PA or NC
5. A telephone interview will be conducted by Underwriting for SafeShield® applications with a face amount over \$100,000.

See the Telesale Procedure Guide, Form No. 6085-CL, for details.

Applications Written by Telephone and Mail

Applications for Simple Security MDO, Life's Solutions LP90 policies and Dignified Choice® Final Expense New York policies may be completed by phone and mail.

1. Ask all questions of the Proposed Insured (unless under the age of 15) and record all answers as given. Be sure to ask each health question as written on the application.
2. Include the Applicant's telephone number on the application. A Personal History Interview (PHI) is required for all applications completed by phone and mail. Please advise the client that they should expect a call from our PHI provider.
3. Include a note in the Remarks section that the application was completed by phone and mail, and check the "No" box in the Report of Licensed Agent to indicate that you did not see the Proposed Insured at the time of application.
4. Mail the application and any required disclosure documents to the Applicant. Include a cover letter asking them to review the answers for accuracy, then sign and return it to you.
5. The application must be dated with the date on which it is signed by the Applicant and must include the city and state where the Applicant signed, not the city and state where the Agent signed. You must be licensed in the state where the application is signed.
6. Be sure to sign the application after receiving it back from the Applicant.

*Telesales with Voice Signature not available in New York.

NEW BUSINESS

Supplemental Forms

Submit any supplemental forms required by the Company or your state. Refer to the appropriate New Business Checklist for your state and product to determine which supplemental forms are required. [Click here](#) for forms and checklists.

Submission Methods

Paper applications may be submitted by mail, fax, or uploaded through the [Partners Website](#).

- Submit by mail: P.O. Box 1381, Binghamton, NY 13902-1381
- Submit by express mail: 4704 Vestal Parkway East, Vestal, NY 13850
- Submit by fax:
 - Final Expense NY only (888) 224-7759
 - Final Expense all other states (877) 261-3266
 - Other products (866) 253-9459
- Submit by instant upload:
 1. Scan or photograph pages to create PDF, JPG, TIFF or PNG files. If using a camera, use portrait orientation and capture the full page, including the form number.
 2. Log in to the [Partners Website](#).
 3. Select Resources / Document Upload.
 4. Complete the Upload screen.
 5. Attach up to 10 files. Do not combine applications for multiple policies in one transmission.
 6. Click or tap the Upload button.

The screenshot shows a web form for submitting a new business application. The form includes several dropdown menus and text input fields. The 'Send To' dropdown is set to 'New Business'. The 'Product' dropdown is set to 'Final Expense'. The 'Insurance Company' dropdown is set to 'Columbian Life'. The 'Insured First Name' field contains 'John' and the 'Insured Last Name' field contains 'Doe'. The 'Is this a new application?' dropdown is set to 'Yes'. There is a 'Remarks' text area at the bottom. Below the form, there is a section for attaching files with a 'Choose Files' button and an 'Upload' button.

| | |
|----------------------------|------------------|
| Send To | New Business ▼ |
| Product | Final Expense ▼ |
| Insurance Company | Columbian Life ▼ |
| Insured First Name | John |
| Insured Last Name | Doe |
| Is this a new application? | Yes ▼ |
| Remarks | |

Attach files to upload Choose Files

Upload

The application will be processed the same way as if they had been faxed. A summary of the upload will be available in your Upload History for 90 days. Images will be available for 14 days after upload.

NEW BUSINESS

Application and Policy Status

The real-time status of your business is posted in your Application History on the Partners Website. To review your business and other reports, log in at <https://partners.cfglife.com/partners/>

Agent Email Alerts

If we have your email address, you will be notified of changes in status via email. Be sure to register on the Partners Website and provide a current email address to receive updates when:

- Application is received
- Policy is issued
- EFT premium is returned unpaid
- Policy is in danger of lapsing
- Case is pre-active
- Application is declined
- Application is postponed
- Application is modified
- Policy is not taken due to outstanding requirements
- Application is closed incomplete
- Application is withdrawn
- Policyowner requested cancellation via free look cancellation
- Policyowner requested cancellation via surrender or voluntary lapse

Policy Dating

The policy date and issue date will be the underwriter's approval date, except:

- When a different policy date has been requested.
- When EFT premium mode is requested with a specific draft date, the policy will be dated with the same day of the month as requested for the draft.
- When the approval date is the 29th, 30th or 31st of the month. If the approval date is the 29th, the policy date will be the 28th; if the approval date is the 30th or 31st, the policy date will be the 1st of the following month.
- If an Applicant's age changes between the application date and the approval date, the policy will be dated to save age.
- When requested, a policy can be backdated up to six months in order to save age. Be sure to collect all back premiums to the requested policy date.

NEW BUSINESS

Replacements

Columbian does not condone the wholesale replacement of any agent's prior business with another company. If we are made aware of such activity, we will take appropriate action. Replacement of an existing policy should be recommended only if, after a careful, thorough and fully documented analysis, it can be shown to provide both short and long term benefits to the client that outweigh the costs.

The replacing agent must comply with the regulations for the state in which the new policy is written. Be sure to accurately complete all forms related to the replacement and submit them on a timely basis to the client, the Company, and any other required entities. In states with regulations requiring completion of a replacement comparison, Columbian will review the forms for accuracy and appropriateness. If the replacement does not appear to be in the best interest of the owner, the agent will be asked to provide additional explanation supporting the replacement. If it is determined that the replacement clearly is not in the best interest of the policyowner, the application will be declined.

Company Rules on Rewritten Policies

A "rewrite" occurs when a Columbian policy is issued after an existing Columbian policy on the same life terminates as a premium-paying policy, goes on Reduced Paid-Up or Extended Term Insurance, or reduces in face amount at the request of the Policyowner.

- No more than three rewrites are allowed on the same life through any agent or any agents within the same hierarchy.
- No more than five rewrites are allowed on the same life regardless of writing agent or hierarchy.
- Applications in excess of these limits will be declined.

Compensation Adjustments on Rewritten Policies

If a new policy is written within 12 months after an existing policy lapses, is surrendered, terminated, entered into ETI or RPU as a result of automatic nonforfeiture processing or at the request of the policy owner, or the face amount of a policy was reduced at the request of the policy owner, the first-year compensation on the new policy will be adjusted regardless of whether the original policy was written by the same agent or a different agent. The adjustment will be based on the amount of first-year compensation that was paid on the previous policy.

- The total first-year compensation on the new policy will be reduced by the first-year compensation paid on the original policy.
- If the first-year compensation paid on the original policy exceeds the first-year compensation for the new policy, second-year renewal rates will be paid on the new policy.

PERSISTENCY & CONSERVATION

Persistency Tips

- Good persistency begins with analyzing the client's needs. If you simply quote a premium and take an application, there is little likelihood of that business remaining in force, because you are counting on the Applicant to know exactly what their needs are and why they are buying a specific policy. If a client doesn't have a personal reason to buy a policy, they won't have a good reason to keep it. Show your clients that you understand their concerns and care about their families, and sell them the policy that best fits their needs by completing Needs Analysis Form No. 4355CFG or 4355CFG-S, or by using the interactive needs analysis on the CFG Illustration Software.
- Never sell a client more than they can afford. If they can't afford the policy, everyone loses. Don't plan premium payments by what the client can afford this month; plan for what they can afford to keep, even if they have an economic setback.
- Get the name, address and phone number of the primary and contingent beneficiaries. If the policyowner moves, you will be able to use these contacts to locate them.
- Relationships are built when the policy is delivered. Be sure to deliver the policy in person. Review the provisions, especially the grace period, with the policyowner. Let them know that you will continue to be their agent, available to help them with their future needs. This is a great time to ask for referrals. Good customers can provide good leads.
- If the Company has your email address, we will send you an alert if a client's premium is returned from the bank. We will hold the file as pending for 21 days to allow you time to try to conserve the policy.
- If the policyowner is experiencing a temporary economic setback, look for a solution that will keep their family protected, such as a policy loan. If they own several policies, suggest a cash surrender of one policy to save the others. If all the policies are dropped, you have lost a customer.
- The highest level of persistency can come from the best customers of all – your existing clients. If you have always given your clients good service, sold insurance to fit their needs, and kept the premium affordable, your persistency rate should be 90% and up. If you have not provided good service to your clients, your persistency rate may be 20 to 40% lower than the average for any type of sale.

PERSISTENCY & CONSERVATION

Lapses

If it appears that a policy is in danger of lapsing, the Company will mail a notice to the Policyowner and email the Agent.

- 15 days after the policy is past due, the Company will send a **Reminder Notice**.
- 30 days after the policy is past due, the Company will send a **Delinquent Notice**.
- 40 - 45 days after the policy is past due, the Company will send a **Lapse Notice**. The policy will be removed from the system and any unearned commissions will be charged back. If the agent collects the back premium before the policy is removed from the system, or within 10 calendar days after the date of the Lapse Notice, the policy can be reactivated without a reinstatement application being required.

It is always best to attempt to conserve a policy *before* it lapses. Although a lapsed policy might be reinstated:

- Reinstatement applications are subject to new underwriting. If there has been a change in the health of the Insured, they may no longer be insurable.
- If the policy is reinstated by redating, premiums could increase if there has been a change in age.
- Any time a policy is reinstated, the contestable period begins anew.

Make every attempt to contact the Policyowner to determine the cause of the problem before the policy lapses. It could be something as simple as the policy payor changing banks and neglecting to inform the Company.

Cancellations

Cancellation requests must be made in writing to the Company. The Company will notify you by email of any cancellation request 21 days prior to processing in order to allow you time to try to conserve the policy.

Returned Bank Drafts & Checks

If the Company is unable to collect premium due to insufficient funds or a closed or frozen account, the premiums and commissions are reversed. We mail a letter to the Policyowner and email the writing Agent, advising them of the situation. The Agent will have 10 business days from the date the letter is mailed to contact the Owner and collect the premium due.

- If the returned item was for an initial premium and the funds remain unavailable, the policy is classified as Not Taken (NTO) and all commissions are charged back.
- If the returned item was not for an initial premium, the premium must be remitted within the 31-day grace period, or the policy will lapse. Any unearned portion of commissions paid will be charged back.
- If the policy is on EFT and the new account is with a new bank or from a different person's account, a new 1552CFG EFT Authorization Form and voided check or deposit slip are required.
- If the policy is on EFT and the new account is with the same bank and belongs to the same person, only a voided check or deposit slip is required.

AGENT METRICS

Your Agent Metrics report, which is available on the [Partners Website](#), measures your performance in the following categories:

- 12-Month Premium Paying Persistency
- 24-Month Premium Paying Persistency
- Placement Ratio
- Rescission Ratio

You will receive a grade that compares you to all other Columbian agents:

- A** = the top 20% of all producers
- B** = 20.01 to 40% of all producers
- C** = 40.01 to 60% of all producers
- D** = 60.01 to 80% of all producers
- F** = lowest 19.99% of all producers

| Metrics | | | | | | | | | | | |
|---------|----------|---------|------------------------------|------------|-------------------------------------|---|-------------------------------------|---|-----------------|---|------------------|
| | Agent Id | Account | Product | Issue Year | 12 Month Premium Paying Persistency | | 24 Month Premium Paying Persistency | | Placement Ratio | | Rescission Ratio |
| + | 123456 | | FINAL EXPENSE FULL BENEFIT | All | 79% | B | 72% | B | 86% | B | 2% C |
| + | 123456 | | FINAL EXPENSE GRADED BENEFIT | All | 74% | A | 63% | A | 80% | C | 0% A |

Regularly monitoring your metrics will allow you to identify and correct areas that need improvement.

- A poor placement ratio or persistency ratio may indicate that you need to improve your product knowledge or field underwriting. Improving these ratios will result in fewer chargebacks and ensure that time is not wasted writing bad applications.
- A poor persistency ratio may indicate that you need to focus on ensuring that the policies you sell are suitable for your clients' needs and budget. Better persistency results in fewer chargebacks and increases your renewal commissions.

REINSTATEMENTS

Reinstatement is needed if a policy is lapsed, on extended term, reduced paid-up, or if the face amount has decreased due to insufficient premiums. There are three types of reinstatements: Normal Reinstatement, Reinstatement by Redate, and Reinstatement of Policy on Extended Term.

Normal Reinstatement

This procedure is used to reinstate a lapsed policy through the submission of a Reinstatement Application and payment of all back premiums. The policy date and issue age do not change, but the contestable period begins anew from the date of the Reinstatement Application.

Normal Reinstatement Premium

- Call Customer Service to determine the amount of premium required.
- For agent collect policies, enter the premiums paid on the Collection Route List and post to the Policy Record Card or Collection Sheet. Do not enter reinstatement premiums in the Premium Receipt Book until notification of approval is received.
- Direct bill premiums should be remitted with the Reinstatement Application. Do not remit agent collected premiums with the application.

Reinstatement Application

- Reinstatement Application form numbers vary by state.
- The Reinstatement Application **must be signed** by the policyowner, the insured (if different) and all others covered by policy riders, except children under the age of 14 ½ (must be signed by parent/guardian).
- The Consumer Privacy Notice should be detached and given to the policyowner.
- The Reinstatement Deposit Receipt should be issued to the policyowner for reinstatement premiums collected.

The file will be reviewed by an underwriter upon receipt of the Reinstatement Application. Any additional requirements will be requested by the underwriter at that time.

The General Agent will be notified in writing of the underwriter's decision.

- Approvals:
 - Agent Collect Policies – The reinstatement premiums will be charged on the agents next Debit Bill Activity Report (DBAR).
 - Direct Billed Policies – The premium will be applied to the policy.
- Declines:
 - Agent Collect Policies – The agent should immediately return all reinstatement premiums by check from the Premium Deposit Account.
 - Direct Billed Policies – The premium will be refunded to the policyowner by the Company.

REINSTATEMENTS

Reinstatement by Redating

A policy that has lapsed in the first year and within the previous 12 months may be reinstated by redating without payment of back premiums. A policy with a total face amount of \$100,000 or less may be eligible for redating. The total face amount is the amount of the base policy plus any term rider coverage on the base insured.

| | | |
|-----------------|--------------------------|------------------|
| Example: | Base Policy Face Amount | \$25,000 |
| | Level Term Rider | <u>\$75,000</u> |
| | Total Face Amount | \$100,000 |

Reinstatement by Redating Rules

- Total face amount on the base insured must be \$100,000 or less.
- Stellar Advantage policies are not eligible for redating.
- The policy cannot have cash surrender value.
- Request for reinstatement must be received within 12 months of the lapse date.
- Current reinstatement forms must be used.
- Signature of the policyowner and all insureds are required.
- The original policy must be returned.
- One mode premium must be collected. For non-agent collected policies, the premium must be submitted with the reinstatement application.
- A policy can be reinstated by redating only once during its lifetime.
- Reinstatement underwriting is based on the answers in the reinstatement application.
- The contestable period will begin anew as of the date the reinstatement is approved.
- No new production credits will be generated by reinstating a policy.
- First-year commissions will be payable on premiums received for the balance of the first 12 months of the policy. First-year commissions will not be paid for more than a total of 12 months.
- “Active” redates are not allowed. An active redade is when an agent or policyowner contacts the Company before a policy has lapsed and requests that a policy’s paid-to date or effective date be advanced without payment of the required premiums.

Reinstatement by Redating Procedures

- To determine whether a policy is eligible, contact Customer Service.
- Complete the appropriate Reinstatement Application. Specify “Reinstatement by Redating” in the Remarks section. The application must be signed by the policyowner, base insured (if different) and all others covered by policy riders, except children under 14 ½ (must be signed by parent/guardian).

REINSTATEMENTS

Reinstatement by Redating Procedures, continued

- Collect one mode premium and issue the Reinstatement Deposit Receipt to the owner.
- Submit the Reinstatement Application to the Company.
- For non-agent collected policies, submit the reinstatement premium with the application.
- A reinstatement confirmation memo and a new policy will be sent to the General Agent.
- The reinstated policy will retain the original policy number.
- The reinstated policy will retain the original issue date.
- The new paid-to date will be the month reinstatement is approved plus one mode. If mode is other than monthly, contact Customer Service.
- The new policy date will be the new paid-to date minus the number of months paid.

Example: Mode: Monthly
Original Policy (Effective) Date: **1/15/2021**
Paid-To Date: **4/15/2021**
Reinstate by Redate Requested: **9/2021**
New Paid-To Date: **10/15/2021**
New Policy (Effective) Date: **7/15/2021**

Month reinstatement is approved plus one mode.

New Paid-To Date minus number of months paid.

- The contestable period will begin anew as of the date the reinstatement is approved.
- If a change in age has occurred since the original policy date, premiums after the reinstatement will increase. If the premium amount increases, commissions will be adjusted accordingly.
- No new production credits will be generated by reinstating a policy.
- First-year commissions will be paid on premiums received for the balance of the first twelve months of the policy. First-year commissions will not be paid for more than a total of twelve months.
- Approvals:
 - Agent Collect Policies – The reinstatement premiums will be charged on the agents next Debit Bill Activity Report (DBAR).
 - Direct Billed Policies – The premium will be applied to the policy.
- Declines:
 - Agent Collect Policies – The agent should immediately return all reinstatement premiums by check from the Premium Deposit Account.
 - Direct Billed Policies – The premium will be refunded to the policyowner by the Company.

REINSTATEMENTS

Reinstating Policies on Extended Term

Ordinary, MDO, and Industrial policies with at least four years of Extended Term Insurance remaining may be reinstated without a Reinstatement Application.

Qualifications

Available on Ordinary, MDO, and Industrial policies with:

- Face amounts up to and including \$20,000; and
- Four years or more remaining on Extended Term.

Submit to the Company:

- Extended Term Reinstatement Form No. 1547CFG
- Ordinary premiums must be remitted to the Company with the Extended Term Reinstatement Form. If you are unsure of the amount, contact Customer Service.

For policies with face amounts over \$20,000 or with less than four years remaining on Extended Term, use the Normal Reinstatement guidelines at the beginning of this section.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collection - Accounts Receivable

Once a month, usually by the 5th, the Company mails invoices for group insurance, commission chargebacks, and payment plans for businesses purchased from Columbian. These payments are drafted on the 25th of each month. Unpaid balances or returned items will result in a hold of future commission earnings.

For questions or assistance with the accounts receivable process, please call 800-423-9765, extension 6237.

Agent Collection - Accounting Records

General Agents and Agents are required to maintain adequate accounting records of premium collections and remittances on behalf of the member companies of Columbian Financial Group with whom he or she is contracted. The following accepted methods are suggested for use:

- Collection Sheet Accounting (Form No. 4330CFG or 4330CFG-L); or
- Policy Record Card Accounting (Form No. 455); or
- Premium Receipt Book Accounting (Form No. 4111CFG or 4111CFG-L)

Consistent use of these methods, including proper completion of forms as described within this guide, will prove invaluable in day-to-day accounting and as a reference in serving policyholders. Many agents find it helpful to prepare their Collection Route List (Form No. 4221CFG) before going on collection calls.

Accounting records for agent collected policies are maintained electronically through Columbian's Debit Electronic Billing System (DEBS), provided you enter your collections on the day of receipt. Payments entered on the DEBS Record Card are automatically recorded on the DEBS Agent's Monthly Report. Likewise, payments entered on the DEBS Agent's Monthly Report are automatically recorded on the DEBS Record Card.

To order DEBS software or, for assistance with the DEBS program, call the PC Support Hotline at 800-423-9765, extension 6333.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collection - Collection Sheet Accounting

The Agent Collection Record (Form No. 4330CFG or 4330CFG-L) provides an alternate method to the Policy Record Card (Form No. 455) for recording premium collections.

- It is designed to record the premium collections of up to 11 policies on each page for a period of 15 years.
- Each time a new policy or series of policies in a family unit is issued, an Agent Collection Record should be prepared by the Agent.
- If a new policy is on the same mode as existing policies, the policy information can be added to an existing page.
- Enter the month, day and year each premium is collected, along with the amount collected.
- The collection date entered on the Agent Collection Record must be the same as that recorded in the Premium Receipt Book.

See the following pages for examples of how to complete the Agent Collection Record for policies reinstated by redating, policies reinstated through a policy loan, and combining monthly premiums.

Family Solutions Division

Not for use with consumers.

Family Solutions Division

Not for use with consumers.

Family Solutions Division

Not for use with consumers.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collection - Policy Record Card Accounting

For each policy issued, the Agent will receive a Policy Record Card (Form No. 455) on which certain policy information has been printed. The reverse side of the card provides space for recording several years of premium collections.

The collection date entered on the card must be the same as that recorded in the Premium Receipt Book or Temporary Receipt (where full premium has been collected).

Reinstatements

Record the premium collection date under the appropriate months, indicating with an "R" that the collection covers reinstatement.

| | | | | | | | | | | | | |
|---------------------------------|---|-----------------------|--------------------------------------|-----|---------|-----|--|-----|----------------|-----|----------------|-----|
| I N S U R E D | JOHN EVANS 100 MAIN STREET APT 54J ANYTOWN, USA 12345 | | | | | | POLICY NO. A0881452 POLICY DATE 1-10-20 BIRTH DATE 4-1-68 AGE 52 SEX M BIRTH STATE NY | | | | | |
| | OWNER MARY JOHNSON - WIFE | | | | | | | | | | | |
| | AGENCY 01111111 | | AGENT A1234567 100% John Q. Agent | | | | BENEFIT WL | | UNITS 1000 | | PREMIUM 397 | |
| | AGENCY | | AGENT | | | | | | | | | |
| AGENCY | | AGENT | | | | | | | | | | |
| AGENCY | | AGENT | | | | | | | | | | |
| M O D A L | P R E M I U M | A S S Q M | 47.64 | | | | DATE OF ISSUE 1-2-12 SS NO 123-45-6789 PHONE (123) 456-7890 | | | | | |
| | | | 3.97 | | | | Policy No. A0881452 | | | | | |
| Insured: Evans, John | | | | | | | | | | | | |
| YEAR | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 2019 | 1/10 | 2/11 | 3/7 | 4/8 | 5/10 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| LAPSE | EXT. EXP. | PD UP INS | REINSTATED: | | CLAIM # | | DATE PAID | | DATE LOANED | | CHECK NO. | |
| | | | NO. DATE: | | | | | | | | | |
| | | | NO. DATE: | | | | | | | | | |
| | | | NO. DATE: | | | | | | | | | |

Agent Collection - Premium Receipt Book Accounting

The Premium Receipt Book should be delivered to the Policyowner with the policy. Prior to delivery, enter the first fully paid premiums in the Premium Receipt Book, provided they have been collected prior to the end of the grace period.

[illegible]

When collecting reinstatement premiums, issue the reinstatement receipt attached to the reinstatement application. **DO NOT record any premium collected with the reinstatement in the Premium Receipt Book.** When reinstatement is approved, premiums covering the reinstatement period may then be entered in the Premium Receipt Book. The reinstatement receipt must be obtained from the Policyowner when the approved reinstatement premium is entered in the Premium Receipt Book.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collection - Collection Route List

The Collection Route List (Form No. 4221CFG) is used only for agent collect policies.

- The Agent should prepare the Collection Route List before going on collection calls, listing all cases requiring premium collection that day.
- The cases listed are obtained from the Policy Record Card file or Agent Collection Record. Collected premiums recorded on the Collection Route List are subsequently entered on the Record Card (Form No. 455) or on the Agent Collection Card (Form No. 4330CFG). A Collection Route List can also be printed from DEBS.
- Collections received by mail or through the General Agency office may be recorded either on a Collection Route List or directly on the Record Card or Agent Collection Record. For payments received by mail, use the postmarked date as the Date Received.
- It is suggested that the Agent make weekly or more frequent deposits of collection with the General Agent. Credit will be received each month when the account is settled.

Agent No. 12345

Collection Date: 2/19/20

| Page / FGN # | Name / Address | Telephone | Amount Due | Amount Collected | Memo |
|-----------------|----------------|-----------|---------------|---------------------|------|
| 00500 | John Doe | 234-5678 | 37.40 | | |
| 05000 | Jane Doe | 234-5678 | 24.57 | | |
| 05010 | Mary Brown | 987-6543 | 17.24 | | |
| 05010 | Michael Brown | 987-6543 | 26.98 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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PREMIUM & COMMISSION ADMINISTRATION

Agent Collection - Remittance Forms

The purpose of the Remittance Form (Form No. 5063CFG for DEBS users; Form No. 4744CFG for use without DEBS) is to provide the General Agent, Agent and Columbian (when requested) with a record of all remittance transactions. When completed, the Remittance Form provides a detailed summary of all money being deposited.

The Remittance Form is to be completed for every deposit made to the Premium Deposit Account. Collections must be deposited within 5 days of receipt. For most active General Agents/Agents, this means that a Remittance Form and deposit would be completed/made at least once a week. The “Total Remitted” on page 1 of the form should match the amount of the bank deposit.

A form is to be completed, and a bank deposit made, on the day you submit your account to the Binghamton Office. These forms are to be kept on file for three years and should be accompanied by the deposit slip (either the original or a copy). It is not necessary to submit them to the Binghamton Office unless specifically requested.

See the following pages for instructions on completing the forms.

Form No. 5063CFG

Not for use with consumers.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collection - General Agent's Premium Deposit Account

- All MDO General Agents are required to set up and maintain a Premium Deposit Account. Only General Agents are authorized to maintain Premium Deposit Accounts.
- Columbian's Corporate Resolution will allow the General Agent to deposit checks made payable to the Company into the Premium Deposit Account.
- The account must be set up in the General Agent's licensed name, either individually or corporately. It must be set up the same way the General Agent is contracted with the Company. The account title must read:
 - *[Name], General Agent for Columbian Mutual Life Insurance Company; or*
 - *[Name], General Agent for Columbian Life Insurance Company*
- Only those individuals licensed as sub-licensee on the Agency can be on the signature card or have access to those funds.
- This account must be *separate from any other accounts* with the named bank. Savings accounts are not allowed. The account must have check-writing capacity.
- The Bank Authorization must be signed by a bank employee and returned to Columbian's Licensing Department.
- The General Agent must forward to the Company a canceled or voided check from the account as soon as they start writing business, but no later than 45 days after the actual appointment with the Company.
- The purpose of this account will be to deposit premium payments received by the Agency. These payments, payable to the Company, must be deposited into this account before funds are withdrawn.
- This account will be used solely for **this Company's** premium payments, Debit Bill Activity Report (DBAR) balances, and commission payments.
- **All cash premium payments forwarded to the Company must be on checks drawn from this account.**

Please note that this account will be subject to the use of Electronic Fund Transfers for MDO Debit Bill Activity Report (DBAR) balances due the Company. At the conclusion of each month's billing or reporting cycle, these balances represent the Current Net Amount Due for the amounts that all producers in the Agency have collected and reported to the Agency.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collection - General Agent's Premium Deposit Account

- All premiums collected by the General Agent or Agents reporting to the General Agent *must* be deposited into the Premium Trust Account.
- The *only* appropriate uses for this account are:
 - Debit Bill Activity Report (DBAR) balance payments to the Company;
 - Premium payment deposits;
 - Initial premium payments for all Company applications, commission payments to the General Agent or Agent; or
 - Premium refunds for not taken and declined policies (these should be rare). This account should be used for refunds only when the Policyowner insists on a refund that day. You must notify Customer Service that you refunded the premium or the Company will refund it to the Policyowner again (by charging your account).
- All money paid from this account should be in the form of a check, except for your Electronic Funds Transfer to Columbian. The use of ATM withdrawals, credit cards, debit or check cards, or writing checks to “cash” is unacceptable.
- Office expenses, such as phone bills and rent, are *not* to be paid from the Premium Deposit Account. These types of expenses should be paid from your business account.
- Collections are to be deposited within five days of receipt. All collections made up to the day of submission on the Agent's Monthly Report or through DEBS are to be included.
- Keep accurate records. All collections for the next month should be on a new deposit slip. The first deposit made after submitting should be considered collections for the next month. All collections made from the time of submission to the end of the month should be in the Premium Deposit Account at month end.

Example:

| | | |
|--|---|---|
| Deposits made prior to monthly submission: | When DBAR is received, reconcile account and pay commissions: | Collections deposited for the next month's account: |
| 8/12 \$200 | | 9/12 \$3,000 |
| 8/27 \$1,000 | | 9/29 <u>\$1,000</u> |
| 9/01 \$1,500 | Total Deposits \$4,450 | \$4,000 |
| 9/05 \$250 | Pay Commissions - <u>\$2,450</u> | These deposits are for the next |
| 9/10 <u>\$1,500</u> | \$2,000 | Agent's Monthly Report to be |
| Total Deposits \$4,450 | DBAR Balance Due - <u>\$2,000</u> | submitted, and this money |
| | -0- | should be in the account at the |
| | | end of the month. |

Assignment / Transfer Form

Complete the entire Assignment / Transfer Form (Form No. 765), being certain that it is signed. If you are transferring agent collected policies, the form must be received by the Company by the 10th of the month in order for the new Monthly Reports to reflect the transfer.

Not for use with consumers.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collect Billing System

The Agent Collect Billing System is designed to make submitting monthly collections easy for the Agent and General Agent.

- Each month, the Binghamton Office sends out an Agent's Monthly Report listing all policies on agent collect that are due for the current month, due one and two months in arrears, and paid in advance.
- The Agent is responsible for completing the Agent's Monthly Report and returning it to the Binghamton Office every month, even if no collections were made. Proper completion of this report is necessary to assist the Company in processing payments. The Monthly Report must be received by the date published on the last page of the report. DEBS users should see the due date on the Debit Billing tab of their DEBS screen.
- Once the Agent's Monthly Report is received by the Binghamton Office, a Debit Bill Activity Report (DBAR) is prepared to determine the amount payable to the Company. The DBARs and reports should be received by the General Agent no later than the 24st of each month. All money due the Company will be electronically drafted from the General Agent's Premium Deposit Account on the last business day of each month.

This system, although designed to make accounting easy for the Agent, does not change their fundamental responsibilities:

- The Company still requires an Agent to maintain adequate records of premium collections and remittances on behalf of the member companies with whom he or she is licensed.
- Premiums recorded on the Monthly Report are to be collected within the grace period.

PREMIUM & COMMISSION ADMINISTRATION

Agent Collect - Agent's Monthly Report

The Monthly Report is prepared in duplicate by the Binghamton Office. Policies for which no Family Group Number has been assigned will appear in alphabetic sequence, followed by those policies with Family Group Numbers.

The main section of the report lists policies due for the arrears month and current month, as well as policies paid in advance of the current month.

- Policies in arrears are listed with an asterisk (*)
- Policies paid in advance are listed with a hashtag (#)

Following the list of active policies is the Lapse List, which includes policies up to two months in arrears. The lapse section is to be used as a means to report any premiums collected **within the grace period** but, in error, not remitted to the Company in a timely manner. It is not an extension of the grace period and should not be used to bypass reinstatement. Any policy listed on this section of the report is considered lapsed.

Reinstatement for policies lapsed due to reasons other than agent error will require a reinstatement application. Do not report reinstatement collections on the Monthly Report.

To be sure that your Agent's Monthly Report is processed quickly and correctly, follow the steps below:

1. Complete the entire Monthly Report.
 - Check the Policy Due Date.
 - Enter the number of payments collected since the date you last reported collections.
 - Enter "0" if premiums were not collected.
2. Total the bottom of each page of the Monthly Report.
3. Write all information clearly.
4. Do not add policies or notes on the Monthly Report. Submit inquiries on separate correspondence.
5. Return the Monthly Report to the Binghamton Office by the published due date.
 - Return the copy marked "White Copy - BGM Office" only.
 - Use the provided envelope, labeled "Agent Collected Premium" or fax to (877) 319-2463.
 - Sign, date and return the Agent Collection Statement page.

PREMIUM & COMMISSION ADMINISTRATION

Agents Monthly Report

| 1 OF 3 AGENTS MONTHLY REPORT | | | | | COLUMBIAN FINANCIAL GROUP BINGHAMTON, NEW YORK 13902-1381 | | RETURN: White Copy - BGM Office Yellow Copy - GA/Agent | |
|------------------------------|-----------------|------|----------------|--|--|--|--|--|
| G.A. NUMBER | G.A. NAME | DIV. | COLUMBIAN LIFE | | REPORT DATE | | | |
| O0012345 | SMITH, GEORGE R | 01 | | | AUGUST 2020 | | | |
| AGENT NUMBER | AGENT NAME | TERR | | | | | | |
| A0045678 | GEORGE R. SMITH | 02 | | | | | | |

| FAMILY GROUP# | INSURED NAME | POLICY NUMBER | ISSUE DATE | MODE | MODE PREMIUM | AGENT COMMISSION PAYABLE | POLICY DUE DATE | BNG SEQ. | MODES COLLECT. | POLICY STATUS MESSAGE |
|---------------|-------------------------|---------------|------------|------|--------------|--------------------------|-----------------|----------|----------------|-----------------------|
| 00011 | SMITH, JOHN L 15,000 | B001234 | 6/10 | M | 52.00 | 8.06 | 7/16/20* | 4 | 2 | 52.00 |
| 00012 | BROWN, JOE 10,000 | B002345 | 7/20 | M | 31.00 | 18.60 | | | 1 | 31.00 *FIRST YEAR* |
| 00017 | GREY, HAROLD 10,000 | B003456 | 5/16 | M | 34.00 | 5.27 | | | 1 | 77.50 |
| 00011 | SMITH, JOHN L 15,000 | B001234 | 6/10 | M | 52.00 | 8.06 | 7/16/20* | 4 | 2 | 52.00 |

| | | | | | | |
|---------------|------------------|------------------|-----------|-----------|-------------------------|----|
| \$692.45 | 313.78 | \$515.08 | 16.68 | 51.12 | * ARREARS # ADVANCES | 21 |
| TOTAL PREMIUM | TOTAL COMMISSION | TOTAL DEBIT SIZE | ADVANCE % | ARREARS % | | |

One premium on each policy appearing on the active list.

Advance premium divided by current debt.

Arrears premium divided by current debt.

This number is for Company use.

Family Group Number: The five numbers/letters are assigned by the Agent and become part of the policy master computer report. All policies with the same number will appear together on the report as a family group.

Policy Number: Policy number assigned by the Company at the time of issue.

Issue Date: Month and year the policy was issued.

Mode: M = Monthly; Q = Quarterly; S = Semi-Annual; A = Annual

Commission Payable: Amount of commission payable to the Agent on the modal premium shown.

Policy Due Date: Date the premiums are due.

- If the policy is current, it will show the same month and year as the Monthly Report Date.
- If the policy is in arrears, it will show the prior month's due date, with an asterisk (*) next to the date.
- If the policy is paid in advance, it will show the next date due, with a hashtag (#) next to the date.

Policy Status Message: These are messages indicating a change in a policy, such as fully paid-up, cancellation, death claim pending, premium changes, etc.

Total Payments by Page: The number of payments entered for each policy on the page are totaled by the Agent and entered in the "Total Payments" block at the bottom of the page.

Total Premium: One premium on all policies due for the current month and two premiums on all policies due for the arrears month.

Total Commission: One commission on all policies due for the current month and two commissions on all policies due for the arrears month.

PREMIUM & COMMISSION ADMINISTRATION

Debit - Recapitulation Report

| | | | | | | | | | |
|---|---------------|-------------------|---|---------------------|------------------------|--------------------|------------------------------|--------------------------|------------------------------|
| GENERAL AGENT: 012345 HAY INSURANCE AGENCY | | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILILING FOR 3/2020 | | | | | BSDBT070-00 3/14/2020 | |
| MONTHLY AGENT RECAPITULATION | | | | | | | | | PAGE 1 |
| AGENT | AGENT NAME | TOTAL POLICIES | TOTAL PREMIUM | TOTAL COMMISSION | TOTAL DEBIT SIZE | ADVANCE PREMIUM | ADV % OF CURR DEBIT | ARREARS PREMIUM | ARR % OF CURR DEBIT |
| A001234 | ED HAY | 4 | \$165.82 | \$98.62 | \$90.21 | \$0.00 | 0.00 | \$75.41 | 83.59 |
| A001234 | ED HAY | 4 | \$165.82 | \$98.62 | \$90.21 | \$0.00 | 0.00 | \$75.41 | 83.59 |

The Recapitulation Report shows the debit size, advance and arrears percentages for the Agency.

Total Policies: Total number of policies appearing on the active list.

Total Premium: One premium on all policies due for the current month and two premiums on all policies due for the arrears months (from the active list).

Total Commission: One commission on all policies due for the current month and two commissions for policies due for the arrears month (from the active list).

Total Debit Size: One premium on each policy appearing on the active list.

Advance Premium: One premium on all policies paid in advance of the current month.

Advance Percentage of Current Debit: Advance Premium / Current Debit

Arrears Premium: One premium on all policies that are paid one month in arrears (from the active list).

Arrears Percentage of Current Debit: Arrears Premium / Current Debit

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

The Debit Bill Activity Report is prepared each month by the Binghamton Office after receipt and processing of the Agent's Monthly Report. The DBAR is printed in two sets. One set is for the Agent(s), while the second set is for the General Agent. The General Agent's set shows the GA's commission earnings for each policy. These reports contain the following sections:

- **Summary of Agent Activity: Active and Lapsed Policies** - This is the main body of the report, which provides a detailed description, by policy, of reported premiums, number of modes reported, new paid-to dates, and earned commissions. This section mirrors the premiums reported on the Agent's Monthly Report.
- **Summary of Agent Activity: Miscellaneous Debits/Credits** - Reflects all accounting processed by the Home Office, including new business, reinstatements, shortages, premiums paid by loan or dividend, premium reversals, and payments received at the Binghamton Office.
- **Summary of Net Due** - Summarizes the activity listed in the Active, Lapsed, and Miscellaneous Debits/Credits portions of the report. It reflects the net amount due the General Agent by the Agent (or the net amount due the Agent by the General Agent).
- **Agent Earnings Report by Policy Type** - Summarizes the amount of premiums processed (reported by the Agent and processed at the Binghamton Office) and the commissions earned for each type of policy.
- **General Agent's Summary of Amount Due from Debit Agents** - Summarizes each Agent's activity for reported premium and Home Office accounting, less commissions earned to determine the net amount due the General Agent and the total amount due the Company.
- **Sales Manager Summary Page** - Shows the commission earned by the Sales Manager for all agents under the Sales Manager.
- **General Agent's Summary of Amount Due to Sales Manager** - This report is for the General Agent. It lists all Sales Managers in the Agency and the commission earned for the month.
- **General Agent's Payments and Miscellaneous Accounting** - Indicates any payments, adjustments or charges made at the General Agent level.
- **General Agent's Monthly Summary** - Shows the total premiums reported and charged to Agents, less Agent commission and General Agent override(s), to arrive at the net amount due the Company. The current balance due will be electronically drafted from the General Agent's Premium Deposit Account on the last business day of the month if it is \$5 or more. Any balance under \$5 will be carried forward to the next month.

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

The Reported Premiums data is taken from the information provided by the Agent on the Agent's Monthly Report. The Commission Earned amount is determined by multiplying the number of modes collected by the modal commission payable.

| | | | | | | | | | | | | |
|---|--------------|--------------|----------------------------------|-------|-------------|---------|-------------|------------|---------------|--------|------------------------|-------|
| DB ACTIVITY GAA | | | COLUMBIAN LIFE INSURANCE COMPANY | | | | | | | | BPDBT170-09 | |
| | | | DEBIT BILL ACTIVITY REPORT | | | | | | | | PAGE 1 | |
| | | | | | | | | | | | DATE PRINTED 2/12/2020 | |
| AGENCY: | | O000012345 | | | MARY SMITH | | | | | | | |
| AGENT: | | A00234567 | | | MARY SMITH | | | | | | | |
| MONTH: | | JANUARY 2020 | | | | | | | | | | |
| SUMMARY OF AGENT ACTIVITY -- GENERAL AGENT'S COPY | | | | | | | | | | | | |
| FAMILY GROUP | INSURED | POLICY# | REPORTED PREMIUMS | MODES | COMM EARNED | NEW PTD | POLICY TYPE | AGENT COMM | GA OVERRIDE % | AMT | MANAGER % | AMT |
| -----**ACTIVE POLICIES**----- | | | | | | | | | | | | |
| | BROWN, MARY | B010000042 | 432.66 | 2 | 237.96 | 6/03 | OWL-FY | 55.0% | 41.0% | 177.40 | 0.0% | .00 |
| 00525 | RUIZ, MARIA | B000003456 | 47.50 | 1 | 28.50 | 3/03 | DWLNP-FY | 60.0% | 30.0% | 14.25 | 10.0% | 4.75 |
| 00580 | ROMAN, MARK | B000007890 | 42.72 | 1 | 23.50 | 2/02 | DWLGI-FY | 55.0% | 13.0% | 5.55 | 10.0% | 4.27 |
| 00580 | LOPEZ, JULIO | B001110223 | 30.72 | 1 | 4.76 | 2.03 | DWNLP-R | 15.5% | 5.0% | 1.54 | 0.0% | .00 |
| TOTALS FOR ACTIVE POLICIES | | | 553.60 | 5 | 294.72 | | | | | 198.74 | | 9.02 |
| -----**LAPSED POLICIES**----- | | | | | | | | | | | | |
| 00535 | GREEN, RENEE | B001112223 | 62.00 | 4 | 34.12 | 1/03 | DWLNP-FY | 55.0% | 30.0% | 18.60 | 10.0% | 6.20 |
| 00740 | BROWN, JERRY | B078965412 | 25.72 | 1 | 15.43 | 12/02 | DWL-FY | 60.0% | 30.0% | 7.72 | 10.0% | 2.57 |
| 00740 | BROWN, JERRY | B001234567 | 25.72 | 1 | 3.99 | 12/02 | DWL-R | 15.5% | 5.0% | 1.29 | 0.0% | 0.00 |
| 00741 | GREY, GEORGE | B010101010 | 164.11 | 1 | 22.98 | 1/03 | OWL-R | 14.0% | 4.0% | 6.56 | 0.0% | 0.00 |
| TOTALS FOR LAPSED POLICIES | | | 277.55 | 7 | 76.52 | | | | | 34.17 | | 8.77 |
| TOTAL AGENT PREMIUMS REPORTED | | | 631.15 | 12 | 371.24 | | | | | 232.91 | | 17.79 |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

This report shows all items processed by the Binghamton Office at the Agent level.

| DB ACTIVITY GAA | | COLUMBIAN LIFE INSURANCE COMPANY | | | | | | | | BPDBT170-09 | | |
|---|-------------------|----------------------------------|-------------------|------------|-------------|---------|-------------|------------|---------------|-------------|-----------|------|
| | | DEBIT BILL ACTIVITY REPORT | | | | | | | | PAGE 1 | | |
| AGENCY: | | O000012345 | | MARY SMITH | | | | | | | | |
| AGENT: | | A00234567 | | MARY SMITH | | | | | | | | |
| MONTH: | | JANUARY 2020 | | | | | | | | | | |
| SUMMARY OF AGENT ACTIVITY -- GENERAL AGENT'S COPY | | | | | | | | | | | | |
| BINGHAMTON OFFICE PROCESSED PREMIUMS | | | | | | | | | | | | |
| FAMILY GROUP | INSURED | POLICY# | REPORTED PREMIUMS | MODES | COMM EARNED | NEW PTD | POLICY TYPE | AGENT COMM | GA OVERRIDE % | AMT | MANAGER % | AMT |
| **MISCELLANEOUS DEBITS/CREDITS** | | | | | | | | | | | | |
| | RIVERS, MARY | B01000000928 | 164.12 | 1 | 90.27 | 2/02 | OWL-FY | 55.0% | 41.0% | 67.29 | 0.0% | .00 |
| | RIVERS, MARY | B01000000928 | 164.12 | 1 | 22.98 | 3/03 | OWL-R | 14.0% | 4.0% | 6.57 | 0.0% | .00 |
| F0088 | FIELDS, JAMES | B01000076543 | .00 | 1 | 12.18 | 1/03 | DWLN-FY | 60.0% | 30.0% | 6.09 | 10.0% | 2.03 |
| F0088 | FIELDS, JAMES | B01000076543 | .00 | 1 | 3.15 | 2/03 | DWLNP-R | 15.5% | 5.0% | 1.02 | 0.0% | .00 |
| | | B00088888888 | -25.55 | 0 | .00 | | | 0.00% | 0.00% | .00 | | |
| AGENT CREDIT | | | | | | | | | | | | |
| M0250 | MUND, ANN | B0011033004 | .00 | -1 | -3.96 | 1/03 | DWLNP-R | 15.5% | 5.0% | -1.28 | 0.0% | .00 |
| SM133 | SMITH, MARK | B0004445567 | .00 | -1 | 2.84 | 10/02 | DWLNP-R | 15.5% | 5.0% | -0.92 | 0.0% | .00 |
| | | B0002222222 | 14.04 | 0 | .00 | | | 0.00% | 0.00% | .00 | | |
| AGENT CHARGE | | | | | | | | | | | | |
| T4100 | TOONS, MARY | B0002222222 | .00 | 1 | 2.18 | 1/02 | | | | | | |
| X1212 | JONES, GINA | | | | -37.37 | 12/02 | | | | | | |
| Z6666 | COOMBS, PETE | | | | 54.63 | 1/02 | | | | | | |
| | PAID NEW BUSINESS | B0007777777 | 99.33 | 0 | .00 | | | | | | | |
| AGENT CHARGE | | | | | | | | | | | | |
| MISC. BINGHAMTON OFFICE ACCOUNTING | | | 416.06 | 3 | 141.22 | | | | | 71.99 | | 5.16 |
| MISC. BINGHAMTON OFFICE PREMIUMS APPLIED | | | 338.98 | 3 | 123.96 | | | | | 79.47 | | 2.03 |
| TOTAL NEW BUSINESS PREMIUMS APPLIED | | | 31.38 | 1 | 17.26 | | | | | -7.48 | | 3.13 |

Includes all printed premium charges / credits and commission charges / credits.

Includes all premiums received and/or applied by the Binghamton Office, as well as the commissions on these premiums. The premium amount is displayed as zero on these transactions because the agent is not being charged for those premiums. In this example, B01000076543 includes \$20.30 for each premium applied, B0004445567 includes -18.35 in premium being reversed, and B0005544332 includes -67.95 in premium being reversed. These are reflected on the Agent Earnings Report by Policy Type, in the Premium Applied column.

Includes only new business premiums / commissions.

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

| | | | | |
|--|--------------|--|---|---|
| DB ACTIVITY GAA | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | BPDBT170-09 PAGE 3 DATE PRINTED 2/12/2020 |
| AGENCY: | 0000012345 | MARY SMITH | | |
| AGENT: | A00234567 | MARY SMITH | | |
| MONTH: | JANUARY 2020 | | | |
| SUMMARY OF NET DUE -- GENERAL AGENT'S COPY | | | | |
| AGENT PREMIUMS REPORTED | | 831.15 | | |
| NEW BUSINESS AND BINGHAMTON OFFICE ACCOUNTING | | 416.06 | | |
| AGENT COMMISSION ON AGENT PREMIUMS REPORTED | 371.24 | | | |
| AGENT COMMISSION ON MISCELLANEOUS PREMIUMS APPLIED BY THE BINGHAMTON OFFICE | 141.22 | | | |
| TOTAL AGENT COMMISSIONS EARNED | | 512.46 | Represents the amount due the Agent by the General Agent. | |
| TOTAL AMOUNT DUE AGENT | | .00 | | |
| TOTAL AMOUNT DUE GENERAL AGENT | | 734.75 | Represents the amount due the General Agent by the Agent. | |
| **THE ABOVE AMOUNTS REFLECT THE AGENT'S EARNINGS ONLY** | | | | |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

The Debit Agent Earnings Report shows monthly earnings categorized by first-year or renewal commissions within each line of business. It is suggested that the Agent retain these reports for income tax purposes.

| | | | | | | |
|---|--------------|----------------------------------|-----------------------|----------------|------------------------|--|
| DB ACTIVITY GAA | | COLUMBIAN LIFE INSURANCE COMPANY | | | BPDBT170-09 | |
| | | DEBIT BILL ACTIVITY REPORT | | | PAGE 4 | |
| | | | | | DATE PRINTED 2/12/2020 | |
| AGENCY: | O000012345 | MARY SMITH | | | | |
| AGENT: | A00234567 | MARY SMITH | | | | |
| MONTH: | JANUARY 2020 | | | | | |
| AGENT EARNINGS REPORT BY POLICY TYPE - GENERAL AGENT'S COPY | | | | | | |
| TYPE OF POLICY | ABBREVIATION | PREMIUM APPLIED | COMMISSIONS EARNED | GA OVERRIDE | MANAGER COMMISSION | |
| INDUSTRIAL WHOLE LIFE - RENEWAL | IWL-R | .00 | .00 | .00 | .00 | |
| MDO WHOLE LIFE - FIRST YEAR | DWL-FY | 25.72 | 15.43 | 7.72 | 2.57 | |
| MDO WHOLE LIFE - RENEWAL | DWL-R | 25.72 | 3.99 | 1.29 | .00 | |
| MDO WHOLE LIFE GUARANTEED ISSUE - FIRST YEAR | DWLGI-FY | 142.05 | 78.13 | 18.46 | 14.20 | |
| MDO WHOLE LIFE GUARANTEED ISSUE - RENEWAL | DWLGI-R | .00 | .00 | 0.00 | .00 | |
| MDO WHOLE LIFE NON-PAR - FIRST YEAR | DWLNP-FY | 61.85 | 37.43 | 18.55 | 6.08 | |
| MDO WHOLE LIFE NON-PAR - RENEWAL | DWLNP-R | 21.16 | 3.29 | 1.06 | .00 | |
| ORDINARY WHOLE LIFE - FIRST YEAR | OWL-FY | 596.78 | 328.23 | 244.69 | .00 | |
| ORDINARY WHOLE LIFE - RENEWAL | OWL-R | 328.23 | 45.96 | 13.13 | .00 | |
| GUARANTEED REN HOSPITAL - FIRST YEAR | GRH-FY | .00 | .00 | .00 | .00 | |
| GUARANTEED REN HOSPITAL - RENEWAL | GRH-R | .00 | .00 | .00 | .00 | |
| GUARANTEED REN DISABILITY - FIRST YEAR | GRD-FY | .00 | .00 | .00 | .00 | |
| GUARANTEED REN DISABILITY - RENEWAL | GRD-R | .00 | .00 | .00 | .00 | |
| NON-RENEW HOSPITAL - FIRST YEAR | NRH-FY | .00 | .00 | .00 | .00 | |
| NON-RENEW HOSPITAL - RENEWAL | NRH-R | .00 | .00 | .00 | .00 | |
| NON-RENEW DISABILITY - FIRST YEAR | NRD-FY | .00 | .00 | .00 | .00 | |
| NON-RENEW DISABILITY - RENEWAL | NRD-R | .00 | .00 | .00 | .00 | |
| NON-CANCEL - FIRST YEAR | NCD-FY | .00 | .00 | .00 | .00 | |
| NON-CANCEL - RENEWAL | NCD-R | .00 | .00 | .00 | .00 | |
| GUAR HOSPITAL FEES | GHP | .00 | .00 | .00 | .00 | |
| GUAR DISABILITY FEES | GDP | .00 | .00 | .00 | .00 | |
| TOTALS FOR FIRST YEAR | | 826.40 | 459.22 | 289.42 | 22.95 | |
| TOTALS FOR RENEWAL | | 375.11 | 53.24 | 15.48 | 0.00 | |
| TOTALS | | 1,201.51 | 512.46 | 304.90 | 22.95 | |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

| DB ACTIVITY GAA | | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | | | | | | BPDBT170-09 PAGE 5 DATE PRINTED 2/12/2020 | | |
|---|---------------|--------------|--|-------|-------------|---------|-------------|------------|---------------|---|-----------|------|
| AGENCY: | | O000012345 | MARY SMITH | | | | | | | | | |
| AGENT: | | A00234567 | MARY SMITH | | | | | | | | | |
| MONTH: | | JANUARY 2020 | | | | | | | | | | |
| SUMMARY OF AGENT ACTIVITY -- GENERAL AGENT'S COPY | | | | | | | | | | | | |
| FAMILY GROUP | INSURED | POLICY# | REPORTED PREMIUMS | MODES | COMM EARNED | NEW PTD | POLICY TYPE | AGENT COMM | GA OVERRIDE % | AMT | MANAGER % | AMT |
| -----**ACTIVE POLICIES**----- | | | | | | | | | | | | |
| J0002 | JACDSON, ROB | B010000005 | 22.61 | 1 | 12.44 | 2/02 | OWL-FY | 55.0% | 41.0% | 9.27 | 0.0% | .00 |
| J0002 | MOORE, STEVE | B000000062 | 10.69 | 1 | 6.41 | 2/02 | DWLNP-FY | 60.0% | 35.0% | 3.74 | 5.0% | .54 |
| L0005 | LARSON, SAM | B000000444 | 45.27 | 1 | 7.02 | 9/02 | DWNLP-R | 15.5% | 5.0% | 2.26 | 0.0% | .00 |
| P0008 | PETERS, ANN | B000000256 | 97.36 | 2 | 15.10 | 3/03 | DWNLP-R | 15.5% | 5.0% | 4.86 | 0.0% | .00 |
| P0008 | PETERS, PETE | B000000257 | 112.20 | 2 | 17.40 | 5/03 | DWNLP-R | 15.5% | 5.0% | 5.62 | 0.0% | .00 |
| TOTALS FOR ACTIVE POLICIES | | | 288.13 | 7 | 58.37 | | | | | 25.75 | | .54 |
| -----**LAPSED POLICIES**----- | | | | | | | | | | | | |
| N0090 | NEWTON, FIG | B001000316 | 0.00 | 0 | 0 | 11/02 | DWL-R | 00.0% | 0.0% | .00 | 0.0% | .00 |
| S0150 | STRIKE, LUCKY | B0100090 | 33.25 | 1 | 4.66 | 12/02 | OWL-R | 14.0% | 4.0% | 1.33 | 0.0% | .00 |
| TOTALS FOR LAPSED POLICIES | | | 321.38 | 1 | 4.66 | | | | | 1.33 | 0.0% | .00 |
| TOTAL AGENT PREMIUMS REPORTED | | | 321.38 | 8 | 63.02 | | | | | 27.08 | | 0.54 |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

This section summarizes the activity listed in the Active, Lapsed, and Miscellaneous Debits/Credits portions of the report. It reflects the net amount due the General Agent by the Agent (or the net amount due the Agent by the General Agent).

| | | | |
|---|--------------|----------------------------------|-------------------------|
| DB ACTIVITY GANDA | | COLUMBIAN LIFE INSURANCE COMPANY | BPDBT170-09 |
| | | DEBIT BILL ACTIVITY REPORT | PAGE 6 |
| | | | DATE PRINTED 02/12/2020 |
| AGENCY: | O000012345 | MARY SMITH | |
| AGENT: | A00234567 | MARY SMITH | |
| MONTH: | JANUARY 2020 | | |
| SUMMARY OF NET DUE -- GENERAL AGENT'S COPY | | | |
| AGENT PREMIUMS REPORTED | | | 321.38 |
| NEW BUSINESS AND BINGHAMTON OFFICE ACCOUNTING | | | .00 |
| AGENT COMMISSION ON AGENT PREMIUMS REPORTED | 63.03 | | |
| AGENT COMMISSION ON MISCELLANEOUS PREMIUMS APPLIED BY THE BINGHAMTON OFFICE | .00 | | |
| TOTAL AGENT COMMISSIONS EARNED | | | 63.03 |
| TOTAL AMOUNT DUE AGENT | | | .00 |
| TOTAL AMOUNT DUE GENERAL AGENT | | | 258.35 |
| **THE ABOVE AMOUNTS REFLECT THE AGENT'S EARNINGS ONLY** | | | |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

| | | | | | | |
|---|--------------|--|-----------------------|----------------|--|--|
| DB ACTIVITY GAAGE | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | | BPDBT170-09 PAGE 7 DATE PRINTED 02/12/2020 | |
| AGENCY: | O000012345 | MARY SMITH | | | | |
| AGENT: | A00234567 | MARY SMITH | | | | |
| MONTH: | JANUARY 2020 | | | | | |
| AGENT EARNINGS REPORT BY POLICY TYPE - GENERAL AGENT'S COPY | | | | | | |
| TYPE OF POLICY | ABBREVIATION | PREMIUM APPLIED | COMMISSIONS EARNED | GA OVERRIDE | MANAGER COMMISSION | |
| INDUSTRIAL WHOLE LIFE - RENEWAL | IWL-R | .00 | .00 | .00 | .00 | |
| MDO WHOLE LIFE - FIRST YEAR | DWL-FY | .00 | .00 | .00 | .00 | |
| MDO WHOLE LIFE - RENEWAL | DWL-R | .00 | .00 | .00 | .00 | |
| MDO WHOLE LIFE GUARANTEED ISSUE - FIRST YEAR | DWLGI-FY | .00 | .00 | .00 | .00 | |
| MDO WHOLE LIFE GUARANTEED ISSUE - RENEWAL | DWLGI-R | .00 | .00 | .00 | .00 | |
| MDO WHOLE LIFE NON-PAR - FIRST YEAR | DWLNP-FY | 10.69 | 6.41 | 3.74 | .54 | |
| MDO WHOLE LIFE NON-PAR - RENEWAL | DWLNP-R | 245.83 | 39.52 | 12.74 | .00 | |
| ORDINARY WHOLE LIFE - FIRST YEAR | OWL-FY | 22.61 | 12.44 | 9.27 | .00 | |
| ORDINARY WHOLE LIFE - RENEWAL | OWL-R | 33.25 | 4.66 | 1.33 | .00 | |
| GUARANTEED REN HOSPITAL - FIRST YEAR | GRH-FY | .00 | .00 | .00 | .00 | |
| GUARANTEED REN HOSPITAL - RENEWAL | GRH-R | .00 | .00 | .00 | .00 | |
| GUARANTEED REN DISABILITY - FIRST YEAR | GRD-FY | .00 | .00 | .00 | .00 | |
| GUARANTEED REN DISABILITY - RENEWAL | GRD-R | .00 | .00 | .00 | .00 | |
| NON-RENEW HOSPITAL - FIRST YEAR | NRH-FY | .00 | .00 | .00 | .00 | |
| NON-RENEW HOSPITAL - RENEWAL | NRH-R | .00 | .00 | .00 | .00 | |
| NON-RENEW DISABILITY - FIRST YEAR | NRD-FY | .00 | .00 | .00 | .00 | |
| NON-RENEW DISABILITY - RENEWAL | NRD-R | .00 | .00 | .00 | .00 | |
| NON-CANCEL - FIRST YEAR | NCD-FY | .00 | .00 | .00 | .00 | |
| NON-CANCEL - RENEWAL | NCD-R | .00 | .00 | .00 | .00 | |
| GUAR HOSPITAL FEES | GHP | .00 | .00 | .00 | .00 | |
| GUAR DISABILITY FEES | GDP | .00 | .00 | .00 | .00 | |
| TOTALS FOR FIRST YEAR | | 33.30 | 459.22 | 13.01 | 0.54 | |
| TOTALS FOR RENEWAL | | 288.08 | 53.24 | 14.07 | 0.00 | |
| TOTALS | | 321.38 | 512.46 | 27.08 | 0.54 | |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

This report shows monthly earnings categorized by first-year and renewals within each line of business for the entire agency.

| | | | | | | |
|---|--------------|----------------------------------|-----------------------|----------------|-------------------------|--|
| DB ACTIVITY GAAGE | | COLUMBIAN LIFE INSURANCE COMPANY | | | BPDBT170-09 | |
| | | DEBIT BILL ACTIVITY REPORT | | | PAGE 8 | |
| | | | | | DATE PRINTED 02/12/2020 | |
| AGENCY: | O000012345 | MARY SMITH | | | | |
| AGENT: | A00234567 | MARY SMITH | | | | |
| MONTH: | JANUARY 2020 | | | | | |
| AGENT EARNINGS REPORT BY POLICY TYPE - GENERAL AGENT'S COPY | | | | | | |
| TYPE OF POLICY | ABBREVIATION | PREMIUM APPLIED | COMMISSIONS EARNED | GA OVERRIDE | MANAGER COMMISSION | |
| INDUSTRIAL WHOLE LIFE - RENEWAL | IWL-R | .00 | .00 | .00 | .00 | |
| MDO WHOLE LIFE - FIRST YEAR | DWL-FY | 25.72 | 15.43 | 7.72 | 2.57 | |
| MDO WHOLE LIFE - RENEWAL | DWL-R | 25.72 | 3.99 | 1.29 | .00 | |
| MDO WHOLE LIFE GUARANTEED ISSUE - FIRST YEAR | DWLGI-FY | .00 | 78.13 | 18.46 | 14.20 | |
| MDO WHOLE LIFE GUARANTEED ISSUE - RENEWAL | DWLGI-R | 72.54 | .00 | .00 | .00 | |
| MDO WHOLE LIFE NON-PAR - FIRST YEAR | DWLNP-FY | 275.99 | 43.84 | 22.29 | 6.72 | |
| MDO WHOLE LIFE NON-PAR - RENEWAL | DWLNP-R | 619.39 | 42.81 | 13.80 | .00 | |
| ORDINARY WHOLE LIFE - FIRST YEAR | OWL-FY | 361.48 | 340.67 | 253.96 | .00 | |
| ORDINARY WHOLE LIFE - RENEWAL | OWL-R | .00 | 50.62 | 14.46 | .00 | |
| GUARANTEED REN HOSPITAL - FIRST YEAR | GRH-FY | .00 | .00 | .00 | .00 | |
| GUARANTEED REN HOSPITAL - RENEWAL | GRH-R | .00 | .00 | .00 | .00 | |
| GUARANTEED REN DISABILITY - FIRST YEAR | GRD-FY | .00 | .00 | .00 | .00 | |
| GUARANTEED REN DISABILITY - RENEWAL | GRD-R | .00 | .00 | .00 | .00 | |
| NON-RENEW HOSPITAL - FIRST YEAR | NRH-FY | .00 | .00 | .00 | .00 | |
| NON-RENEW HOSPITAL - RENEWAL | NRH-R | .00 | .00 | .00 | .00 | |
| NON-RENEW DISABILITY - FIRST YEAR | NRD-FY | .00 | .00 | .00 | .00 | |
| NON-RENEW DISABILITY - RENEWAL | NRD-R | .00 | .00 | .00 | .00 | |
| NON-CANCEL - FIRST YEAR | NCD-FY | .00 | .00 | .00 | .00 | |
| NON-CANCEL - RENEWAL | NCD-R | .00 | .00 | .00 | .00 | |
| GUAR HOSPITAL FEES | GHP | .00 | .00 | .00 | .00 | |
| GUAR DISABILITY FEES | GDP | .00 | .00 | .00 | .00 | |
| TOTALS FOR FIRST YEAR | | 859.70 | 476.07 | 302.43 | 23.49 | |
| TOTALS FOR RENEWAL | | 663.19 | 97.42 | 29.55 | 0.00 | |
| TOTALS | | 1,522.89 | 575.49 | 331.98 | 23.49 | |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

This report summarizes the amounts due the General Agent from all Agents.

| | | | | | | | | | | |
|---|-----------------------------|-------------------------------|--|----------------------------------|-----------------------------------|---------------------------|--------------------------------|---|--|-----------------------------------|
| DB ACTIVITY GASUM | | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | | | | | BPDBT170-09 PAGE 9 DATE PRINTED 02/12/2020 | |
| AGENCY: | | O000012345 | | MARY SMITH | | | | | | |
| AGENT: | | A999999999 | | (AGENCY TOTALS) | | | | | | |
| MONTH: | | JANUARY 2020 | | | | | | | | |
| GENERAL AGENT'S SUMMARY OF AMOUNT DUE FROM DEBIT AGENTS | | | | | | | | | | |
| AGENT NUMBER | AGENT NAME | AGENT PREMIUMS REPORTED | MISC B.O. ACCTING APPLIED | AGT COMM ON PREMS REPORTED | AGT COMM ON MISC ACCTING | TOTAL AMOUNT DUE GA | TOTAL GA OVERRIDE EARNED | TOTAL GA EAP EARNED FROM GA | MANAGER COMMISSION | TOTAL DUE CFG FROM GA |
| A00246333 A000611111 | MARY SMITH PATRICK DOYLE | 831.15 | 416.06 | 371.24 | 141.22 | 734.75 | 304.90 | .00 | 22.95 | 406.90 |
| A000255599 A000622222 | JANE FOSTER JANE POPPINS | 321.38 | .00 | 63.03 | .00 | 258.35 | 27.08 | .00 | .54 | 230.73 |
| TOTALS | | 1,152.53 | 416.06 | 434.27 | 141.22 | | 331.98 | .00 | 23.49 | |
| | | | | 575.49 | | 993.10 | | | | |
| | | | | | | | | | | 637.63 |

This report shows the commission earned by the Sales Manager for all agents under this sales manager.

| | | | | | |
|----------------------------|--|--|--|---|--|
| DB ACTIVITY GASUM | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | BPDBT170-09 PAGE 10 DATE PRINTED 02/12/2020 | |
| AGENCY: | | O000012345 | | MARY SMITH | |
| AGENT: | | A000611111 | | PATRICK DOYLE | |
| MONTH: | | JANUARY 2020 | | | |
| SALES MANAGER SUMMARY PAGE | | | | | |
| AGENT NUMBER | | AGENT NAME | | SALES MANAGER COMMISSIONS | |
| A000246333 | | MARY SMITH | | 22.95 | |
| | | TOTALS | | 22.95 | |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

| | | | | |
|----------------------------|--------------|--|--|---|
| DB ACTIVITY GASUM | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | BPDBT170-09 PAGE 11 DATE PRINTED 02/12/2020 |
| AGENCY: | O000012345 | MARY SMITH | | |
| AGENT: | A000622222 | JANE POPPINS | | |
| MONTH: | JANUARY 2020 | | | |
| SALES MANAGER SUMMARY PAGE | | | | |
| AGENT NUMBER | AGENT NAME | SALES MANAGER COMMISSIONS | | |
| A000255599 | JANE FOSTER | .54 | | |
| TOTALS | | .54 | | |

This report is for the General Agent. It lists all Sales Managers in the Agency and the commission earned by each Sales Manager for the month.

| | | | | |
|--|---------------|--|--|---|
| DB ACTIVITY GASUM | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | BPDBT170-09 PAGE 12 DATE PRINTED 02/12/2020 |
| AGENCY: | O000012345 | MARY SMITH | | |
| MONTH: | JANUARY 2020 | | | |
| GENERAL AGENT'S SUMMARY OF AMOUNT DUE TO SALES MANAGER | | | | |
| AGENT NUMBER | AGENT NAME | SALES MANAGER COMMISSIONS | | |
| A000611111 | PATRICK DOYLE | 22.95 | | |
| A000622222 | JANE POPPINS` | .54 | | |
| TOTALS | | 23.49 | | |

This report indicates any payments, adjustments or charges made at the General Agent level.

| | | | | |
|---|--------------|--|-------------|---|
| DB ACTIVITY GASUM | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | | BPDBT170-09 PAGE 13 DATE PRINTED 02/12/2020 |
| AGENCY: | O000012345 | MARY SMITH | | |
| AGENT: | A999999999 | (AGENCY TOTALS) | | |
| MONTH: | JANUARY 2020 | | | |
| GENERAL AGENT'S PAYMENTS AND MISCELLANEOUS ACCOUNTING | | | | |
| | | AMOUNT | DESCRIPTION | |
| 1/31/2020 | | -163.16 | EFT PAYMENT | |
| TOTAL GA PAYMENTS & MISC ACCTG | | -163.16 | | |

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Activity Report (DBAR)

The General Agent's Summary is the final section of the Debit Bill Activity Report. It is the billing to the General Agent showing the new amount due the Company after Agent commissions, General Agent overrides and miscellaneous adjustments have been accounted for.

| | | | |
|---|--------------|--|---|
| DB ACTIVITY NETDUE | | COLUMBIAN LIFE INSURANCE COMPANY DEBIT BILL ACTIVITY REPORT | BPDBT170-09 PAGE 14 DATE PRINTED 02/12/2020 |
| AGENCY: | 0000012345 | MARY SMITH | |
| AGENT: | A999999999 | (AGENCY TOTALS) | |
| MONTH: | JANUARY 2020 | | |
| GENERAL AGENT'S MONTHLY SUMMARY FOR JAN 2020 | | | |
| PRIOR MONTH'S BALANCE | | 163.16 | |
| LESS: PAYMENTS & MISCELLANEOUS ACCOUNTING | | -163.16 | |
| REMAINING PRIOR MONTH'S BALANCE DUE | | .00 | |
| AGENTS PREMIUM REPORTED | | 1,152.52 | |
| PLUS: MISC PREMIUMS APPLIED BY BINGHAMTON OFFICE | | 416.06 | |
| LESS: TOTAL AGENTS COMMISSION EARNED | | 575.49 | |
| PREMIUMS LESS COMMISSIONS (AMOUNT DUE GA BY AGENTS) | | 993.10 | |
| LESS: SALES MANAGER COMMISSION | | 23.49 | |
| DUE AFTER SALES MANAGER COMMISSION | | 969.61 | |
| LESS: GA OVERRIDE EARNED | | 331.98 | |
| LESS: GA EAP EARNED | | .00 | |
| TOTAL AMOUNT DUE FOR CURRENT MONTH'S COLLECTIONS | | 637.63 | |
| PLUS: REMAINING PRIOR MONTH'S BALANCE DUE | | .00 | |
| TOTAL AMOUNT DUE FOR THE MONTH OF JAN 2020 | | 637.63 | |

The current Net Due will be electronically drafted from your CFG Premium Deposit Account on the last business day of each month. Please:

1. Verify the information as soon as possible.
2. Contact Debit Premium at ext. 5914 *IMMEDIATELY* with any questions or concerns.

PREMIUM & COMMISSION ADMINISTRATION

Debit Bill Conservation Report

The Debit Bill Conservation Report will help you conserve lapsed business. It contains policies that are 3 to 12 months in arrears.

| AGENCY: 0000012345 BEST GENERAL AGENCY AGENT: A000054321 SAMUEL AGENT | | | | DEBIT BILL CONSERVATION REPORT | | | | PAGE 1 PRINTED ON 5/12/2020 | |
|--|------------------|--|--|--|-----------------|------|-------|--------------------------------|----------------|
| FAMILY GROUP# | POLICY NUMBER | INSURED | OWNER | ISSUED DATE | PAID TO DATE | MODE | PLAN | PREMIUM | FACE AMOUNT |
| 00087 | 0654321 | JAMESON, JAMES 12 12 TH AVENUE APT 12 NEW YORK, NY 12345 | JAMESON, JAMES 12 12 TH AVENUE APT 12 NEW YORK, NY 12345 | 01/03/2002 | 01/03/2020 | MTH | DWL-R | 5.38 | 2,881 |
| | | | | STATUS 64 - EXTENDED TERM EXPIRY DATE 11/28/2044 | | | | | |
| 00113 | 7654321 | CHARLESTON, CHARLES 45 45 TH STREET APT 45 NEW YORK, NY 12345 | CHARLESTON, CHARLES 45 45 TH STREET APT 46 NEW YORK, NY 12345 | 09/01/2018 | 02/01/2020 | MTH | DWL-R | 2.77 | 547 |
| | | | | STATUS 64 - EXTENDED TERM EXPIRY DATE 09/01/2020 | | | | | |
| 00114 | A000123456 | ALLISON, ALICE 94 94 TH STREET APT 94 NEW YORK, NY 12345 | ALLISON, ALICE 94 94 TH STREET APT 94 NEW YORK, NY 12345 | 10/08/2011 | 02/18/2020 | MTH | DWL-R | 31.55 | 3,000 |
| | | | | STATUS 64 - EXTENDED TERM EXPIRY DATE 06/18/2035 | | | | | |
| 00129 | 6600123456 | ROBERTSON, ROBERT 22 22 ND STREET APT 22 NEW YORK, NY 12345 | ROBERTSON, ROBERT 22 22 ND STREET APT 22 NEW YORK, NY 12345 | 04/08/1973 | 02/08/2020 | MTH | GRH-R | 2.64 | 70 |
| | | | | STATUS 93 - LAPSED | | | | | |
| 00149 | 703000321 | JOHNSON, JOHN JR 11 11 TH AVENUE APT 11 NEW YORK, NY 12345 | JOHNSON, JOHN JR 11 11 TH AVENUE APT 11 NEW YORK, NY 12345 | 04/01/1999 | 12/01/2019 | MTH | DWL-R | 8.78 | 2,086 |
| | | | | STATUS 64 - EXTENDED TERM EXPIRY DATE 03/08/2026 | | | | | |
| 00149 | 0801234 | JOHNSON, JOHANNA 11 11 TH AVENUE APT 11 NEW YORK, NY 12345 | JOHNSON, JOHANNA 11 11 TH AVENUE APT 11 NEW YORK, NY 12345 | 03/02/1997 | 12/02/2019 | MTH | DWL-R | 10.08 | 3,039 |
| | | | | STATUS 84 - EXPIRED EXTENDED TERM | | | | | |
| 00155 | 0766432 | FRANKEL, FRANK 99 99 TH AVENUE APT 99 NEW YORK, NY 12345 | FRANKEL, FRANK 99 99 TH AVENUE APT 99 NEW YORK, NY 12345 | 07/12/1973 | 01/12/2020 | MTH | DWL-R | 1.58 | 1,000 |
| | | | | STATUS 65 - REDUCED PAID UP | | | | | |
| THIS REPORT IS INTENDED FOR THE SOLE PURPOSE OF AIDING THE AGENT IN CONSERVING THIS LAPSED BUSINESS. AN APPLICATION FOR REINSTATEMENT MAY NEED TO BE SUBMITTED FOR UNDERWRITING CONSIDERATION AND APPROVAL, ALONG WITH THE REQUIRED PREMIUM BEFORE THE POLICY IS PLACED IN FORCE AND BENEFITS RESTORED. PLEASE CONTACT CUSTOMER SERVICE FOR ASSISTANCE WITH YOUR REINSTATEMENT OPTIONS AND PROCESSING. | | | | | | | | | |

PREMIUM & COMMISSION ADMINISTRATION

Family Group Numbers

Finding an entire family on your Agent's Monthly Report can be a chore. With alphabetical listings, if all insureds in a home do not share the same last name, you may have to search through your entire report to locate every member of a family.

Assigning a Family Group Number will organize your report so that all insureds in a household appear together, regardless of last name. In addition, this system allows you to tell at a glance whether a family's policies are mail pay or collection accounts, and which day premiums are to be collected. A Family Group Number can be any five-digit combination of numbers and/or letters.

This is the way insureds are listed on the Agent's Monthly Report without Family Group Numbers.

| FAMILY GROUP NUMBER | INSURED | PREMIUM | PREMIUM COLLECTED |
|---------------------|-------------------|---------|-------------------|
| | Anderson, Alice | 10.00 | 1 |
| | Brown, Judy | 5.50 | |
| | Chambers, Raymond | 3.50 | |
| | Dickerson, Corey | 6.00 | |
| | Gurley, Helen | 7.00 | |
| | Johnson, Ralph | 5.50 | 1 |
| | Plant, Delores | 12.00 | |
| | Thompson, Rudy | 7.00 | |
| | Williams, Cynthia | 15.00 | |
| | Williams, Jay | 12.00 | 1 |
| | Williams, Jim | 9.00 | 1 |

Alice Anderson is the premium payor for her children, Ralph Johnson, Cynthia Williams and Jay Williams. Without a Family Group Number, their names are not listed together. In order to enter the premium collected from this household, the entire list needs to be scanned for names. In a multiple page billing, this could be a lengthy process.

This is the way insureds are listed on the Agent's Monthly Report with Family Group Numbers.

| FAMILY GROUP NUMBER | INSURED | PREMIUM | PREMIUM COLLECTED |
|---------------------|-------------------|---------|-------------------|
| A0100 | Anderson, Alice | 10.00 | 1 |
| A0100 | Johnson, Ralph | 5.50 | 1 |
| A0100 | Williams, Cynthia | 12.00 | 1 |
| A0100 | Williams, Jay | 9.00 | 1 |
| B0200 | Brown, Judy | 5.00 | |
| B0200 | Chambers, Raymond | 3.50 | 8.50 |
| D0400 | Dickerson, Corey | 6.00 | |
| D0400 | Gurley, Helen | 7.00 | 13.00 |
| P1600 | Plant, Delores | 15.00 | |
| P1600 | Thompson, Rudy | 7.00 | |
| P1600 | Williams, Jim | 15.00 | 37.00 |

By using a Family Group Number, Alice Anderson and her children are listed together, and the total amount due for all their policies is listed after the last Family Group member. This makes entering premium payments for the entire family faster and easier.

PREMIUM & COMMISSION ADMINISTRATION

Assigning Family Group Numbers

When you organize your accounts in this way, a Family Group Number is like a page number in your book, making policies easy to find.

For mail pay Family Group Numbers, begin the number with the first letter of the payer's last name, followed by the corresponding numbers listed below:

| | | | |
|-------|-------|-------|-------|
| A0100 | H0800 | O1500 | V2200 |
| B0200 | I0900 | P1600 | W2300 |
| C0300 | J1000 | Q1700 | X2400 |
| D0400 | K1100 | R1800 | Y2500 |
| E0500 | L1200 | S1900 | Z2600 |
| F0600 | M1300 | T2000 | |
| G0700 | N1400 | U2100 | |

List the numbers ten numbers apart. For example, if your list includes a family named Anderson and another family named Andrews, you could assign the Anderson family A0100 and the Andrews family A0110. Large agencies may want to use a five-number spacing. When there is more than one payor in a home, list them only one number apart.

Collection accounts are not assigned a letter, making it easy to distinguish between the two types of accounts. For collection accounts, first organize your book in route order. Numbers should be assigned according to the day you collect:

| | |
|-----------|---------------|
| Monday | 03000 - 05999 |
| Tuesday | 06000 - 08999 |
| Wednesday | 09000 - 10999 |
| Thursday | 11000 - 12999 |
| Friday | 13000 - 14999 |

List the numbers ten numbers apart. Assign number 03000 to your first Monday collection, 03010 to your second Monday collection, etc. Large agencies may want to use a five-number spacing. When there is more than one payor in a home, list them one number apart.

If changing an entire account, write the new number in RED INK on your last Agent's Monthly Report and forward it to the Premium and Commission Administration Department in the Binghamton Office, or use the Request for Family Group Change, Form No. 507. If you are adding or changing a large number of Family Group Numbers, please submit these at least one week earlier than your current Monthly Report.

PREMIUM & COMMISSION ADMINISTRATION

Family Group Number Changes - Form No. 507

| | | | | | | | | | |
|---|--|--|---------------------------|--|------------------------------|-----------------------|--|--|--|
| COLUMBIAN FINANCIAL GROUP COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL <small>COLUMBIAN LIFE INSURANCE COMPANY IS NOT LICENSED IN EVERY STATE</small> ADMINISTRATIVE SERVICE OFFICES: BINGHAMTON, NY • SYRACUSE, NY MAILING ADDRESS: P.O. BOX 1381 • BINGHAMTON, NEW YORK 13902-1381 PHONE: (800) 423-9765 • FAX: (877) 319-2463 • www.cfqlife.com | | | | | | | | | |
| <h3>Family Group Number Changes</h3> | | | | | | | | | |
| Agency # <u>000012345</u> | | | Agent # <u>A000054321</u> | | | Date <u>6/15/2020</u> | | | |
| Agency Name <u>Sure Life Agency</u> | | | | | Agent Name <u>John Agent</u> | | | | |

| Policy Number | | | | | | | | | | New Family Group # <small>(must be a number or letter only)</small> | | | | |
|---------------|---|---|---|---|---|---|---|---|---|--|---|---|---|---|
| B | D | 0 | 9 | 1 | 8 | 7 | 2 | 5 | 6 | 0 | 3 | 0 | 6 | 0 |
| B | D | 0 | 9 | 2 | 4 | 1 | 4 | 2 | 7 | 0 | 3 | 0 | 6 | 0 |
| | | | | | | | | | | | | | | |

This form is used to add, change or delete Family Group Numbers or to add or delete a family member from a group.

- To add or change a number, enter the policy number and the new Family Group Number.
- To add a new family member to an existing group, enter the new policy number and an existing Family Group Number.
- To delete a number or a family member, enter the policy number and leave the Family Group Number blank.

The information you provide here will override any previous information for a policy.

Family Group Numbers can also be changed electronically on the DEBS Address Screen. Submitting changes via DEBS eliminates the need to submit this form.

To order DEBS software, call the PC Support Hotline at 800-423-9765 extension 6333.

| | |
|--|--|
| | |
| | |

FORM #507
REVISED 3/19

PREMIUM & COMMISSION ADMINISTRATION

Lapsed in Error Premium(s) - Form No. 4658CFG

Use this form for premiums that have been collected within the grace period, but erroneously not reported on the Agent's Monthly Report. A copy of your Agent Collection Record or the Premium Receipt Book must be attached.

COLUMBIAN FINANCIAL GROUP
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY
 COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
 ADMINISTRATIVE SERVICE OFFICES: BINGHAMTON, NY • SYRACUSE, NY
 MAILING ADDRESS: PO BOX 1381 • BINGHAMTON, NY 13902-1381
 PHONE: (800) 423-9765 • FAX: (877) 319-2463 • www.cfqlife.com

LAPSED IN ERROR PREMIUM(S)

Sure Life Agency
Agency Name

000012345
Agency Number

John Agent
Agent name

A000054321
Agent Number

INSTRUCTIONS FOR USING THIS FORM:

- The premiums must have been collected within the 31-day grace period but not reported on the Agent's Monthly Reports or Route Lists in error.
- A copy of the agent's record card or premium receipt book must be attached to this request. The documentation needs to clearly indicate the amount of premium collected, the date(s) collected and the agent's signature.
- The collecting agent must sign and date this form and return to the Premium & Commission Administration Department.
- This form is intended for the sole purpose of aiding the agent in conserving business and is not to be construed, in any manner, as a means of extending the contractual grace period. Premiums collected after the 31-day grace period cannot be reported on this form. Submit a reinstatement application for those policies outside the grace period for reinstatement consideration.

| Family Group Number | Policy Number | Insured's Name | Premium Information | | | Actual Months Paid | |
|---------------------|---------------|----------------|---------------------|-----------------|-------------------------|--------------------|----------------|
| | | | Mode Amount | Modes Collected | Total Premium Collected | Paid From Date | Paid Thru Date |
| 01010 | 123456789 | Mildred Jones | 24.16 | 1 | 24.16 | 2/5/20 | 3/5/20 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

** ALL INFORMATION MUST BE COMPLETED **

John Agent
Agent Signature

4/21/20
Date

FORM #4658CFG
Columbian Life Insurance Company is not licensed in every state
REVISED 3/19

PREMIUM & COMMISSION ADMINISTRATION

Premium Reversal Request - Form No. 4335CFG

Use this form to reverse premiums that have been reported. Supporting documentation, such as the returned check, copy of the Premium Receipt Book, NSF check/money order or Agent Collection Record must be attached.

| COLUMBIAN FINANCIAL GROUP | | | | | |
|--|------------------|--|----------------------------|--------------------------|--------------------------|
| <small>COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICES: BINGHAMTON, NY • SYRACUSE, NY MAILING ADDRESS: P.O. BOX 1381 • BINGHAMTON, NY 13902-1381 PHONE: (800) 423-9765 • FAX: (877) 319-2463 • www.cfglife.com</small> | | | | | |
| Premium Reversal Request | | | | | |
| Agency Number <u>000012345</u> | | Agency Name <u>Sure Life Agency</u> | | | |
| Agent Number <u>A000054321</u> | | Agent Name <u>John Agent</u> | | | |
| <p>The agent reported premiums on the following policies. Supporting documentation, such as the returned check, copy of the premium receipt book or agent record card must be attached. If supporting documentation is not submitted, the premium reversal cannot be completed.</p> | | | | | |
| Family Group Number | Policy Number | Insured | # of Months to be Reversed | Incorrect Paid From Date | Incorrect Paid Thru Date |
| | <u>000012345</u> | <u>Mary Smith</u> | <u>1</u> | <u>4/5/20</u> | <u>5/5/20</u> |
| Premium Amount: <u>\$6.42</u> | | Reason: <input checked="" type="checkbox"/> NSF Check <input type="checkbox"/> Applied in Error <input type="checkbox"/> Other | | | |
| Supporting Documentation Enclosed: | | <input type="checkbox"/> Agent Record Card <input checked="" type="checkbox"/> NSF Check <input type="checkbox"/> Premium Receipt Book | | | |
| Family Group Number | Policy Number | Insured | # of Months to be Reversed | Incorrect Paid From Date | Incorrect Paid Thru Date |
| | | | | | |
| Premium Amount: \$ | | Reason: <input type="checkbox"/> NSF Check <input type="checkbox"/> Applied in Error <input type="checkbox"/> Other | | | |
| Supporting Documentation Enclosed: | | <input type="checkbox"/> Agent Record Card <input type="checkbox"/> NSF Check <input type="checkbox"/> Premium Receipt Book | | | |
| Family Group Number | Policy Number | Insured | # of Months to be Reversed | Incorrect Paid From Date | Incorrect Paid Thru Date |
| | | | | | |
| Premium Amount: \$ | | Reason: <input type="checkbox"/> NSF Check <input type="checkbox"/> Applied in Error <input type="checkbox"/> Other | | | |
| Supporting Documentation Enclosed: | | <input type="checkbox"/> Agent Record Card <input type="checkbox"/> NSF Check <input type="checkbox"/> Premium Receipt Book | | | |
| Family Group Number | Policy Number | Insured | # of Months to be Reversed | Incorrect Paid From Date | Incorrect Paid Thru Date |
| | | | | | |
| Premium Amount: \$ | | Reason: <input type="checkbox"/> NSF Check <input type="checkbox"/> Applied in Error <input type="checkbox"/> Other | | | |
| Supporting Documentation Enclosed: | | <input type="checkbox"/> Agent Record Card <input type="checkbox"/> NSF Check <input type="checkbox"/> Premium Receipt Book | | | |
| Family Group Number | Policy Number | Insured | # of Months to be Reversed | Incorrect Paid From Date | Incorrect Paid Thru Date |
| | | | | | |
| Premium Amount: \$ | | Reason: <input type="checkbox"/> NSF Check <input type="checkbox"/> Applied in Error <input type="checkbox"/> Other | | | |
| Supporting Documentation Enclosed: | | <input type="checkbox"/> Agent Record Card <input type="checkbox"/> NSF Check <input type="checkbox"/> Premium Receipt Book | | | |
| <p>Please note: Per Bulletin No. CFG-97-475, the maximum credit allowed is 12 months and the Premium & Commission Administration department must be notified within 6 months of the error. However if a cash dividend has been paid, premiums cannot be reversed past the date of payment.</p> | | | | | |
| <u>John Agent</u> General Agent or Agent Signature | | | <u>4/21/20</u> Date | | |
| <small>FORM #4335CFG Columbian Life Insurance Company is not licensed in every state REVISED 3/19</small> | | | | | |

PREMIUM & COMMISSION ADMINISTRATION

Policies on Electronic Funds Transfer (EFT)

To Change the Billing Form from Agent Collected or Direct Bill to EFT

When submitting the form to place a policy on EFT, include any payments you have collected but not yet reported. These payments will be applied at the Binghamton Office. The policy must be paid to the current month so the withdrawals can begin as requested. Do not include these premiums on your Agent's Monthly Reports. Once a request to change to EFT is sent to the Binghamton Office, any payments collected must be remitted directly.

To Change the Billing Form from EFT to Agent Collected or Direct Billing

When a policy is taken off EFT and put on agent collection, the change may not show until the following Monthly Report. A letter is sent to the Policyowner informing them of the change and the next premium due. You will receive a copy of the letter and can begin collecting premiums accordingly.

When a policy is removed from EFT and placed on direct billing, a letter is sent to the Policyowner and a copy is sent to you. The policy's designated payor will be billed for future scheduled premiums.

Additional Facts

Each policy is considered a separate withdrawal and will show on the bank statements for each premium amount rather than one total amount. If on Policyowner has several policies, it is possible to have all or some premiums returned in case of insufficient funds. The banks will charge fees for each item.

The payor may choose any date of the month from the 1st to the 28th. No withdrawals take place from the 29th through the 31st. The withdrawal will not take place on the exact date chosen. The withdrawal will be sent to our bank on the chosen date or the next business day. The withdrawal from the account will occur within one to three days later.

PREMIUM & COMMISSION ADMINISTRATION

Request for Premium Paying Plan - Form No. 1552CFG

To place a policy on EFT mode, completely fill in the following:

- Name of Bank
- Address of Bank (include phone number, if known)
- Name of Branch
- Account in Name of (the bank account owner's name)
- Transit / Routing Number
- Account Number
- Withdrawal Date (between the 1st and 28th of the month)
- Frequency (If other than monthly, the frequency needs to be specified as QU, SA or AN)
- Account Type (checking or savings)
- Policy Number (all policies involved need to be listed)
- Name of Insured
- Date and signature of the bank account owner

| REQUEST FOR EFT PREMIUM PAYING PLAN | | |
|-------------------------------------|--|--|
| Bank Name _____ | Routing # (Must be 9 Digits) _____ | |
| Bank Address _____ | Account Number _____ | |
| Bank Phone _____ | Account Type: () Checking () Savings | |
| Branch Name (if any) _____ | Beginning in the Month of _____ | |
| Account Owner Name _____ | Withdrawal Day / Frequency _____ | |
| | Withdrawal Amount (UL ONLY) _____ | |

| POLICY NUMBER (IF APPLICABLE) | NAME OF INSURED / PROPOSED INSURED | FOR COMPANY USE ONLY |
|-------------------------------|------------------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

AUTHORIZATION
 I authorize the payment of debits drawn on my account payable to Columbian Mutual Life Insurance Company or Columbian Life Insurance (the Company), for the payment due for each policy identified on this request form, provided there are sufficient funds in the account. I agree that the Company shall be under no liability whatsoever in the event of one or more dishonored debits, whether any alleged harm or damage is directly or indirectly the result of the dishonor, and whether the dishonor results in the forfeiture of insurance or any other harm or damage.

I hereby waive any requirement for giving notice of premiums due as long as this EFT Plan is in effect. No premium shall be deemed to have been paid until the Company receives actual payment which is not subsequently reversed. The use of this plan shall in no way change the provisions of the policy with respect to the termination of such policy upon nonpayment of the premium due.

This authorization shall not become effective unless and until the policy or policies applied for are issued and delivered and shall relate only to premiums thereafter falling due. This authorization does not pertain to or waive repayment of any policy loan or payment of interest thereon. Such interest, if any, shall be due and payable annually on the policy anniversary. During the continuance of this plan, any dividend which, in the absence of this authorization, would be applied in reduction of premium shall instead be paid in cash. This plan shall continue in effect until terminated by the Company or by me upon thirty days written notice to the other party.

The Company may terminate the EFT Plan if any check or electronic funds transfer is not paid on presentation. Upon termination of the EFT Plan, premiums due under the policy shall be payable directly to the Company at the minimum modal premium available at the time of issue. I understand the monthly premium charged under the EFT Plan may be lower than a regular monthly premium. Withdrawals will be processed on or about my requested withdrawal date. The Company is not liable if withdrawals are made on differing date(s).

My signature below authorizes the Company to draft ALL DUE premium to bring my policies current. The first draw will include any past-due premiums.

X _____ X _____ X _____
 Date Primary Authorized Signature as it appears on Bank Records Secondary Authorized Signature as it appears on Bank Records

X _____ X _____
 Address - City - State - Zip Code Please provide telephone number for any questions we may have

**THIS FORM MUST BE SIGNED ABOVE FOR
YOUR REQUEST TO BE PROCESSED**

**PLEASE ATTACH A VOIDED CHECK OR
SAVINGS DEPOSIT SLIP HERE**

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY
 COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
 Columbian Life Insurance Company is not licensed in every state
 ADMINISTRATIVE SERVICE OFFICES: BINGHAMTON, NY • SYRACUSE, NY
 MAILING ADDRESS: PO BOX 1361 • BINGHAMTON, NY 13902-1361
 TELEPHONE: (800) 423-8786 FAX: (877) 318-2488

FORM 1552CFG REVISED 11/19

To ensure that the checking account numbers are correct and to verify ownership, attach a voided check to the form. For accounts other than checking, one of the following must be attached:

- Deposit slip
- Copy of the top portion of a bank statement
- Confirmation letter on the bank's letterhead, showing the account numbers

PREMIUM & COMMISSION ADMINISTRATION

Commission Payments

Commissions paid via Electronic Funds Transfer (EFT) are deposited daily or weekly. Paper checks are mailed each Friday. Commissions are not deposited or mailed until the total amount payable is at least \$50. Commission statements and deposit amounts are available on the [Partners Website](#). Commissions are not paid until the policy is released and active on our system (all requirements must be received).

Commission Splits

When splitting commissions between agents, indicate the percentage split next to each agent's name under the Report of Licensed Agent section of the application.

Commission Advances

At the discretion of the Company, commissions may be advanced for policies on monthly EFT mode. Advances are loans against future commissions, which are repaid by commissions as earned. No commissions will be advanced until an Advance Agreement is signed by the Agent, the Upline, and an authorized Company representative. **Policies written on an Agent's own life or immediate family are not eligible for commission advances.**

Commissions on Reinstated Policies

When a policy is reinstated in the first year, first-year commissions will be paid on premiums received for the balance of the first 12 months of the policy. First-year commissions will not be paid for more than a total of 12 months. If a policy has been reinstated by redate and a change in age has caused a premium increase, commissions will be adjusted accordingly.

1099 Tax Reporting

Earned compensation totaling more than \$600, including any bonuses or special programs, is included on the 1099-NEC. If earnings are less than \$600, you will need to maintain your own income records from information provided on your bank records, commission statements, check stubs and/or other correspondence from the Company. The absence of a 1099-NEC does not relieve you of your income tax obligations.

For commission advances, the 1099 is issued for the amount **earned**, not the amount advanced. Chargebacks or reversals for non-advanced commissions are automatically deducted from earnings.

Please note that General Agents are responsible for providing 1099s to their Agents for MDO commissions.

For questions or assistance regarding your Ordinary commission or 1099 Statement, please call the Commission Team at 800-432-9765 extension 5908.

PREMIUM & COMMISSION ADMINISTRATION

Direct Deposit Authorization Form for Commission Earnings - Form No. 5117CFG

If you would like to have your Ordinary commission earnings deposited directly into your bank account, complete the Direct Deposit Authorization Form for Commission Earnings. The form must be completed in its entirety and returned to the Ordinary Commission Team in the Binghamton Office.

Once the New Business Team releases a policy, Quick Pay commissions will be released the next business day, provided the commission is at least \$25 and you do not have a negative balance. The money should be in your bank account within three business days. Month-end commission earnings should be available in your account by the third business day of each month.

| COLUMBIAN FINANCIAL GROUP <small>COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICES: BINGHAMTON, NY • SYRACUSE, NY MAILING ADDRESS: PO BOX 1381 • BINGHAMTON, NY 13902-1381 PHONE: (800) 423-9765 • FAX: (877) 319-2463 • EMAIL: zBGMCommission@cfglife.com</small> | | | | | | | |
|--|--|--|--|-------------------------------------|--|--|--|
| DIRECT DEPOSIT AUTHORIZATION FORM FOR COMMISSION EARNINGS <p>To have your commission earnings electronically deposited directly into your checking or savings account, simply complete the information below, attach a voided check and return this information to the Commission Team in the Binghamton, NY office by fax or mail. For your security, please do not email this information to us. It may take up to 5 business days for your EFT to become effective. Please note you should have online banking access with your bank so you can view your deposit activity. Due to the high volume of calls, we cannot provide this information to you as the commission earnings are released.</p> <p>If you are a Family Solution's General Agent with us, please note the account you use for this process cannot be the same as your premium deposit account used for depositing your Columbian premium collections.</p> <p>Authorization: I hereby authorize the deposit of all compensation payments due to me to my checking or savings account as indicated below. Further, I authorize the financial institution indicated below to accept and credit entries indicated by Columbian to my account. Should my account be credited in error by Columbian, I authorize Columbian to debit my account for an amount not to exceed the amount of the erroneous credit. This authorization is to remain in full force and effect until Columbian has received written notice from me of its termination in such time and in such manner as to afford Columbian reasonable opportunity to act on it. Columbian reserves the right to terminate electronic deposits at any time or for any reason upon written notification to me.</p> | | | | | | | |
| Agent # _____ | | Agent Signature _____ | | Date Signed _____ | | | |
| ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | LAST 4 DIGITS OF AGENT'S SS# OR TIN # _____ | | | | | |
| Agent Name _____ | | Name(s) on the Bank Account (if different than the agent's name) _____ | | | | | |
| Bank Routing / ABA # _____ | | Bank Account # _____ | | Name of Financial Institution _____ | | | |
| Agent Shipping Zip Code _____ | | Agent Phone # _____ | | Agent E-Mail Address _____ | | | |
| ATTACH YOUR VOIDED CHECK OR PROOF OF BANK ACCOUNT HERE <p>Please provide preprinted bank account information including account name, routing number and account number. Deposit slips should not be used since the routing and account information may differ from your actual bank account information.</p> <p>Please allow up to 5 business days for EFT changes. If there is an issue with your current bank account, please contact us immediately.</p> | | | | | | | |
| FOR HOME OFFICE USE ONLY: Date Rec'd: _____ Date Coded: _____ Date To SYR: _____ <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> ALIS <input type="checkbox"/> LIDP <input type="checkbox"/> OIPA <input type="checkbox"/> Comms <input type="checkbox"/> QPay <input type="checkbox"/> GPay <input type="checkbox"/> Advances <input type="checkbox"/> </div> <div> All Agent #s: _____ Live Date: _____ </div> </div> | | | | | | | |
| <small>Form #5117CFG Columbian Life Insurance Company is not licensed in every state Revised 11/19</small> | | | | | | | |

For commission deposit details, please check the [Partners Website](#). Due to the high volume of calls, we cannot provide this information to you as commission earnings are released.

PREMIUM & COMMISSION ADMINISTRATION

Commission Statements

Commission information is available through the [Partners Website](#) under the Commissions tab. In addition to the numerous Commission Statement options, you may also view your Daily Commission Summary or look up the Policy Commission History for a specific policy.

My Menu
Home Commissions Resources Production Policy Management Conference Policy Search

CFGRep Marketing
Daily Commission Summary
Date: 07/31/2020

[Commission Statement](#)
[Daily Commission Summary](#)
[Policy Commission History](#)

Commission Statement options

Commission Statement: [Summary](#) • [Details](#) • [Extended Details](#) (Including Advance Activity)

Commission Statement without Repaid: [Details](#) • [Extended Details](#) (Including Advance Activity)

Commission Statement As Earned: [Details](#) • [Extended Details](#) (Excluding Advance Activity)

Advance Activity Only: [Summary](#) • [Details](#) • [Extended Details](#)

Commission Statement Summary

Commission Statement Summary for 07/31/2020

| Description | 01/01/1900 - 07/31/2020 | Month To Date | Year To Date |
|-----------------------------|-------------------------|---------------|--------------|
| Beginning Balance | 0.00 | 0.00 | 0.00 |
| Plus First Year Commissions | 100.48 | 100.48 | 100.48 |
| Equals Balance Due Agent | 100.48 | 100.48 | 100.48 |

Daily Commission Summary

Daily Commission Summary for 07/31/2020

| Agent # | Account | Hold Reason | Agent Name | Balance | Unearned Advance Balance | Agent Account Status |
|-----------------|---------|-------------|------------------|---------|--------------------------|----------------------|
| 526051 | 1 | N/A | CFGRep Marketing | 0.00 | 0.00 | Active |
| 526051 | 2 | N/A | CFGRep Marketing | 0.00 | 0.00 | Active |
| 526051 | 3 | N/A | CFGRep Marketing | 0.00 | 0.00 | Active |
| 526051 | 5 | N/A | CFGRep Marketing | 0.00 | 0.00 | Active |
| 526051 | 6 | N/A | CFGRep Marketing | 100.48 | 0.00 | Active |
| NET Commission: | | | | 100.48 | | |

Policy Commission History

Policy Search

Look up commission history for a policy

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

DEBS allows you to report your premium collection directly to the Binghamton Office via computer instead of using traditional paper reports. Here are just a few of the things DEBS can do for you:

- Eliminate mail delays, giving you more time to work.
- Perform calculations, including:
 - Total collected premium
 - Total lost commission
 - New due date for policy
 - Total earned commission
 - Total number of collections
- Allow you to enter payments by Family Group Number if the same number of modes is collected for each member.
- Enable you to look at all or a portion of your account. You can look up:
 - All policies
 - One particular family group
 - One particular insured
 - Insureds by birthday
 - Policies that have had collections
 - Policies that have not had collections
 - Policies on the lapse list
 - Policies that qualify for reinstatement by redate
- Maintain a record of policyholder's telephone numbers
- Make address and Family Group Number changes electronically.
- Print letters, premium receipt books, collection book pages, payment due notices, postcard notices, labels or reinstatement letters. DEBS can print all or a portion of your account.

Call the PC Support Hotline at 800-423-9765, ext. 6333 to order your software today.

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Debit Billing Screen

When viewing the master account, the Options menu allows you to turn the password off or on.

Payment information must be submitted by noon on the date posted each month.

Returns to the last record viewed.

Shows only the Family Group of your choice.

Finds Insureds who are paying first-year premium.

Find an Insured by last name or policy number.

Shows entire account.

Shows policies for which no payment has been entered in the current cycle.

Shows policies for which a payment has been entered in the current cycle.

Shows lapsed policies only.

Goes to the first Insured in the group of your choice, while remaining in "Show All" mode.

Transmits payment information to the Binghamton Office. **Enter ALL payments for the month before submitting.**

General Agents: After you have completed the submission process for each of your agent's accounts, you must return to the General Agent Debit Billing Screen (password screen) and click the "Submit All Billing" button.

To see policy cash values and payment history, double-click on an Insured's record.

= Premium in Advance
* = Premium in Arrears

To enter a payment, click the appropriate space in the "Collected" column, type the number of months collected, then press the Enter key on your keyboard.
Tip: You can reverse payments already in the Deposited column by entering a negative number in the Collected column. To enter a reason for the reversal, double-click the Insured's record and add a note in the memo box.

The number in the "Collected" column and the due date will automatically change to reflect the payment. If an equal number of modes have been collected for all policies in a Family Group, enter the number of modes, followed by the letter D (example: 2D) on any policy within the group. DEBS will automatically enter the same number of modes for all family members. NOTE: A policy that is in Lapse must be brought up to within one month current or the payment will be rejected.

Recalculates figures at the bottom of the screen to reflect payments entered.

Adds payments in the Collected column to the Deposited column and produces a Deposit Report.

| Group | Insured | Policy | Date | Face | Mode | Prem | Commis. | Due Date | Collected | Depo |
|-------|--------------------|------------|-------|--------|------|-------|---------|------------|-----------|------|
| H0001 | NICHOLAS, LAURA | A000001079 | 12-93 | 3,000 | M | 10.94 | 1.70 | 02-01-06 | 1 | |
| | (607)-555-1212 | | | | | | | | | |
| | CO MELODY NICHOLAS | | | | | | | | | |
| H0001 | DICKERSON, MARY | A000000481 | 03-81 | 1,000 | M | 1.59 | 0.23 | 02-19-06 | 1 | |
| | (607)-555-1212 | | | | | | | | | |
| | 4469 MCDONALD AVE | | | | | 28.03 | | | | |
| H0003 | PITT, TRACY | A000001491 | 05-01 | 5,000 | M | 17.50 | 2.71 | 03-22-06 # | 1 | |
| | (607)-555-1212 | | | | | | | | | |
| | 8707 MCDONALD AVE | | | | | 17.50 | | | | |
| H0004 | OLSEN, JUDY | A000001736 | 05-01 | 10,001 | M | 28.62 | 1.43 | | 1 | |
| | (607)-555-1212 | | | | | | | | | |
| | 8883 MCDONALD AVE | | | | | 28.62 | | | | |
| H0006 | PETERSON, INGRID | A000001492 | 06-01 | 5,000 | M | 18 | | | 1 | |
| | (607)-555-1212 | | | | | | | | | |
| | 9409 MCDONALD AVE | | | | | | | | | |
| H0006 | PETERSON, INGRID | A000001568 | 06-02 | 10,000 | M | 29.57 | 4.58 | 02-01-06 | 3 | |
| | (607)-555-1212 | | | | | | | | | |
| | 9409 MCDONALD AVE | | | | | 47.71 | | | | |
| H0020 | HATTER, SIERRA | A000000482 | 03-81 | 1,000 | M | 1.59 | 0.23 | 11-19-06 # | -1 | |
| | (607)-555-1212 | | | | | | | | | |
| | 3688 MCDONALD AVE | | | | | 1.59 | | | | |
| H0021 | HORTON, SHAWN | A000001516 | 10-01 | 5,000 | M | 91.95 | 14.25 | 03-01-06 # | 1 | |
| | (607)-555-1212 | | | | | | | | | |
| | 7272 MCDONALD AVE | | | | | | | | | |
| H0021 | HEYMAN, ALICE | A000000405 | 11-66 | 999 | M | 3.60 | | 03-01-06 # | | |
| | (607)-555-1212 | | | | | | | | | |
| | CO THERESA HEYMAN | | | | | 95.55 | | | | |

\$11,888 **734** **64** **\$0.00**
DEBIT SIZE **INFORCE COUNT** **LAPSE COUNT** **PREMIUM COLLECTED** **TOTAL COMMISSION** **LOST COMMISSION** **RECALC** **Total Deposit**

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Submitting and Uploading Business

After you have completed the submission process for each of your agent's records, you must return to this screen and click the "Submit All Billing" button to upload the files to the Binghamton Office. Make sure there are no agents listed in the "UnSubmitted Agents" box before clicking "Submit All Billing." A checkmark will appear in the "Uploaded" box to verify that the billing has been submitted for each agent.

The screenshot shows the DEBS - General Agency Debit Billing interface. At the top, it displays the title "DEBS - General Agency Debit Billing" and the "Due Date: 03-13-2006". Below the title bar, there are fields for "Agent" (F2) and "Password" (F3), and an "Uploaded" column. The main table lists agents with their IDs and names. To the right, there is a section for "UnSubmitted Agents" which currently contains "TEST AGENT 1".

| Agent | Password | Uploaded |
|------------|--------------|-------------------------------------|
| A000000001 | TEST AGENT 1 | <input type="checkbox"/> |
| A000000002 | TEST AGENT 2 | <input checked="" type="checkbox"/> |
| A000200003 | TEST AGENT 3 | <input checked="" type="checkbox"/> |
| A000200004 | TEST AGENT 4 | <input type="checkbox"/> |

At the bottom, there are two buttons: "Enter Debit Billing" and "Enter Master File".

Callouts provide additional context:

- Top right: "As long as you see the correct Due Date here, the checkmarks in the Uploaded column will let you know whether an Agent's payment has been received."
- Bottom left: "The checkmarks for Test Agents 2 and 3 show that they have been submitted and uploaded, and CFG has received their billings."
- Bottom center: "Test Agent 4 does not appear in the UnSubmitted Agents box, but the Uploaded box is not checked, which shows that the billing has been finalized (submitted) but not sent to CFG (uploaded)."
- Bottom right: "Test Agent 1 appears in the UnSubmitted Agents box and the Uploaded box is not checked, which shows that the billing has not been finalized (submitted) or sent to CFG (uploaded)."

To complete the billing cycle shown above, the General Agent would need to return to the Debit Billing screen to submit Test Agent 1, then click Submit All Billing to upload Test Agent 1 and Test Agent 4 to the Binghamton office.

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Address Screen

- If an address contains “in care of,” do not enter as “c/o.” Enter the address with a percent sign (%) or a backslash (\). **Example:** % John Doe or c\o John Doe
- There are 30 spaces for each line of the address. If there is an apartment number, try to fit it on the same line as the street address. **Example:** 190 Claiborne Street Apt 6D
- Whenever possible, spell out Street, Avenue, etc., however, you can abbreviate the address if the address is over 30 spaces. **Example:** 190 East 39th St 49th Fl #6D
- Do not use periods in the Name/Address lines. **Example:** 190 Claiborne St Apt 6D
- If the address includes a half number, use the backslash (\), not the slash (/). **Example:** 92 1\2 Main Street

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Letters / Reports Screen

DEBS - COLUMBIAN MUTUAL LIFE INSURANCE COMPANY A000000001 Test App

Options Help MasterForm

Debit Billing Feb 2006 Address Letters/Reports

Record Count 798

Route List Print All - F2 Print Selected - F3 Clear - F4 Show Group - F5

Enable Group ☒ Show All - F6 Show UnProcess F7 Show Lapse F8 Show By Due F9 1 month: Less Than

Enable Payor ☒ Find Address F11 Find F12

Letters/Reports

To print a Premium Receipt Book, click on "Reports/Letters," then select "Premium Receipt Labels." In the "Show Group" box, enter the Family Group Number you want to print, then click "Print All." Select "Yes" for Premium Receipt Book Labels, then press (N) to print the Premium Receipt Book, using Form No. 4111CFG-L.

To print the selected letter for all policies, click the "Print All" button.

To print the selected letter for policies that have been highlighted, click the "Print Selected" button.

To show all policies that have not had a payment recorded, click the "Show UnProcess" button.

To show all Insureds in a Family Group, enter the group number and click the "Show Group" button.

To print the Family Group and/or Payor's name in place of individual policies or Insureds, check "Enable Group" or "Enable Payor."

To select a letter or report, click the down arrow, then click on the type of letter you wish to print:

- Route List
- General List
- Monthly Report
- Premium Receipt Book
- Collection Book Page
- Labels
- Payment Due Notice
- Lapse Letter
- Last Notice
- Receipt Reminder
- Reinstatement Letter
- Inflation Fighter Letter
- Payment Summary
- Postcard Notices
- Holiday Messages
- Free Gift Letter
- Letterhead

To show all Insureds with a common address element, enter the portion of the address they have in common and click the "Find Address" button.

To show all policies that are on the Lapse Report, click the "Show Lapse" button.

To show policies by the number of months due, select the number of months and click the "Show By Due" button.

To highlight a particular policy, click on the Insured's name or on the box next to the policy.

Payment History Report

Start Date

Print Report

Deposit Reports

- A000000001_03012006_1024AM.txt
- A000000001_03012006_1028AM.txt
- A000000001_03012006_1031AM.txt

Prints a report of all payments collected between the MMDDYYYY dates you specify in the boxes above.

Displays the deposit reports that are created when deposits are totaled on the Debit Billing Screen.

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Record Card Screen

DEBS - COLUMBIAN MUTUAL LIFE INSURANCE COMPANY A000000001 Test Agent 1

Exit Options Help Print MasterForm

Debit Billing Feb 2006 Address Letters/Reports **Record Card**

A000001577 WILSON, JOHN

Previous Record Next Record Goto Group F4 Find F12

| | | |
|---|--|--|
| Paid To: 1/13/2007 Premium: \$11.35 Mode: MO Billing Form: Debit Billing Due Day: 01 NFO: Convert to ETI | Payor: WILSON, LAURA 6569 WESTCHESTER AVE BRONX NY 10455 Owner: WILSON, LAURA | Values as of: 2/17/2006 Surrender: \$13.33 Paid Up Adds: \$19.03 Div. Accums: \$0.00 Surrender Adds: \$1.42 Loanable: \$12.81 |
|---|--|--|

| | | | | | | | |
|-----|----|----------|-------|---|------------|------------|------------|
| 20L | 67 | 5,000.00 | 22.44 | 9 | 09-13-2002 | 09-13-2003 | 09-13-2022 |
|-----|----|----------|-------|---|------------|------------|------------|

Policy Memo

Display History

Click here for detailed payment history.

Save Memo Delete Memo

This section allows you to enter notes for a particular policy or a group of policies. If the record is part of a Family Group, the note will appear on each group member's record card.

The Record Card screen provides:

- Paid-to date, premium amount & premium mode
- Non-forfeiture option
- Owner, Beneficiary, Payor & Assignee
- Cash value & loan value
- Loan balance
- Dividends
- Plan information
- Payment history

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Master File Screen

The DEBS Master File screen shows expanded policy and coverage information for both Agent Collected and Ordinary policies.

The Query Builder allows you to narrow a search to certain parameters.

Master File

Exit Help Reports

Master File

Show All Show Lapse Show Debit Show Ord Find Record Count

Query Builder

Look In Select Field Operator Value

Run Query Clear Query

Debit or Ordinary

Policy, Family Group, Billing Form, Premium, Birth Date or Issue Age

= (equal to)
> (greater than)
< (less than)
<> (not equal to)
<= (less than or equal to)
>= (greater than or equal to)

Any group number
Any policy number
Any premium amount
Any age

After making your selections, click the > button to enter the query, then click the "Run Query" button.

| Policy | Value | Age | Issue | Expire | Payup |
|------------|----------|-------|-------|------------|------------|
| A000000000 | 5,000.00 | 22.44 | 9 | 09-13-2002 | 09-13-2022 |
| A000000000 | | | | | |
| A000000000 | | | | | |
| A000000000 | | | | | |
| A000000004 | | | | | |
| A000000005 | | | | | |
| A000000006 | | | | | |

Source: Debit
Status: Active Premium Paying Policy
Paid To: 1/13/2007
Premium: \$11.35
Mode: MO
Billing Form: Debit Billing

Payor:
WILSON, LAURA
6569 WESTCHESTER AVE
BRONX NY 10455
Owner:
WILSON, LAURA

Values as of: 2/17/2006
Surrender: \$13.33
Paid Up Adds: \$19.03
Div. Accums: \$0.00
Surrender Adds: \$1.42
Loanable: \$12.81

Print Policy

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Keyboard Shortcuts

Hot key “shortcuts” allow you to use your keyboard instead of your mouse. Function key shortcuts (F4, F5, etc.) are shown next to the function they perform. Also, when you see a button or menu with an underscored letter, you can press that letter and the “Alt” key simultaneously instead of using your mouse to click on the item.

To move from one DEBS screen to another without using your mouse, press the “Ctrl” key and the appropriate letter for your destination. For example:

- Ctrl + D takes you to the Debit Billing Screen
- Ctrl + A takes you to the Address Change Screen
- Ctrl + L takes you to the Letters Screen

Current Month Policy History Printout

After you input your payments, you can make a printout that will show the insured’s name, policy number and number of payments made for the current month. To do this, go to the Letters Screen, click the down arrow for Reports/Letters, and choose Payment Summary.

DEBS Utilities

To make a DEBS backup disk:

- Click Utilities, then Backup.
- The message “Wish to back up DEBS” will appear; click Yes.
- Enter the appropriate destination drive for your backup, then click OK.

When the backup is complete, the program will return to the DEBS sign-in screen.

To restore DEBS files:

- Click Utilities, then Restore.
- The message “Do you wish to restore DEBS files? All DEBS work will be lost since the last backup” will appear. *This means that if you have entered payments since your last backup, that information will be erased.* If you wish to continue, click Yes.
- If you have entered payments since the last backup, those payments will be erased. If you want to keep the backups separate, you must make a separate CD with the backup dates listed on them.
- Enter the appropriate drive letter for the media that contains your backup.
- DEBS will ask you to confirm that you wish to continue with the restore. Click Yes.
- Insert or connect your most recent backup media into the drive.

DEBS will let you know when the backup is complete.

DEBIT ELECTRONIC BILLING SYSTEM (DEBS)

Troubleshooting

I am a General Agent and can't submit an agent because the submit button is "grayed."

You must use the correct password for that agent. The master password allows you to look at an account, but not change it.

I've submitted all my accounts using the Submit button, but you still have not received them at the Binghamton Office. Why?

After you've submitted your accounts locally by using the "Submit" button on each agent, you must submit them all together using the "Submit all Billing" button on the Agent Password screen.

Do I need to use the Debit Billing icon to get my account?

No, you can simply dial in using the Remote Application Manager (CLASS) just as if you are going to look at policy information. The system will send your account.

Sometimes it takes minutes to get my account. Is something wrong?

No. The larger your account is, the longer it will take to access.

I've clicked Update after making address changes and you still don't have them at the Binghamton Office.

You must click the "Submit to CFG" button on the Address Change screen to transmit the changes. Click this button only after you have finished with ALL of your changes.

When I try to get my DEBS I get an error message that the CFG entry is missing.

In the Remote Application Manager, click the Properties icon and change the description to CFG.

My Windows taskbar is covering the bottom of my DEBS screen.

Move your taskbar to another part of the screen by clicking on an empty spot on the bar and dragging it to any edge of your screen, or hide the taskbar by right-clicking on an empty spot, clicking on "Properties" and choosing "Always on Top" and "Autohide." The taskbar will appear only when you place your cursor over it.

In order to protect the integrity of the DEBS file, it is imperative that you follow the proper procedure for shutting down your PC. An improper shutdown can damage DEBS files and severely damage Windows.

1. You must exit any programs that are running before you shut down. To exit DEBS, click Exit to go to the password screen, then click Exit again to return to Windows.
2. To shut down the computer, click Start, then Shut Down, then click Yes to shut down the system. The system will prompt you when it is safe to turn off your computer if it does not turn off automatically.
3. If you become "frozen" and the mouse becomes inoperable or the computer won't respond to commands, hold down the Ctrl, Alt and Del keys simultaneously. You may need to try this a few times. If this does not work, you will have to turn off the computer and wait a moment before turning it back on.

CUSTOMER SERVICE

Policy Changes

- Use **Designation and Name Change Form 5437CFG** to change an address, owner, payer, beneficiary or name.
- Use **Policy Change Form 5438CFG** to:
 - Change an automatic premium loan option or dividend option
 - Request a duplicate certificate
 - Change the policy status or non-forfeiture option to Reduced Paid-Up Insurance or Extended Term Insurance
 - Change premium mode or amount
 - Release an assignment
- Use **Request for Values Form 5439CFG** to:
 - Request a cash surrender, partial surrender or withdrawal
 - Request a policy loan or dividend withdrawal
 - Apply policy value to pay future premiums
 - Request minimum required distribution from an annuity contract
- Use the appropriate **Application for Policy Changes** for the product and state to:
 - Add or remove benefits or riders
 - Correct age or gender
 - Change death benefit option
 - Change plan of insurance or premium classification
 - Convert term policy or rider
 - Increase or decrease face amount
- A rider or benefit may be added on any paid-to date of an in-force policy, subject to the following:
 - Evidence of insurability satisfactory to the Company; and
 - Any applicable issue rules of the Company; and
 - Payment of the cost, if any, to be determined by the Company on the basis of the published rates in effect on the effective date of the additional rider or benefit.
- A change in plan may be requested on any paid-to date, subject to the following:
 - Evidence of insurability (change to lower premium plan); and
 - Any applicable issue rules of the Company; and
 - Payment of the cost, if any (contact Customer Service at ext. 5920 for the cost of change).
- The face amount of a policy may be reduced as long as the requested change does not result in a face amount lower than the minimum issue limits. The effective date of a reduction of the face amount must be within 30 days of each of these dates:
 - **Traditional Plans** – Effective on any paid-to date
 - **PUL Plans** – Effective on any paid-to date
 - **Universal Life Plans** – Effective on policy month anniversary

On PUL and Universal Life plans, the face amount may be reduced without a reduction in premium. The Company is to be notified if a new scheduled premium is desired.

CUSTOMER SERVICE

Alphabetic Guide to Signature Requirements

| CHANGE BEING REQUESTED | PRESENT OWNER | INSURED (if not owner) | IRREVOCABLE BENEFICIARY | ASSIGNEE (if any) | NOTES |
|---|------------------|------------------------|-------------------------|-------------------|---|
| Address | Owner or Insured | Owner or Insured | No | No | Any written request from policyowner is acceptable, or may be made by phone |
| Bank for EFT | Owner or Insured | Owner or Insured | No | No | EFT form should be submitted with sample check |
| Beneficiary | Yes | No | Yes | No | |
| Cash Surrender | Yes | No | Yes | Yes | Any written request from policyowner is acceptable |
| Collateral Assignment | Yes | No | Yes | Yes | |
| Convert Term Rider or Policy | Yes | | See Note | Yes | If death benefit is reduced, irrevocable beneficiary must sign |
| Dividend Option | Yes | No | Yes | Yes | |
| Dividend Withdrawal | Yes | No | Yes | Yes | |
| Duplicate (lost) Policy or Policy Certificate | Yes | No | No | No | Request may be made by phone with no signature requirements |
| Increase in Face Amount: Traditional | Yes | Yes | No | No | Only done within 6 months of policy issue |
| Increase in Face Amount: UL Plans | Yes | Yes | No | No | PUL - Only done on policy anniversary |
| Misstatement of Age | Yes | Yes | No | No | |
| Mode | Yes | Owner or Insured | No | No | Payment of new mode is all that is required |
| Name | Yes | Owner or Insured | No | No | |
| Non-forfeiture Option | Yes | No | Yes | Yes | |
| Owner (Absolute Assignment) | Yes | No | Yes | Yes | |
| Partial Surrender/Withdrawal | Yes | No | See Note | Yes | If death benefit is reduced, irrevocable beneficiary must sign |
| Plan: Higher Premium | Yes | No | See Note | Yes | If death benefit is reduced, irrevocable beneficiary must sign |
| Plan: Lower Premium | Yes | No | See Note | Yes | If death benefit is reduced, irrevocable beneficiary must sign |
| Policy Loan | Yes | No | Yes | Yes | Only in conjunction with paid-to date |
| Reduce Face Amount | Yes | No | Yes | Yes | Insured under age 14 1/2 need not sign |
| Reinstatement | Yes | Yes | No | No | |
| Release of Collateral Assignment | No | No | No | Yes | |
| Scheduled Premium | Yes | No | No | No | |
| Supplemental Benefit: ADD | Yes | Yes | No | No | |
| Supplemental Benefit: REMOVE | Yes | No | Yes | Yes | |
| Term Rider: ADD | Yes | Yes | No | No | |
| Term Rider: REMOVE | Yes | No | Yes | Yes | |

TERM CONVERSIONS

A term conversion is a conversion of term coverage provided by a policy, rider, or agreement to a policy providing permanent insurance. Conversion eligibility is determined by the policy contract.

The original policy must be paid current for any policy or rider conversion request. Complete the Application for Policy Changes Part II or Term Conversion Form for the insured's state of residence at the time of conversion. You must be appointed in the state of application. The form must be signed and dated by the policyowner. In community property states, the owner's spouse, irrevocable beneficiary and/or assignee (if any) must also sign.

- **For a total policy conversion**, submit the original term policy or write "This conversion terminates policy number(s) _____" on the conversion application.
- **If converting a term rider only**, submit the original term policy or Lost Policy Declaration.

Conversion Age

Premiums for the new policy will be based on the Insured's attained age at the time of conversion.

Compensation

- Term Policy Conversions - Conversion credit (if applicable for the term policy being converted) is not commissionable. First-year commissions are paid only on premiums that are actually paid for the first year of the new policy. Renewal commissions are paid after the first year.
- Term Rider Conversions - First-year commissions are paid for the entire first year of a new policy converted from a term rider.

Underwriting Class and Convertibility Options

- A term policy can be converted to a new policy with the same tobacco classification.
- A change from Tobacco to Non-Tobacco class will be considered upon request. Urinalysis, Nonsmoker Declaration Form and Non-Medical Part 2 are required.
- For Children's Term Riders being converted at age 18 or higher, tobacco class will be determined at the time of conversion. Complete the Tobacco section of the conversion application.
- If available on the conversion policy, a change to Preferred class from a different class may be considered with evidence of insurability. Before discussing a possible change with your client, please contact Underwriting at 800-423-9765, ext. 5904, for a review of the existing file to determine whether Preferred class may be offered and to determine what additional requirements may be necessary.

State-specific Requirements

- ME conversions must include Preliminary Statement of Policy Cost (Form No. 458ME)
- NY conversions must include Preliminary Statement of Policy Cost (Form No. 458NY) and 2592 Suitability Information Form
- Policy Delivery Receipt is required for CA, LA (not required for MDO), PA, SD, VA & WV

For questions prior to submitting a conversion request, contact Customer Service at ext. 5920. For status updates after a conversion request is submitted, contact New Business at ext. 5915.

TERM CONVERSIONS

TermLine

Convert to Life's Solutions LP90

- TermLine 10 - through year 8 or to age 75 (65 in NY), whichever occurs first
- TermLine 15 - through year 12 or to age 75 (65 in NY), whichever occurs first
- TermLine 20 - through year 16 or to age 75 (65 in NY), whichever occurs first

TermLife/SafeShield®

Convert to Lifetime Plan (in NY, convert to Final Expense Classic Select)

- TermLife and legacy SafeShield® plans (prior to SafeShield 2020) are convertible after Year One; SafeShield® 2020 and later policies are convertible after Year Two
- 15 Year Term - through year 10 or to age 65, whichever occurs first
- 20 Year Term - through year 15 or to age 65, whichever occurs first
- 30 Year Term - through year 25 or to age 65, whichever occurs first

Annual Renewable Convertible Term

Convert to Life's Solutions LP90

- To age 75 (65 in NY)

Children's Term Riders

Riders attached to Simple Security/MDO policies convert to Simple Security. Riders attached to all other policies convert to Lifetime Plan (in NY, convert to Final Expense Classic Select until Lifetime Plan is available).

Children's Term Riders may be converted:

- Upon death of primary insured
- Riders attached to CML MDO policies issued prior to 2007 and all "G" policies - at age 21
- Riders attached to Mutual of Detroit policies - at age 23
- Riders attached to all other policies - at age 25
- Riders with an Early Conversion Option may be converted at ages 22 to 24 for up to the amount of the rider, or at age 25 for up to 5 times the amount of the rider
- Conversion at the maximum age must occur within 30 days of birthday (before or after)

Other Insured Rider / Spouse Term Rider

Convert to Life's Solutions LP90

- To age 75 (65 in NY)
- Upon death of primary insured

Level Term to Age 65 Rider

Convert to Life's Solutions LP90

- To age 65

CLAIMS

Death Claims

A death claim can be serviced in the field or by the Company's Claim Department. If the claim is serviced by the Company, an instructional letter with required forms can be sent to the beneficiary, funeral home or claim contact.

The Company must receive the following forms:

- Completed Beneficiary Statement (Form No. 102-A for New York; 102CFG elsewhere)
- Authorization for the Release of Health-Related Information (Form No. 4657CFG)
- Certified Death Certificate
- Insurance policy contract, if available

Additional documents may be requested in the instructional letter.

Living Benefit Rider Claims (Terminal Illness, Critical Illness or Chronic Illness)

The claim request must be made in writing and signed by the owner. Consent of any assignee or irrevocable beneficiary is required. A spousal release is required in community property states.

The acceleration amount is chosen by the owner, subject to limits. A discount factor based on the insured's expected mortality at the time of claim is applied to the acceleration amount. **It is important to note that some qualifying events can impact the Insured's quality of life without having a material effect on their mortality and, therefore, the acceleration benefit may be quite small or there may be no acceleration benefit payable at all.**

The Company will provide the owner with a written offer showing the amount of the rider benefit as well as the impact of the acceleration on the death benefit and premium amounts. The owner may accept or decline the offer.

Disability Claims

When an Agent or General Agent receives notice of a Disability Income or Waiver of Premium/ Monthly Deduction claim, they should provide the insured with:

- Disability Income Claim Statement (Form No. A6148-CL)
- Waiver of Premium (Form No. 1565CFG)
- Authorization for the Release of Health-Related Information (Form No. 4636CFG)

The Claim Form must be completed by the insured, the attending physician, and the representative of the insured's employer and returned, along with the Authorization for the Release of Health Related Information, to the Company.

If the Insured contacts the Company directly, we will mail the forms to the insured.

Rescinded Policies

- A policy that is voided by the Company will result in the return of all field compensation to the Company through a chargeback of commissions.

Field Handbook

Family Solutions Division

Columbian Mutual Life Insurance Company • Home Office: Binghamton, NY
Columbian Life Insurance Company • Home Office: Chicago, IL
Administrative Service Offices: Binghamton, NY • Syracuse, NY
www.cfglife.com
800-423-9765

Columbian Life Insurance Company is not licensed in every state.

The information contained herein is designed to serve as a general reference source only. The company procedures, practices and products outlined in this guide are subject to change due to legal compliance requirements or the needs of the business. Product/Rider availability and specifications may vary by state.