



HARTFORD LICENSING & CONTRACTING

**PLEASE COMPLETE THE ATTACHED APPOINTMENT
PAPERWORK AND MAIL, FAX OR EMAIL TO:**

**United Producers Inc
1100 East 6600 South, Suite 505
Salt Lake City, UT 84121**

Fax Toll Free: 888-888-7449

Email: kirby@uproducers.net

Please send a copy of the following with your appointment paperwork:

- **Copy of Insurance License**
- **Copy of E&O Coverage**
- **Anti-Money Laundering Completion Certificate**



Hartford Life Insurance Companies
 Individual Life Operations - Contracting
 Mailing Address:
 PO Box 5085
 Hartford CT 06102-5085
 Fax 860.392.3346

APPLICATION FOR LIFE CONTRACT

SECTION A: APPLICANT INFORMATION *(Complete only one.)*

Individual Application

First Name		Middle Name		Last Name	
SSN		Birth Date		Professional Designations	
Resident Address (No PO Box)				City	State Zip
Resident Phone		Resident Fax		Cell Phone	
Business Mailing Address		Physical Business Address		City	State Zip
Business Phone		Business Fax		Email Address	

Agency Application *(An Application and Agreement for Appointment Only form must be completed for each officer.)*

Business Name		TIN			
If incorporated, indicate type of corporation: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLP					
Authorized Principal or Officer		Birth Date		SSN	
Business Address				City	State Zip
Business Phone		Business Fax		Email Address	

SECTION B: BACKGROUND QUESTIONNAIRE

For each of the questions below, if the answer is YES, please attach a **specific written explanation** with relevant dates and documentation, including certified copies of all court documents, pertaining to the question. **Failure to disclose any information** requested below will be cause for automatic rejection of this contracting appointment. *(Any pending business associated with this appointment request will also be rejected.)*

	Yes	No
1. Has any insurance company canceled your appointment and/or contract for cause?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any administrative proceedings, fines, reprimands, or revocations/suspensions of your license or registration(s) by any state or federal regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of, plead guilty or nolo contendere to any criminal offense (including misdemeanor and felony traffic offenses)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had a debt placed for collection, or a creditor write off a debt as uncollectible during the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you filed for bankruptcy, or debt reorganization (chapters 7, 11, 13) or had a judgment entered against you in connection with a debt during the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been or are you currently involved in any pending indictments, law suits, civil judgments or other legal proceedings (civil or criminal)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently subject to any tax liens or levies against you by the Federal Government (IRS) or any state regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: APPOINTMENT INFORMATION

Type of Appointment <input type="checkbox"/> Individual <input type="checkbox"/> Agency	Resident State Insurance License #	NPN #
Indicate all states where appointment is being requested. Non-resident state appointments will be processed upon receipt of a new business application, except for restricted states (R).		
<input type="checkbox"/> All States	<input type="checkbox"/> Iowa	<input type="checkbox"/> Mississippi
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana
<input type="checkbox"/> Alabama	<input type="checkbox"/> Illinois	<input type="checkbox"/> North Carolina (R)
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Jersey
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Nevada
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maine	<input type="checkbox"/> New York
<input type="checkbox"/> Florida (R) (if no active appointment)	<input type="checkbox"/> Michigan	<input type="checkbox"/> Ohio
<input type="checkbox"/> Georgia (R)	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oregon
		<input type="checkbox"/> Pennsylvania (R)
		<input type="checkbox"/> Rhode Island
		<input type="checkbox"/> South Carolina
		<input type="checkbox"/> South Dakota
		<input type="checkbox"/> Tennessee
		<input type="checkbox"/> Texas
		<input type="checkbox"/> Utah (R)
		<input type="checkbox"/> Virginia
		<input type="checkbox"/> Vermont
		<input type="checkbox"/> Washington
		<input type="checkbox"/> Wisconsin
		<input type="checkbox"/> West Virginia
		<input type="checkbox"/> Wyoming

SECTION D: FINRA INFORMATION

Are you FINRA registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of registration do you hold? <input type="checkbox"/> Series 6 <input type="checkbox"/> Series 7 <input type="checkbox"/> Series 63 <input type="checkbox"/> Other _____
Broker/Dealer Affiliation	Individual CRD #

SECTION E: ERRORS AND OMISSIONS INFORMATION

Do you have Errors & Omissions coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide Carrier Name.
Policy #	Indicate minimum coverage.

SECTION F: AUTHORIZATION FOR DIRECT DEPOSITS (Optional)

I authorize Hartford Life and Annuity Insurance Company and Hartford Life Insurance Company ("Hartford") to initiate credit entries/deposits to my account with the Financial Institution designated below. Such credit entries shall reflect commission payments that are payable to me from Hartford. I also authorize Hartford to make any adjustments for any errors in transmission to my account by crediting and/or debiting the same to such account. This authorization is to remain in full force and effect until Hartford has received written notice from me of its termination in such time and in such manner as to afford Hartford and Financial Institution a reasonable opportunity to act on it or upon written notice from Hartford.

PLEASE SUBMIT A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.

Account Type: Checking Savings

Financial Institution Name (Bank)	Routing #
Account Name	Account #
Signature of Applicant	Date

SECTION G: AUTHORIZATION, CERTIFICATION AND SIGNATURE

I authorize Hartford Life and Annuity Insurance Company or Hartford Life Insurance Company (Company) to request and obtain from a consumer reporting agency, an investigative consumer report in connection with my application and any circumstance that may arise while contracted. I understand that such report may include information as to my character, general reputation, personal characteristics, and mode of living which is obtained from document requests and personal interviews with my family, friends, neighbors, employees or business associates, financial sources or other with whom I am acquainted. I authorize all personal and entities (including, but not limited to, governmental agencies, law enforcement authorities, state insurance departments and credit agencies) to release any information to the Company, its licensed recruiting agents or a consumer reporting agency as it may relate to this Application for Appointment; and I release any person or entity so contacted from any liability with respect to the information provided. Company may release information in its files to its affiliates and/or recruiting agents. I understand that I have the right to request to be interviewed in connection with any investigative consumer report. Further, upon written request, I will be provided with information regarding the nature and scope of any consumer report and I may also obtain a copy of the report. I also understand that if necessary, more information may be required to complete, maintain, or close my file and I authorize the Company to obtain such information. I understand that Company will provide a summary of rights under the Fair Credit Reporting Act, which can be located at www.ftc.gov/os/statutes/fera.htm.

I certify that the information provided by me on this application is true and correct to the best of my knowledge and belief. I also acknowledge and agree that this Authorization shall remain valid during the term of my relationship with the Company. I understand that any false statement provided to the Company may be considered as sufficient cause for rejection of my application or for termination of my contract if such false statement is discovered subsequent to contracting. Further, I understand that I will not be considered contracted with the Company until a background check is completed and approved and a Sales Agreement is executed by the Company and me.

Further, under penalties of perjury, I certify that: 1. The Social Security Number or Taxpayer Identification 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 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.

Applicant Signature	Date
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TO BE COMPLETED BY THE RECRUITING OFFICE

SECTION H: CONTRACT SPECIFICATIONS

Marketing Affiliation <input type="checkbox"/> SFO <input type="checkbox"/> Life Brokerage with SFO <input type="checkbox"/> HESCO		Product Line(s) <input type="checkbox"/> Life <input type="checkbox"/> Variable Life (HESCO only)	
Contract Type <input type="checkbox"/> Agent <input type="checkbox"/> General Agent / PPGA <input type="checkbox"/> IMO		Are you a P and C agent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Hartford Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract Name	Contract Rate(s) (first-year and renewal) _____% / _____%	Term Rate (if other than default) _____%	
Direct Up-line Name		Direct Up-line Agent Code(s)	
Hartford Field Office Name		Field Office #	
Field Office Contact		Email Address	

SECTION I: RECRUITER ACCEPTANCE AND SIGNATURE *

Recruiter Name	Title
Recruiter Signature	Date

**The recruiter acceptance and signature is required from the person who holds oversight responsibilities for the Agent listed above in Section A. These consist of an Account Executive, BGA, Field Office Manager, IMO, Life Brokerage Marketing, PPGA stand-alone, Regional Life Consultant or the Regional Marketing Specialist.*



Hartford Life Insurance Companies
 Individual Life Operations - Contracting
 Mailing Address:
 PO Box 5085
 Hartford CT 06102-5085
 Fax 860.392.3346

APPLICATION AND AGREEMENT FOR APPOINTMENT ONLY

SECTION A: APPLICANT INFORMATION

Individual Application

First Name		Middle Name		Last Name		
SSN		Birth Date		Professional Designations		
Resident Address (No PO Box)				City	State	Zip
Resident Phone		Resident Fax		Cell Phone		
Business Mailing Address		Physical Business Address		City	State	Zip
Business Phone		Business Fax		Email Address		

SECTION B: BACKGROUND QUESTIONNAIRE

For each of the questions below, if the answer is YES, please attach a **specific written explanation** with relevant dates and documentation, including certified copies of all court documents, pertaining to the question. **Failure to disclose any information** requested below will be cause for automatic rejection of this contracting appointment. (*Any pending business associated with this appointment request will also be rejected.*)

	<u>Yes</u>	<u>No</u>
1. Has any insurance company canceled your appointment and/or contract for cause?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any administrative proceedings, fines, reprimands, or revocations/suspensions of your license or registration(s) by any state or federal regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of, plead guilty or nolo contendere to any criminal offense (including misdemeanor and felony traffic offenses)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had a debt placed for collection, or a creditor write off a debt as uncollectible during the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you filed for bankruptcy, or debt reorganization (chapters 7, 11, 13) or had a judgment entered against you in connection with a debt during the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been or are you currently involved in any pending indictments, law suits, civil judgments or other legal proceedings (civil or criminal)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently subject to any tax liens or levies against you by the Federal Government (IRS) or any state regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: APPOINTMENT INFORMATION

Type of Appointment <input type="checkbox"/> Individual <input type="checkbox"/> Agency	Resident State Insurance License #	NPN #
Indicate all states where appointment is being requested. Non-resident state appointments will be processed upon receipt of a new business application, except for restricted states (R).		
<input type="checkbox"/> All States	<input type="checkbox"/> Iowa	<input type="checkbox"/> Mississippi
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana
<input type="checkbox"/> Alabama	<input type="checkbox"/> Illinois	<input type="checkbox"/> North Carolina (R)
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Jersey
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Nevada
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maine	<input type="checkbox"/> New York
<input type="checkbox"/> Florida (R) (if no active appointment)	<input type="checkbox"/> Michigan	<input type="checkbox"/> Ohio
<input type="checkbox"/> Georgia (R)	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oregon
		<input type="checkbox"/> Pennsylvania (R)
		<input type="checkbox"/> Rhode Island
		<input type="checkbox"/> South Carolina
		<input type="checkbox"/> South Dakota
		<input type="checkbox"/> Tennessee
		<input type="checkbox"/> Texas
		<input type="checkbox"/> Utah (R)
		<input type="checkbox"/> Virginia
		<input type="checkbox"/> Vermont
		<input type="checkbox"/> Washington
		<input type="checkbox"/> Wisconsin
		<input type="checkbox"/> West Virginia
		<input type="checkbox"/> Wyoming

SECTION D: FINRA INFORMATION

Are you FINRA licensed/registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of registration do you hold? <input type="checkbox"/> Series 6 <input type="checkbox"/> Series 7 <input type="checkbox"/> Series 63 <input type="checkbox"/> Other _____
Broker/Dealer Affiliation	Individual CRD #

SECTION E: ERRORS AND OMISSIONS INFORMATION

Do you have Errors & Omissions coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide Carrier Name.
Policy #	Indicate minimum coverage.

SECTION F: AGREEMENT

The Recruiting Agent hereby requests Hartford to appoint the agent identified above as an agent authorized to solicit and sell Hartford's individual life insurance products. Upon such appointment, the Recruiting Agent and Applicant agree:

- To comply with all applicable federal and state laws and regulations and Hartford directives;
- That Applicant shall be deemed a sub-agent under the terms of the Sales Agreement that Hartford and Recruiting Agent have entered into and that this appointment shall be subject to the terms of that Sales Agreement, including but not limited to, Section 2.5;
- That any commissions or compensation that is payable by Hartford for business procured by Applicant under this appointment shall be paid directly to Recruiting Agent pursuant to the Sales Agreement by and between the Recruiting Agent and Hartford;
- Applicant and Recruiting Agent represent that they have entered into a separate agreement regarding payment to Applicant for Applicant's sales activities and that Recruiting Agent assumes full and complete responsibility for compensation that is payable to Applicant;
- Hartford shall have no responsibility or liability to Applicant for payment of any commission or compensation and both Recruiting Agent and Applicant agree to hold Hartford harmless from any liability for payment of any compensation to Applicant; and
- All licenses must be renewed prior to their expiration date.

SECTION G: APPLICANT SIGNATURE

Applicant authorizes Hartford Life and Annuity Insurance Company or Hartford Life Insurance Company (Company) to request and obtain from a consumer reporting agency, an investigative consumer report in connection with this application and any circumstance that may arise while appointed. Applicant understands that such report may include information as to character, general reputation, personal characteristics, and mode of living which is obtained from document requests and personal interviews with Applicant's family, friends, neighbors, employees or business associates, financial sources or other with whom Applicant is acquainted. Applicant authorizes all persons and entities (including, but not limited to, governmental agencies, law enforcement authorities, state insurance departments and credit agencies) to release any information to the Company, its licensed recruiting agents or a consumer reporting agency as it may relate to this Application; and Applicant releases any person or entity so contacted from any liability with respect to the information provided. Company may release information in its files to its affiliates and/or recruiting agents. Applicant understands that he/she has the right to request to be interviewed in connection with any investigative consumer report. Further, upon written request, Applicant will be provided with information regarding the nature and scope of any consumer report and may also obtain a copy of the report. Applicant also understands that if necessary, more information may be required to complete, maintain, or close my file and Company is obtain such information. Applicant understands that Company will provide a summary of rights under the Fair Credit Reporting Act, which can be located at www.ftc.gov/os/statutes/fera.htm.

Applicant certifies that the information provided on this application is true and correct to the best of Applicant's knowledge and belief and agrees that this Authorization shall remain valid during the term of my relationship with the Company. Applicant understands that any false statement provided to the Company may be considered as sufficient cause for rejection of my Application or for termination of my appointment if such false statement is discovered subsequent to appointment. Further, Applicant understands that he/she will not be considered appointed with the Company until a background check is completed and approved and necessary appointment paperwork has been executed and filed by the Company.

Signature of Applicant	Date
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TO BE COMPLETED BY THE RECRUITING OFFICE

SECTION H: AGREEMENT SPECIFICATIONS

Direct Up-line Name	SSN/TIN
Direct Up-line Agent Code(s)	Field Office #

SECTION I: RECRUITER ACCEPTANCE AND SIGNATURE *

Recruiter Name	Title
Recruiter Signature	Date

**The recruiter acceptance and signature is required from the person who is the direct up-line (the firm principal or officer) for the Agent listed above in Section A.*



Hartford Life Insurance Companies
 Individual Life Operations - Contracting
 Mailing Address:
 PO Box 5085
 Hartford CT 06102-5085
 Fax 860.392.3346

REGISTERED REPRESENTATIVE APPOINTMENT APPLICATION

SECTION A: APPLICANT INFORMATION

Individual Application

First Name		Middle Name		Last Name	
SSN		Birth Date		Professional Designations	
Resident Address (No PO Box)			City	State	Zip
Resident Phone		Resident Fax		Cell Phone	
Business Address			City	State	Zip
Business Phone		Business Fax		Email Address	

SECTION B: APPOINTMENT INFORMATION

Type of Appointment <input type="checkbox"/> Individual <input type="checkbox"/> Agency		Resident State Insurance License #	NPN #
Indicate all states where appointment is being requested. Non-resident state appointments will be processed upon receipt of a new business application, except for restricted states (R).			
<input type="checkbox"/> All States	<input type="checkbox"/> Iowa	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Pennsylvania (R)
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alabama	<input type="checkbox"/> Illinois	<input type="checkbox"/> North Carolina (R)	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> North Dakota	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Tennessee
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Texas
<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Utah (R)
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Virginia
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Nevada	<input type="checkbox"/> Vermont
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maine	<input type="checkbox"/> New York	<input type="checkbox"/> Washington
<input type="checkbox"/> Florida (R) (if no active appointment)	<input type="checkbox"/> Michigan	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia (R)	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wyoming

SECTION C: FINRA INFORMATION

Are you FINRA licensed/registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of registration do you hold? <input type="checkbox"/> Series 6 <input type="checkbox"/> Series 7 <input type="checkbox"/> Series 63 <input type="checkbox"/> Other _____
Broker/Dealer Affiliation	Individual CRD #

SECTION D: ERRORS AND OMISSIONS INFORMATION

Do you have Errors & Omissions coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide Carrier Name.
Policy #	Indicate minimum coverage.

SECTION E: APPLICANT SIGNATURE

Applicant certifies that the information provided on this application is true and correct to the best of Applicant's knowledge and belief.

Signature of Applicant	Date
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TO BE COMPLETED BY THE FIELD RECRUITING OFFICE

SECTION F: FIELD OFFICE SPECIFICATIONS

Broker Dealer Affiliation Name	SSN/TIN	
Hartford Field Office Name	Field Office #	
Hartford Field Office Contact	Phone #	Email Address

SECTION G: RECRUITER ACCEPTANCE AND SIGNATURE *

Recruiter Name	Title
Recruiter Signature	Date

**The recruiter acceptance and signature is required from the person who holds oversight responsibilities for the Agent listed above in Section A. These consist of an Account Executive, BGA, Field Office Manager, IMO, Life Brokerage Marketing, PPGA stand-alone, Regional Life Consultant or the Regional Marketing Specialist.*

SECTION H: NEW BUSINESS INFORMATION (Indicate all pending life business)

Application State	Application Signed Date	Product Type <input type="checkbox"/> Life <input type="checkbox"/> Term <input type="checkbox"/> Variable Life
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SALES AGREEMENT



1.0 APPOINTMENT

- 1.1 Hartford Life Insurance Company and Hartford Life and Annuity Insurance Company (hereinafter collectively referred to as "Company") hereby appoint the named individual or organization(s) as "Agent" of Company for the solicitation and procurement of the products listed on the schedule pages attached to this Agreement. Such appointment will be maintained in all jurisdictions in which the Agent is properly licensed, appointed and doing business. There are no exclusive jurisdictions. The scope of this Agreement is limited to insurance products ("Policies") that do not constitute a security.

2.0 AUTHORITY

- 2.1 Agent has the power or authority to represent Company only to the extent expressly granted in this Agreement and no further power or authority is implied.
- 2.2 Nothing contained herein is intended to create a relationship of employer and employee between Company and Agent. Agents, shall be independent contractors as to Company and free to exercise their own judgment as to the time, place and means of performing all acts hereunder, but they shall conform to all regulations and guidelines of Company, as communicated to Agent by Company, and not unreasonably interfering with freedom of action or judgment.
- 2.3 This Agreement terminates all previous agency agreements, if any, between Company and Agent. However, the execution of this Agreement shall not affect any obligations which have already accrued under any prior agreement.
- 2.4 Unless permitted to net commissions, Agent shall only have the authority to collect initial premiums except as specifically set forth in the applicable commission schedule. Unless previously authorized by Company, Agents shall not have any right to withhold or deduct any part of any premium it shall receive for purpose of payment of commission or otherwise. Commission netting is not permitted for sales of life products.
- 2.5 Agent is authorized to procure and solicit applications only for those products listed on the Commission Schedule(s) attached hereto. Company reserves the right to withdraw and/or add products that are available for sale from time-to-time at its sole discretion and upon written notice to Agent.

3.0 COMPENSATION

- 3.1 Company will pay Agent as full compensation hereunder, commissions and/or service fees on premiums paid to Company on account of Policies issued upon applications procured pursuant to this Agreement and while this Agreement is in effect.
- 3.1.1 Commission and/or service fees will be paid in the amounts and for the periods of time as set forth in the Commission Schedules included in this Agreement or subsequently made a part hereof, and which are in effect at the time the applications for such Policies are received by Company.

- 3.1.2 The Commission Schedules included in this Agreement are subject to change by Company at any time, but only upon written notice to Agent. No such change shall affect any Policies issued upon applications received by Company at Company's Home Office prior to the effective date of such change.
 - 3.1.3 Any Commission Schedule included in this Agreement or subsequently made a part hereof may provide other or additional conditions regarding compensation and if so, will be controlling to the extent of the other or additional conditions.
- 3.2 Compensation will be earned by Agent only for those applications accepted in good order by Company, and only after receipt by Company at Company's Home Office in Simsbury, Connecticut, or at such other location as the Company may designate, from time to time, of the required premium and compliance by Agent with any outstanding delivery requirements.
 - 3.2.1 No compensation will be earned or paid on premiums waived by Company pursuant to any "waiver of premium" provision.
 - 3.2.2 Company reserves the right to rescind or terminate any existing Policy and refund premiums. Should Company for any reason return any premium on a policy issued hereunder, Agent agrees to repay Company, within thirty (30) business days of notice, the total amount of any compensation which may have been paid to Agent for the sale of that Policy.
- 3.3 Any compensation otherwise payable to Agent in accordance with this Agreement will be reduced by the amount of such compensation paid directly, at the direction of Agent, by Company to any person; or, in connection with group policies, by the amounts paid by Company to a resident licensed agent in a state which requires the countersignature by, or the effectuating of the insurance through, a resident licensed agent.
- 3.4 Company will periodically provide Agent with commission statements. If Agent does not question the accuracy of such statement in writing within 90 days of mailing, such statements shall be deemed accurate and complete.
- 3.5 In the event of termination of this Agreement for one or more of the reasons specified in Subsections 6.2.1 or 6.2.2 below, no further commissions or other compensation shall thereafter be payable.
- 3.6 In the event of termination in accordance with Subsection 6.1 below if in any calendar year following such termination, if the aggregate commissions payable hereunder total less than \$100.00, no further commissions shall be payable hereunder, other references to vesting to the contrary notwithstanding.
- 3.7 Company reserves the right to modify, change or discontinue the offering of any policy form at any time.
- 3.8 No payment will be used by the Agent to effect compensation in excess of the limits of Section 4228 of the New York Insurance Law for the sale of insurance.

4.0 **GENERAL PROVISIONS**

- 4.1 Agent shall cooperate with Company in the investigation and settlement of all claims, complaints or grievances against Agent and/or Company relating to the solicitation or sale of Policies under this Agreement. Agent shall promptly forward to Company any notice of claim, complaint or grievance or other relevant information which may come into Agent's possession.
- 4.2 Agent shall keep full and accurate records of the business transacted by Agent under this Agreement and shall forward to Company such reports of said business as Company may prescribe. Company shall have the right to examine said records at reasonable times. All rate books, manuals, software, forms, supplies and any other properties furnished by Company and in the possession of Agent shall be returned to Company on termination of this Agreement.
- 4.3 Agent shall bear all of Agent's expenses incurred in the performance of this Agreement.
- 4.4 Agent shall obtain applications for Company and, where appropriate, to conserve and renew Policies issued by Company.
- 4.5 All applications for the purchase of Policies shall be subject to acceptance by Company. Company reserves the right to prescribe conditions, rules and regulations for the offer and acceptance of its Policies, which may be changed from time to time and which shall be forwarded to Agent.
- 4.6 Except in regard to Commission Schedule changes as stated herein or as may be required by law or regulation, no waiver or modification of this Agreement will be effective unless it be in writing and signed by a duly authorized officer of Company and Agent or a duly authorized officer of Agent.
- 4.7 The failure of Company to enforce any provisions of this Agreement shall not constitute a waiver of any such provision. The past waiver of a provision by Company shall not constitute a course of conduct or a waiver in the future of that same provision.
- 4.8 In the event any legal process or notice is served on Agent in a suit or proceeding against Company, Agent shall forward forthwith such process or notice to Company at its Home Office in Simsbury, Connecticut, by certified mail, or at such other location as the Company may designate, from time to time.
- 4.9 Agent shall not use any advertising material, prospectus, proposal, or representation either in general or in relation to Policies of Company unless furnished by Company or until the consent of Company shall have been first secured. Agent shall not issue or recirculate any illustration, circular, statement or memorandum of any sort, misrepresenting the terms, benefits or advantages of any Policy issued by Company, or make any misleading statement as to benefits to be received thereon, or as to the financial position of Company.
- 4.10 Agent shall not make any misrepresentation or incomplete comparison of products for the purpose of inducing a current or potential policyowner or policyholder to lapse, forfeit or surrender his or her current insurance policy in favor of purchasing Companies' or other insurer's product. Communication with clients shall include sufficient information regarding the appropriateness of the transaction to allow the client to make an informed decision. Agent will ensure that any replacement recommended will be suitable.

- 4.11 Except to the extent permitted by law, Agent shall not offer or pay any rebate of premium or make any offer of any other inducement not specified in the Policies to any person to insure with Company.
- 4.12 No assignment of this Agreement, or commissions payable hereunder, shall be valid unless authorized in writing by Company. Every assignment shall be subject to any indebtedness and obligation of Agent that may be due or become due to Company and any applicable state insurance regulations pertaining to such assignments.
- 4.13 Company may at any time deduct, from any monies due under this Agreement, every indebtedness or obligation of Agent to Company or to any of its affiliates.
 - 4.13.1 On termination of this Agreement, any outstanding indebtedness to Company shall become immediately due and payable.
- 4.14 Agent shall comply with insurance rules relating to the sale of insurance products, including but not limited to rules describing the use of illustrations.

5.0 **LIMITATION OF AUTHORITY**

- 5.1 Agent may not incur any indebtedness or liability, or to make, alter or discharge agreements, or to waive forfeitures, extend the time of payment of any premium, waive payment in cash, or to receive any money due or to become due Company, except as specifically provided in this Agreement.
- 5.2 No individual Policy shall be delivered if Agent has knowledge that the health of the proposed insured has changed since the application was taken. Any Policy not delivered, in accordance with this Subsection 5.2, shall be returned to Company immediately.
- 5.3 Agent is prohibited from binding or committing Company on any risk except as outlined in Company approved temporary insurance agreements.
- 5.4 Agent may not make, waive or modify any rates, terms or conditions of any Policy.

6.0 **TERMINATION**

- 6.1 This entire Agreement may be terminated by either party by giving thirty (30) days' notice in writing to the other party.
 - 6.1.1 Such notice of termination shall be mailed to the last known address of Agent appearing on Company's records or in the event of termination by Agent, to the Home Office of Company at P.O. Box 5085, Hartford, Connecticut 06102-5085.
 - 6.1.2 Such notice shall be an effective notice of termination of this Agreement as of the time the notice is deposited in the United States mail or the time of actual receipt of such notice if delivered by means other than mail.
- 6.2 This Agreement shall automatically terminate without notice upon the occurrence of any the events set forth below:
 - 6.2.1 When and if Agent commits fraud or gross negligence in the performance of any duties imposed upon Agent by this Agreement or wrongfully withholds or misappropriates, for Agent's own use, funds of Company, its policyholders or applicants.

- 6.2.2 When and if Agent materially breaches this Agreement or materially violates any applicable Federal or State insurance laws or regulations.
- 6.2.3 When and if Agent fails to obtain renewal of a necessary license in any jurisdiction, but only as to that jurisdiction.
- 6.3 The provisions of Sections 3.0, 4.0, and 5.0 and (if applicable) Subsection 7.5 shall survive the termination of this Agreement, as appropriate.

7.0 CUSTOMER CONFIDENTIALITY

The Company and Agent agree that all Personal Information received by any party related to a policyowner shall remain confidential, unless such facts or information is required to be disclosed by any regulatory authority or court of competent jurisdiction.

For purposes of this Agreement, Personal Information means financial and medical information that identifies an individual personally and is not available to the public, including, but not limited to, credit history, income, financial benefits, policy or claim information and medical records.

All parties agree to use and disclose Personal Information only to carry out the purposes for which it was disclosed to them and will not use or disclose Personal Information if prohibited by applicable law, including, without limitation, statutes and regulations enacted pursuant to the Gramm-Leach-Bliley Act (Public Law 106-102). If any party hereto outsources services to a third party, that party shall ensure that such third party will agree in writing to maintain the security and confidentiality of any information shared with them.

8.0 AML

Agent represents that it has received anti-money laundering training regarding the USA PATRIOT Act, and applicable implementing regulations promulgated by the Secretary of the United States Treasury. Such training shall include but not be limited to "Know Your Customer" identification and verification procedures; financial transaction monitoring/surveillance procedures to determine whether any client is engaging in suspicious activities that should be reported to the United States Treasury Department's Financial Crimes Enforcement Network office; and Agent's responsibilities under Hartford Life's AML Program for selling covered products offered by Hartford Life as set forth in the Guide to Hartford Life's AML Program as it may be annually updated by Hartford Life.

Agent represents it will not sell any Policies to: (1) any investor listed on the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") list of prohibited persons, entities, and countries, and for which any Hartford Life transactions with such investor are prohibited under the various economic sanctions laws and regulations administered by OFAC, or (2) a foreign shell bank. A foreign shell bank is defined as a bank that (a) does not maintain a physical presence in any jurisdiction; and (b) is not (i) an affiliate of a bank that maintains a physical presence and (ii) subject to regulation by the governmental authority that regulates the non-shell bank affiliate.

Agent represents it will cooperate and share information with Company with respect to suspicious client activities or 'red flag' events, and help investigate and resolve whether particular transactions are or are not suspicious, and in the preparation of Suspicious Activity Reports to the Financial Crimes Enforcement Network. Agent acknowledges that non-cooperation with these Anti-Money Laundering provisions constitutes a reason for the termination of this Agreement pursuant to the termination provisions of this Agreement.

9.0 **INDEMNIFICATION**

- 9.1 Agent shall indemnify and hold Companies, and each of their respective directors, officers, and employees, harmless from any claims, demands, damages and/or costs sustained by Companies and/or Affiliates (including reasonable attorneys' fees) on account of, arising out of or related to any complaint, claim, action, suit or proceeding arising out of, based upon, or otherwise relating to: (a) any breach of any representation, warranty, covenant, agreement or other obligation of Agent in this Agreement; (b) a violation of applicable state and/or federal laws, regulations or rules, or the rules; (c) negligent, fraudulent, illegal or wrongful action or inaction by Agent and any affiliate or by persons employed or appointed by Agent. Agent expressly authorizes Company to charge against all compensation due or to become due to Agent under this Agreement any monies paid or liabilities incurred by Company under this Provision.
- 9.2 Company shall indemnify and hold Agent harmless from any claims, demands, damages and/or costs sustained by Agent (including reasonable attorneys' fees) on account of, arising out of, or related to any complaints, claim, action, suit or proceeding based upon, or otherwise relating to: (a) any breach of any representation, warranty, covenant, agreement or other obligation of Company contained in this Agreement; (b) a violation of applicable insurance laws, regulations or rules, or the rules; or (c) negligent, fraudulent, illegal or wrongful action or inaction by Company. Indemnification by Company is subject to the conditions that Agent promptly notifies Company of any claim or suit made against Agent, and that Agent allows Company to make such investigation, settlement, or defense thereof as Company deems prudent.

9.0 **CHOICE OF LAW**

This agreement shall be governed by and construed in accordance with the laws of the State of Connecticut.

10.0 **COMPENSATION DISCLOSURE**

The parties to this Agreement agree to comply with all applicable state insurance and federal securities law relating to the disclosure of compensation generated in connection with the sales of Policies described in this Agreement. To the extent applicable, this Section also addresses the specific practice of Agent(s) charging fees to a policyholder for the placement/service of the Companies products sold by the Agent. This charging of any fee to the policyholder is solely a decision by the Agent acting on its own behalf and not on the behalf of Companies.

By executing this Agreement, all parties acknowledges that this Agreement has been read in its entirety and is in agreement with the terms and conditions outlining the rights of the parties under this Agreement.

IN WITNESS WHEREOF, the undersigned parties acknowledges that this Agreement has been read in its entirety, are in agreement with the terms and conditions and have executed this Agreement to be effective as set forth above, upon the effective date below.

AGENT

By: _____

Print Name: _____

Title: _____

Date: _____

Social Security Number/Tax ID Number: _____

HARTFORD LIFE INSURANCE COMPANY

By: _____

Title: _____

Date: _____

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

By: _____

Title: _____

Date: _____



Hartford Life Insurance Companies
Individual Life Operations - Contracting
Mailing Address:
PO Box 5085
Hartford CT 06102-5085
Fax 860.392.3346

RELEASE AND TRANSFER REQUEST FORM

SECTION A: AGENT INFORMATION

Agent/Agency Name	SSN/TIN
Agent Code(s) Affected	Product Line(s) <input type="checkbox"/> Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Variable Annuity
Authorized Signature	Date

SECTION B: RELEASING AGENT/AGENCY SIGNATURE

Agent/Agency Name	SSN/TIN
Authorized Name	Date
Authorized Signature	Title
Hartford SFO Affiliation	Hartford SFO #

SECTION C: ACCEPTING AGENT/AGENCY SIGNATURE

Agent/Agency Name	SSN/TIN
Authorized Name	Date
Authorized Signature	Title
Hartford SFO Affiliation	Hartford SFO #

SECTION D: COMMENTS



Hartford Life Insurance Companies
Individual Life Operations - Contracting
Mailing Address:
PO Box 5085
Hartford CT 06102-5085
Fax 860.392.3346

NAME CHANGE AMENDMENT

SECTION A: AGENT INFORMATION

Agent/Agency Previous Name	Effective Date
Agent/Agency New Name	SSN/TIN

SECTION B: AMENDMENT TO SALES AGREEMENT

The parties hereby agree that the Sales Agreement by and between Hartford Life and Annuity Insurance Company, Hartford Life Insurance Company and, if applicable, Hartford Equity Sales Company (collectively referred to as "Hartford") and the undersigned Agent/Agency, is hereby amended to reflect the following:

Agent/Agency represents that:

1. Agent/Agency has changed its/his/her name as set forth below;
2. The change was in name only and was not a result of a merger, acquisition, change in ownership, change in management or buy-out;
3. The directors, officers, shareholders, members and/or partners of Agent/Agency, if any, have remained the same after the name change;
4. Agent/Agency has obtained all of the necessary regulatory, state and/or federal approval of the name change, including but not limited to the state insurance departments; and
5. The Social Security Number, Employer Identification Number or Taxpayer Identification Number for Agent/Agency remains unchanged.

Agent/Agency agrees that:

1. Agent/Agency shall continue to be responsible for and subject to all of the duties and obligations set forth and incurred under the Sales Agreement prior to the name change as well as subsequent to the name change;
2. This Amendment shall not be construed as modifying or amending the terms and conditions of the Sales Agreement except for the formality of changing of Agent/Agency's name; and
3. Agent/Agency shall hold Hartford harmless and indemnify Hartford from any loss, expense or liability that it may incur as a result of or arising out of Agent/Agency's name change.

SECTION C: AGENT SIGNATURE

Agent/Agency Name	Date
Agent/Agency Signature	Title

SECTION D: HARTFORD OFFICER SIGNATURE

Authorized Name	Date
Authorized Signature	Title

SCHEDULE OF COMPENSATION

HARTFORD LIFE & ANNUITY INSURANCE COMPANY



Universal Life	Base Comm	1 st Year ECP	Renewal Yrs 2-10 FCP	Renewal Yrs 2-10 ECP	Renewal Yrs 11-15 FCP	Renewal Yrs 11-15 ECP	Footnotes
Advanced UL	80.0%	2.50%	2.0%	0.5%	1.0%	0.5%	1, 6, 7, 10, 13
Stag Universal Life	80.0%	2.50%	2.0%	0.5%	1.0%	0.5%	1, 8, 10
Advanced Last Survivor UL	80.0%	2.50%	2.0%	0.5%	1.0%	0.5%	1, 13, 15

Universal Life	1 st Yr Comm	Deferred 1 st Year ECP paid in Yrs 2, 3, 4, & 5	1 st Year ECP	Deferred 1 st Year ECP paid in Yrs 2, 3, 4, & 5	Renewal Yrs 2-10 ECP / ECP	Renewal Yrs 11-15 ECP / ECP	Footnotes
Hartford UL CV	32%	12.0%	1.0%	0.375%	2.0%/0.5%	1.0%/0.5%	1, 9

Other Life Products	Base Comm	Renewal Yrs 2-10	Renewal Yrs 11+	Footnotes
Stag Whole Life Fronted commissions	80%	2.5%	1%	2, 11, 14
Stag Whole Life Levelized commissions	Years 1-5 = 20%	2.5%	1%	2, 11, 14
Flexible Premium Deferred Annuity	2.2%	Year 2 = 2%	Year 3 = 1% Year 4+ = 0.50%	3
Hartford Term 10, 15, 20 & 30	80%	0%	0%	2, 4, 12
Annual Renewable Term	45%	0%	0%	5

FCP = Fully Commissionable Premium ECP = Excess Commissionable Premium

Footnotes:

- 1) Company will pay first year commission on the Fully Commissionable Premium (FCP) and Excess Commissionable Premium (ECP). Fully Commissionable Premium (FCP) is the premium paid up to the Target Premium (TP). All of these numbers can be found at the bottom of the compliance ledger of the illustration software provided by Company.
- 2) Company will pay first year commission on the Commissionable Premium (CP) on the amount shown at the bottom of the compliance ledger of the illustration software provided by Company. Producer will be able to elect (at time of submission) to receive Fronted or Levelized commissions. If Levelized commission are elected, they will be paid out over 5 years at the rate shown in the grid above.

For all Stag Whole Life policies issued with the Liquidity Enhancement Rider, Commissionable Premium (CP) will be reduced by 20%.

- 3) Company will pay First Year commissions on purchase payments received.
- 4) Commissionable Premium is the annual premium less the policy fee.
- 5) Commissionable Premium includes all premium paid (except premiums attributable to Temporary Flat Extras).
- 6) Company will pay first year commission on unscheduled face amount increases. Premiums paid in the year of the unscheduled increase will first be allocated to the target premium for the increase and be considered as first year premium. All remaining premium will be considered renewal premium and commissioned accordingly. For scheduled face amount increases (other than those attributable to the COLA Rider) Company will pay renewal commissions only.

- 7) Company will pay first year commission on all target premium attributable to the increase in face amount under the Cost of Living Adjustment Rider. All remaining premium will be considered renewal premium and commissioned accordingly.
- 8) Company will pay first year commission of 53.36% on face amount increases. Premium paid in the year of the increase will be allocated to the increased target premium in proportion to the increased face amount divided by the total face amount including the increase. The increase target premium level is defined as the target premium per \$1,000 at the then attained age multiplied by the number of thousands of the increased face amount. All remaining premium will be considered renewal premium and commissioned accordingly.
- 9) Company will pay renewal commissions only on all increases in face amount.
- 10) Company will pay renewal commissions on all renewal premiums. Renewal Premium is the total premium paid in that year minus any Fully Commissionable Premium for Face Increases.
- 11) Company will pay renewal commissions on all renewal premiums paid, except those premiums paid by Automatic Premium Loan, the Automatic Premium Payment Provision, or by withdrawals.
- 12) If the contract is terminated and premiums are refunded, the Company will charge back any unearned commission.
- 13) Any decreases in face amount in the first thirteen months following policy issue, an unscheduled face increase, or increase due to the Cost of Living Rider (if available) will result in a chargeback of total First Year Compensation paid that is equal to the percentage reduction in total face amount.
- 14) Face amount increases are not allowed. Face amount decreases are not allowed during the first seven years of the policy.
- 15) Unscheduled face amount increases are not allowed. For scheduled face amount increases, Company will pay renewal commissions only.

GENERAL PROVISIONS

Compensation

In lieu of compensation under any other agreement previously executed, Hartford Life and Annuity Insurance Company will pay the Agent or his/her legal representatives or assigns, as full compensation commission on premium payments received (or in the case of the Stag Flexible Premium Deferred Annuity, purchase payments received), for insurance contracts issued upon applications secured by the Agent in states where the contracts have been approved, and where the Agent is duly qualified and licensed to solicit business.

Commission Chargeback for Policy Terminations

All Universal Life Products

Company may chargeback commissions/compensation for any policy termination, other than death, during the first 13 months from policy issue. Terminations include cash surrender or lapse, including lapse into extended term insurance or paid-up insurance.

Company will charge back commissions/compensation for terminations in the first 13 months following policy issue or after a face amount increase. The chargeback for any terminations will be 100% of the First Year Compensation paid. Company will not charge back for withdrawals.

Special Chargeback Rule

For Hartford UL CV policies, Company will charge back commissions/compensation for terminations, other than death, in the first 48 months from policy issue. The chargeback for any terminations in the first 13 months will be 100% of the compensation paid. For any terminations in months 14 to 48, the chargeback will be the lesser of the cumulative compensation paid (including deferred amounts) or the surrender charges not assessed.

Any decreases in face amount in the first 48 months following policy issue will result in a chargeback equal to the percentage reduction in total face amount times the chargeback that would apply in the case of a full surrender. Company will not charge back for withdrawals.

Stag Whole Life

Company may chargeback commissions for any terminations, other than death. Terminations include cash surrender or lapse, including lapse into extended term insurance or paid-up insurance. Company will charge back commissions/compensation for terminations in the first 13 months following policy issue and will be equal to 100% of the First Year Compensation paid. After the

first 13 months following policy issue, the chargeback for any terminations will be equal to the commissions/compensation paid on unearned premium. Company will not charge back for withdrawals.

Stag Flexible Premium Deferred Annuity

Company may chargeback commissions for any terminations, other than death, during the first 13 months following policy issue. The chargeback for any terminations will be 100% of the First Year Compensation paid.

Renewal Commissions

Renewal commissions are fully vested. In the event of termination in accordance with subsection 6.1 and 3.5 of our selling agreement, vesting rights could be forfeited.

Internal Exchanges/Replacements/Conversions

Commissions and fees on policies, which in the opinion of the Company take, or are to take the place of another policy of the Company on the same life, shall be governed by the rules of the Company then in force. In the case of a conversion of a term policy to a permanent one where a Conversion Premium Credit is available, the amount of the Conversion Premium Credit will reduce the First Year Commissionable Premium of the new policy on a dollar for dollar basis.