

Lincoln Benefit Life

CONTRACTING^{10/03}

New Producer Contract: Please complete the following and fax to PFGM at 815-233-0309:

- ❑ GA Agreement - LBL 2391-GA 04/03
- ❑ Confidential Information Form - LBL - 798 Rev 01/01
- ❑ FCRA Disclosure - LBL - 6221 Rev 08/02
- ❑ Copy of E&O and License

Contract Change: Contact PFGM at 866-588-7346 to request a change to your contract.

Contract Transfer: Complete contracting as new agent and Contract Transfer Request Form (LBL 1308 Rev 3/02).

Dual Contract: Complete contracting as new agent and Dual Contract Request Form (LBL 6221 Rev 08/02).

LINCOLN BENEFIT LIFE
C O M P A N Y

A Member of Allstate Financial Group

**Release Authorization and
Fair Credit Reporting Act Disclosure
Regarding Procurement of A Consumer Report**

This is to notify you that in connection with your agent application, we may procure a consumer report on you as part of the process of considering your application or determining whether you meet our contracting standards. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

This release and authorization shall remain valid and in effect for the duration of your contract with us. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

You may revoke this Authorization at any time, provided that the revocation is in writing, except to the extent that Lincoln Benefit Life has taken actions relying on this Authorization. If you would like to revoke this Authorization, please send a written revocation to: Lincoln Benefit Life, P.O. Box 80469, Lincoln, NE 68506-0469.

By signing below, I hereby authorize Lincoln Benefit Life and its affiliates to obtain a consumer report and/or an investigative report about me in order to process my agent application. In addition, I also authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Lincoln Benefit Life and its affiliates.

Signature: _____ Date: _____

Please print the following information:

Name: _____

Home Address: _____

City/State/Zip: _____

Date of Birth*: _____

Social Security Number: _____

* Date of Birth required for background investigation purposes only, and will be used for no other purposes.

Applicants: Please retain a copy for your files.

Lincoln Benefit Life Company

2940 South 84th Street Lincoln, Nebraska 68506-4142 Phone 800.525.9287 Fax 402.328.6118 Email lblicdpt@allstate.com
LBL-6221, Rev. 08/02

Lincoln Benefit Life Company, Lincoln, Nebraska
GENERAL AGENT'S AGREEMENT — APPOINTMENT

GENERAL AGENT:

Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Date: _____

**BENEFICIARY TO RECEIVE COMMISSIONS PAYABLE
AFTER DEATH (LIMITED TO ONE INDIVIDUAL):**

Name of Beneficiary: _____

(Print or Type Name Here)

Relationship: _____

RECRUITING ORGANIZATION:

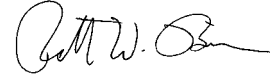
Name: _____

By: _____
(Signature of Agent or Firm Principal)

(Print or Type Name and Title Here)

Recruiter's Agent #: _____

LINCOLN BENEFIT LIFE COMPANY:



By: Robert W. Birman, Vice President

Contract Effective Date: _____

COMMISSION SCHEDULE FORM: LBL-2401-GA

Lincoln Benefit Life Company (“**LBL**”) hereby appoints the individual or entity named above as its **GENERAL AGENT (“GA” or “you”)** with duties, powers, and obligations as herein set forth, and **GA** hereby accepts the appointment on the terms and conditions set forth herein. The provisions stated in all supplements, Commission Rules, and Schedule of Commissions are incorporated into and made a part of this Agreement. **Effective Date** -- This Agreement shall become effective on the date shown above. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

Authority — You are authorized to act as an Agent on behalf of **LBL** for the purpose of developing and supervising the distribution of **LBL's** insurance products. Specifically, you are authorized to:

- 1) Recruit and recommend persons for appointment by **LBL** as insurance agents.
- 2) Train and supervise such agents in accordance with the standards of **LBL** and the requirements of the state or states in which they are licensed and in which they act as an agent for **LBL**.
- 3) Solicit applications for the policies of insurance and annuity contracts written by **LBL** and approved for marketing.

Responsibilities — You are required to follow certain guidelines while exercising the authority granted under this Agreement. These guidelines include, but are not limited to, the following:

- 1) For any applications solicited by you, you shall submit such applications when received to **LBL**. You shall also collect the first premium and transmit all collections immediately to **LBL**.

- 2) You shall promptly deliver any policy or contract issued by **LBL** to owner of the policy or contract. In no event shall delivery take longer than thirty (30) days from the date you receive the policy or contract. In the event delivery will take longer than thirty (30) days, you are required to notify **LBL**.
- 3) You shall make reasonable effort to preserve business issued by **LBL** and to maintain in force policies issued by **LBL**.
- 4) You shall at all times comply with the rules and regulations of **LBL** pertaining to underwriting practices, acceptance of risks, delivery of policies, and all other areas of conduct for **LBL's** business.
- 5) Licensing of agents shall be in compliance with statutory and regulatory requirements of the Departments of Insurance or other regulatory agencies and in accordance with the standards and procedures established by **LBL**. Neither you nor any of your agents shall solicit business for **LBL** until you are notified in writing by **LBL** that you or they are qualified to write business for **LBL**.
- 6) You shall notify **LBL** immediately upon becoming aware of any misdemeanor or felony criminal convictions (excluding minor traffic citations) relating to you, your employees, or any agent licensed under you and appointed with **LBL**.

- 7) Comply with **LBL's** policies and procedures concerning the replacement of life insurance policies and annuity contracts. A replacement occurs whenever an existing policy or contract is terminated, converted, or otherwise changed in value. For any transaction involving a replacement, **LBL** requires you to:
- a) recommend the replacement only when replacement is in the best interest of the customer;
 - b) fully disclose any and all relevant information to the customer, including: (i) comparing old and new premium expenses, surrender charges, cash values, and death benefits; (ii) any specific loss of cash value or policy value related to surrendering the existing policy; (iii) all guaranteed and maximum values of both policies; (iv) whether a new contestability period and/or suicide clause will start under the new policy; and (v) whether the customer will have to resubmit to underwriting to purchase the new policy;
 - c) provide state-required replacement notices to customers on the same day the application is taken and indicate on the application that the transaction involves the full or partial replacement of an existing policy; and
 - d) never recommend that a customer cancel an existing policy until a new policy is in force, and the customer has determined that the new policy is acceptable.
- 8) Adhere to **LBL's** rules and regulations concerning ethical market conduct, which require that you:
- a) carefully evaluate the insurance needs and financial objectives of your clients, and use sales tools (e.g., policy illustrations and sales brochures) to determine that the insurance or annuity you are proposing meets these needs;
 - b) maintain a current license and valid appointment in all states in which you promote the sale of **LBL** products to customers and keep current of changes in insurance laws and regulations by reviewing the bulletins and newsletters published by the State Departments of Insurance and **LBL**;
 - c) comply with **LBL's** policies concerning replacements, and refrain from providing false or misleading information about a competitor or competing product or otherwise making disparaging remarks about a competitor;
 - d) submit, prior to use, all advertising materials intended to promote the sale of **LBL** products to **LBL** for approval;
 - e) immediately report to **LBL** any customer complaints, whether written or oral, and assist **LBL** in resolving the complaint to the satisfaction of all parties; and
 - f) communicate these standards to any agents or officer personnel that you directly supervise and request their agreement to be bound by these conditions as well.
- 9) During the term of this Agreement, you will maintain errors and omissions insurance coverage in an amount satisfactory to **LBL** underwritten by an insurer satisfactory to **LBL**. Coverage must insure against any negligent act, error, or omission by you or any person employed by you in the rendering of any services related to this Agreement. You will provide proof of such coverage upon our request.
- Independent Contractor** – The relationship you have with **LBL** under this Agreement is that of an independent contractor. Neither you nor your employees or agents shall be deemed to be the employee or servant of **LBL**.
- You also acknowledge that all agents in your hierarchy are independent contractors of **LBL** and, at a subagent's election or for good cause, can be transferred by **LBL** in accordance with **LBL's** transfer rules. None of the benefits provided by **LBL** to its employees, including, but not limited to, workers compensation insurance and unemployment insurance, are available to you, your employees, and agents.
- Limitation of Authority** – You shall not possess or exercise any authority on behalf of **LBL** other than expressly conferred by this Agreement. Activities that you are specifically not authorized to perform on behalf of **LBL** include, but are not limited to:
- 1) Making, altering, or discharging any contract.
 - 2) Incurring any indebtedness or liability on behalf of **LBL**.
 - 3) Expending, or contracting for the expenditure of, any funds of **LBL**.
 - 4) Extending the time for payment of any premium, binding **LBL** to the reinstatement of any terminated policy, or accepting notes for payment of premiums.
 - 5) Waiving or modifying any terms, conditions, or limitations of any policy.
 - 6) Adjusting, settling, or committing **LBL** to any action regarding any claim.
 - 7) Issuing, using, or circulating any advertisement or literature referencing **LBL** unless the advertisement or literature has first been approved in writing by **LBL**.
 - 8) Entering into any legal proceedings on behalf of **LBL** in connection with any matters pertaining to **LBL's** business.
 - 9) Delivering any policy issued by **LBL** prior to the settlement by the applicant of the first premium or required funding for the policy or contract.
 - 10) Delivering any policy when you or your agents have knowledge of any impairment of the applicant's health either not disclosed on the application or that occurred subsequent to the securing of the application.
- Records** – All books, records, application forms, and material furnished by **LBL** pertaining to the solicitation of applications for insurance hereunder shall be the property of **LBL** and shall be returned to **LBL** upon termination of this Agreement. All other records pertaining to your performance under this agreement shall be open to inspection by **LBL** or by the Department of Insurance (as required by law) at all times.

Expenses – You shall pay all expenses of every nature incurred in connection with the conduct of your business, and **LBL** shall not be liable in any way therefore.

Taxes – You shall assume full responsibility for, and indemnify **LBL** against, any liability in connection with the payment of all federal, state, and local taxes or contributions imposed or required under unemployment insurance, social security, income tax, and related laws with respect to compensation received under this Agreement by you.

Fiscal Responsibility – You shall immediately pay to **LBL** all monies received by you or your agents on all applications obtained and policies issued. All such funds shall be segregated by you and held by you in trust. Such funds shall not be used by you for any purpose.

Indebtedness – You shall be responsible to **LBL** for the acts of your agents and employees and for the indebtedness of your agents to **LBL**. **LBL** shall have a retaining first lien against any commissions payable hereunder for any indebtedness of you or your agents to **LBL**, and **LBL** may charge and set off any such amounts due from commissions payable. Your indebtedness shall bear interest at the rate of one percent (1%) per month and shall be absolutely repayable on demand from **LBL**. Following demand for repayment or termination of this Agreement, whichever occurs first, all indebtedness shall bear interest at the maximum lawful rate from that date until paid. You shall be responsible to **LBL** for all costs and expenses, including legal fees, incurred by **LBL** as a part of its efforts to collect indebtedness.

Compensation – Your compensation shall be based on your personal production and the production of all agents assigned to you. You shall be compensated according to the Schedule of Commissions, as amended from time to time, for premiums received on policies issued by **LBL** for applications secured under this Agreement. Payment of commissions and service fees shall be made at such times and in the manner **LBL** considers appropriate for the efficient administration of this Agreement. The Schedule of Commissions is subject to change by **LBL**, but any change shall not apply to business written prior to the effective date of the change. The statements issued by **LBL** concerning agent's commissions and service fees paid and/or payable, advances and indebtedness shall be conclusive unless, within thirty (30) days following receipt of the statement, you notify **LBL** of a dispute regarding any transactions reported on that statement. If a policy on which you are receiving commission or service fees lapses for any reason, no further commission or service fees will be paid to you unless the policy is reinstated solely due to your actions. If, for any reason, **LBL** refunds any premium on which you received a commission or service fee, you shall immediately repay to **LBL** the commission or service fee received on such premium.

Vesting – Your right to commissions shall be deemed fully vested, and except as specifically limited to herein, the renewal commissions shall be paid for the term and in the amount shown in the Schedule of Commissions. Your right to service fees shall continue so long as this Agreement is in force. Following termination of this Agreement for any reason, the amount shown as service fees in the Schedule of Commissions may be reduced by one-half.

Beneficiary – You may name a beneficiary to receive any commissions payable after your death. **LBL** reserves the right to require evidence that there are no conflicting claims before making payments to the named beneficiary.

Non-Public Personal Financial Information –

(Requirements pursuant to the Gramm-Leach-Bliley Act)

You agree to protect any confidential information of **LBL** customers that is accessible by you. Confidential Information includes, but is not limited to, any nonpublic personal information about **LBL's** customers or potential customers, regardless of whether it is personally identifiable or anonymous information. Such nonpublic personal information includes, but is not limited to:

- 1) Application information, such as assets and income;
- 2) Identifying information, such as name, address and social security number;
- 3) Transaction information such as policy activity; contract balances, purchases and withdrawals; and
- 4) Information from other sources, such as credit reports.

You agree, now and at all times in the future, not to use or disclose Confidential Information to any person or entity, other than to carry out the purposes for which the **LBL** applicant or customer disclosed the information, or as necessary to carry out the lawful business purposes of this Agreement, or as otherwise allowed by law or regulation. Use or disclosure of Confidential Information shall comply with federal and state privacy laws, rules and regulations. You agree to adhere to **LBL's** policies and procedures related to maintaining the privacy and protection of applicants' and customers' Confidential Information.

You shall establish policies and procedures to protect such Confidential Information in accordance with commercially reasonable standards and at a minimum using the same degree of care, but no less than a reasonable degree of care, to prevent the unauthorized use, disclosure or duplication of such Confidential Information as **LBL** uses to protect its own confidential information. You will implement appropriate measures to:

- 1) Ensure the security and confidentiality of **LBL's** customer information;
- 2) Protect against any anticipated threats or hazards to the security or integrity of such information; and
- 3) Protect against unauthorized access to or use of such information that could result in substantial harm or inconvenience to any customer.

Confidential Information shall be returned to **LBL**, or destroyed upon **LBL's** request, once the services contemplated by this Agreement have been completed, or upon termination of this Agreement. In addition, you shall not be entitled to use such Confidential Information for any purpose thereafter.

Further, you agree that any violation of this section shall be a material breach of this Agreement and shall entitle **LBL** to immediately terminate this Agreement without penalty upon notice to you. You agree to permit **LBL** to audit your compliance with this section, and with all applicable laws, rules and regulations, during regular business hours upon reasonable notice to you. The provisions of this section shall survive any termination of this Agreement.

Protected Health Information –
(Requirements pursuant to HIPAA)

- 1) Definitions. The following definitions relate to this section only.
 - a) Business Associate. “Business Associate” means a person who performs, or assists in the performance of, a function or activity involving the use or disclosure of individually identifiable health information, or any other function or activity regulated by the Privacy Rule.
 - b) Individual. “Individual” means the person who is the subject of protected health information, or that person’s personal representative in his or her fiduciary capacity.
 - c) Individually Identifiable Health Information shall mean information that is a subset of health information, including demographic information collected from an individual, and (i) is created or received by a health care provider, health plan, health care clearinghouse (as those terms are defined in the Privacy Rule), or employer; and (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
 - d) Privacy Rule. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E, as in effect or as amended.
 - e) Protected Health Information. “Protected Health Information” shall mean Individually Identifiable Health Information transmitted or maintained in any form or medium that you create or receive from or on behalf of **LBL** in the course of fulfilling its obligations under this Agreement. “Protected Health Information” shall not include (i) education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. §1232g, and (ii) records described in 20 U.S.C. §1232g(a)(4)(B)(iv).
 - f) Required By Law. “Required By Law” means a mandate contained in law that compels a covered entity to make a use or disclosure of protected health information and that is enforceable in a court of law.
 - g) Secretary. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his designee.

2) Obligations and Activities

- a) You, as a Business Associate of **LBL**, agree to comply with the duties and requirements placed upon Business Associates by the Privacy Rule or as otherwise Required By Law.
- b) You agree to comply with the policies and procedures of **LBL** with respect to Protected Health Information.
- c) You agree to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.
- d) You agree to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- e) You agree to mitigate, to the extent practicable, any harmful effect that is known to you of a use or disclosure of Protected Health Information by you in violation of the requirements of this Agreement.
- f) You agree to report to **LBL** any use or disclosure of the Protected Health Information not authorized or provided for by this Agreement of which it becomes aware, within thirty (30) days of becoming aware of such use or disclosure.
- g) You agree to ensure that any person or entity to whom you provide Protected Health Information received from **LBL** or the Individual, or created or received by you on behalf of **LBL**, agrees to the same restrictions and conditions that apply through this Agreement to you with respect to such information.
- h) You agree to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by you on behalf of, **LBL**, available to **LBL**, or to the Secretary, within ten (10) days of such request, or as designated by the Secretary, for purposes of the Secretary determining **LBL’s** compliance with the Privacy Rule.
- i) You shall keep a record of disclosures of Protected Health Information and agree to make information regarding disclosures of Protected Health Information available to **LBL** within fifteen (15) days of a request by **LBL**. You shall provide, at a minimum, the following information: (i) the date of disclosure; (ii) the name of the entity or person who received the Protected Health Information, and the address of such entity or person, if known; (iii) a brief description of the Protected Health Information disclosed; (iv) a brief statement regarding the purpose and explanation of the basis of such disclosure and (v) the names of all individuals whose protected health information was disclosed.
- j) Within fifteen (15) business days of a request by **LBL**, you agree to comply with **LBL’s** request to accommodate an individual’s access to his/her Protected Health Information. In the event an individual contacts you directly about access to Protected Health Information, you will not provide access to the individual but shall forward such request to **LBL** within five (5) business days of such contact.

- k) Within fifteen (15) business days of a request by **LBL**, you agree to comply with **LBL's** request to make amendments to Protected Health Information. You shall promptly incorporate any such amendments into the Protected Health Information. In the event an individual contacts you directly about making amendments to Protected Health Information, you will not make any amendments to the individual's Protected Health Information but shall forward such request to **LBL** within five (5) business days of such contact.
- l) You agree to notify **LBL** within five (5) business days of your receipt of any request, subpoena, or judicial or administrative order to disclose Protected Health Information. To the extent that **LBL** decides to assume responsibility for challenging the validity of such request, subpoena or order, you agree to cooperate fully with **LBL** in such challenge.
- m) If a customer terminates his or her relationship with you, or the customer's policy is not renewed or is canceled, you shall return to **LBL**, or destroy, all Protected Health Information received from **LBL**, or created or received by you from the customer. This provision shall apply to Protected Health Information that is in the possession of your employees, subcontractors, agents or associates. You shall retain no copies of the Protected Health Information.
- 3) Permitted Uses and Disclosures
- General Use and Disclosure Provisions
- Except as otherwise limited in this Agreement, you may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, **LBL** as specified in the Agreement provided that such use or disclosure would not violate the Privacy Rule if done by **LBL**.
- Specific Use and Disclosure Provisions
- a) Except as otherwise limited in this Agreement, you may use Protected Health Information for the proper management and administration of your business or to carry out your legal responsibilities.
- b) Except as otherwise limited in this Agreement, you may disclose Protected Health Information for the proper management and administration of your business, provided that disclosures are Required By Law, or you obtain reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies you of any instances of which it is aware in which the confidentiality of the information has been breached.
- c) You may use Protected Health Information to report violations of law to **LBL** and to appropriate Federal and State authorities, where consistent with the Privacy Rule.
- 4) Obligations of **LBL**
- To the extent that your use or disclosure of Protected Health Information may be affected, **LBL** shall notify you of:
- a) Any limitation(s) in its notice of privacy practices of **LBL**;
- b) Any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information;
- c) Any restriction to the use or disclosure of Protected Health Information that **LBL** has agreed to.
- 5) Termination
- a) Termination for Cause. Upon **LBL's** knowledge of a material breach or violation of the requirements imposed by the Privacy Rule by you, **LBL** may either:
- b) Provide an opportunity for you to cure the breach or end the violation and terminate this Agreement if you do not cure the breach or end the violation within the time specified by **LBL**;
- c) Immediately terminate this Agreement if you have committed a material breach or violated the Privacy Rule and cure is not possible; or
- d) If neither termination nor cure are feasible, **LBL** shall report the violation to the Secretary.
- 6) Effect of Termination.
- a) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, you shall return or destroy all Protected Health Information received from **LBL**, or created or received by you on behalf of **LBL**. This provision shall apply to Protected Health Information that is in the possession of your employees, subcontractors, agents or associates. You shall retain no copies of the Protected Health Information.
- b) In the event that you determine that returning or destroying the Protected Health Information is infeasible, you shall provide to **LBL** notification of the conditions that make return or destruction infeasible. Upon written notice by you to **LBL** that return or destruction of Protected Health Information is infeasible, you shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as you maintain such Protected Health Information.
- 7) Indemnification. You hereby agree to indemnify and hold **LBL**, its employees, officers and directors harmless from and against any and all liability, payment, loss, cost, expense (including reasonable attorneys' fees and costs), or penalty incurred by **LBL**, its employees, officers or directors in connection with any claim, suit, or action asserted against such entity or person resulting from the failure to fulfill any obligation imposed on you by the Privacy Rule by you or your employees, agents or subcontractors.

- 8) Injunction. You hereby agree that **LBL** will suffer irreparable damage upon your breach of your obligations under the privacy provisions of this Agreement, and that such damages shall be difficult to quantify. You hereby agree that **LBL** may file, and you will not contest, an action for an injunction to enforce such provisions against you, in addition to any other remedy **LBL** may have.
- 9) Survival. Your respective rights and obligations relating to the requirements of the Privacy Rule and Protected Health Information shall survive the termination of this Agreement.
- 10) Interpretation. Any ambiguity in this Agreement shall be resolved to permit **LBL** to comply with the Privacy Rule.

Assignment – You may not assign this Agreement, any interest in this Agreement, or any compensation earned or to be accrued under this Agreement without the prior written consent of **LBL**.

Termination – Either party may terminate this Agreement at any time by giving written notice. Notice may be mailed or delivered to the last known address of the other party. If you reside in, or are licensed in, Arkansas, Florida, Illinois, Missouri and/or Oregon, you hereby agree to waive any advance notice of termination and agree that termination will be effective immediately upon delivery of written notice. Upon termination, you shall in no manner thereafter act for **LBL** and shall promptly account for and remit to **LBL** any monies then held for it. On demand, you shall turn over to **LBL** all undelivered policies, ratebooks, other records, materials, and properties pertaining to your agency business. Your right to any commission or any other thing of value shall cease if you: commit any act that injures the business or reputation of **LBL**; fail to account for and remit promptly any monies collected by you for **LBL**; or, withhold any policies, money or other property belonging or returnable to **LBL**.

Law Applicable – The execution and performance of this Agreement involves transacting business in the State of Nebraska by you with **LBL**. This Agreement shall be governed by and construed according to the laws of the State of Nebraska. All actions with respect to this Agreement shall be brought in a court of competent jurisdiction in Lancaster County, Nebraska.

REQUEST FOR TRANSFER FORM

AGENT TRANSFER POLICY

1. Every transfer **must** include this form which needs to be signed by both the agent requesting the transfer and the recruiter accepting the transferred agent.
2. Agents may only transfer at current contract level.
3. Lincoln Benefit Life will **NOT** transfer issued business under this new number.
4. If an application is submitted with this request, you must provide us with the client's name(s) and part 1 date(s) in the space provided below.
5. All business dated after the transfer date will go to the new recruiter.
6. Agents are **ONLY** allowed to transfer their contract after the initial first six months of being contracted with Lincoln Benefit Life.

SPECIAL AGENTS

1. Special Agents **must** obtain a release from the current recruiter. In addition, Special Agents must adhere to rules 1, 3, 4 & 5 above.

PLEASE SIGN BELOW:

Agent Signature

Please Print Name

Signature of Recruiter Accepting Transferred Agent

Please Print Name

***RELEASE BY PRESENT RECRUITER FOR SPECIAL AGENTS**

Signature of Releasing Recruiter

Releasing Recruiter's Name

Agent Number

Date

Recruiter Agent Number

Date

Agent Number

Effective Date of Release

IDENTIFY ALL BUSINESS APPLICATIONS BEING SUBMITTED WITH THIS REQUEST:

LAST NAME	FIRST NAME	M. I.	POLICY NUMBER	PART 1 DATE
				/ /
				/ /
				/ /
				/ /

Please provide us with current contact information:

BUSINESS

Business Address

City State Zip Code

Business Phone

Fax Number

HOME

Home Address

City State Zip Code

Home Phone

E-Mail Address

Lincoln Benefit Life Company

CONFIDENTIAL INFORMATION (LBL 798, REV. 01/01)

Please type or print this form in black ink clearly and fully.

All questions must be completed.

1-800-LBL-WATS

HOME OFFICE USE ONLY

AGENT# _____

First Name	Full Middle Name	Last Name	Home Address	
Company Name (if applicable)			City	State Zip Code
Business or Mailing Address			Home Phone ()	
P.O. Box	County of Business		Date of Birth	County of Residence
City	State	Zip Code	Fax Number ()	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Business Phone ()			E-Mail Address	

For Lincoln Benefit to be able to file an information return with the IRS, we must obtain your correct Taxpayer identification Number (TIN) to report income paid to you. Please complete and verify your Social Security Number and Federal I.D. # below.

SOCIAL SECURITY NUMBER				FEDERAL I.D. NUMBER (If Contracting Agency)				<input type="checkbox"/> Corporation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partnership/ Sole Prop.
Required for identification purposes.								

Attach a current copy of your resident insurance license. License #: _____

Non-resident licenses for state in which you want appointments (attach current copies): _____

CRD # in lieu of proof of Errors & Omissions Insurance (attach current copy): _____

- Have you ever had an insurance license revoked or suspended, or disciplinary action taken against you by an Insurance department? (If yes, provide explanation on reverse.) YES NO
- Do you have any outstanding debts with any other insurance companies? (If yes, provide explanation on reverse.) YES NO
- Has your appointment with any company ever been cancelled for a reason other than lack of production? (If yes, provide explanation on reverse.) YES NO
- Have you filed personal bankruptcy in the previous 24 months? (if yes, provide explanation on reverse.) YES NO
- Have you ever been convicted of, or are you currently charged with, a felony or misdemeanor other than a minor traffic violation? (If yes, provide explanation on reverse.) YES NO

Certification - Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Authorization for Release of Information - I hereby authorize any bank, credit bureau, financial institution, insurance company, agency, court of law, person, or organization that has any records or knowledge of my financial status, credit standing, or criminal history to give Lincoln Benefit Life or their representative any such information. It is our policy to develop background information on agents who wish to be appointed with our company: credit reports and criminal court records involving convictions only. If as a result of the investigation, we are unable to appoint you, we will notify you. We will also provide, if you request, the name and address of the reporting agency which secured the information. It is your right to contact that agency about the information, and if appropriate, correct any errors. Subsequent credit reports and criminal court records reports may be requested from time to time in order to update our files.

I agree not to solicit business for Lincoln Benefit Life until my license is in my possession and when the company notifies me that I am qualified to write business for this company.

I certify that the information and answers to the questions on this processing form are true and correct to the best of my knowledge. Information found to be incorrect may result in termination.

We certify that the information you have entered here will be held in strict confidence.

PLEASE SIGN HERE: _____ **DATE:** _____

The following companies are also members of the Allstate family. Please indicate those with whom you have been or are now associated.

<input type="checkbox"/> Glenbrook Life	<input type="checkbox"/> Allstate
<input type="checkbox"/> Northbrook Life	<input type="checkbox"/> Northbrook P&C

Connecticut, Florida and Michigan Agents

- Are you connected to a bank, savings & loan, or other financial institution? YES NO
- Do you conduct business under a trade name or are you affiliated with an insurance agency? YES NO
- If yes, what is the agency name? _____

EXPLANATIONS FOR QUESTIONS 1-5

1. _____

2. Company Name With Whom Debt Occurred: _____ Month/Yr. Occurred: _____

Beginning Balance: _____ Present Balance: _____

Reason for Debt: _____

How Paying Off: _____

3. _____

4. Attach list of creditors and amounts, or Schedule A. Provide Explanation: _____

5. Provide year of conviction or misdemeanor: _____ .

Court or jurisdiction: _____ and facts of offense:

THIS SECTION TO BE COMPLETED BY YOUR RECRUITER

I hereby certify that I will I will not be involved in the sale of insurance with this agent. The sale of insurance is defined as direct interaction with the prospective insurance buyer. If the recruiter will be involved in the sale of insurance, the recruiter will need an appointment with LBL in the state where involved.

Signature of Recruiter

If the above certification is not completed we will assume the recruiter will not be involved in the sale of insurance with this agent.