

Aviva Life Licensing Instructions

Please download, complete and fax appointment paperwork to Tom Bodine (Fax #: 1-315.655.4784) along with a photocopy of your state(s) insurance license(s).

Please fax copy of the front cover of your errors & omissions insurance showing your policy number and dates of coverage.

Questions? Please call Tom Bodine at 1-877-341-3342
or email Tom at sfp@theusbroker.com

Please make sure that you have completed:

1. Aviva NY Agent Appointment - separate downloadable document
2. Front Cover of E&O Insurance
3. Aviva NY Confidential Data Form
4. IRS W9 tax form - separate downloadable document
5. Don't forget to fax your State License

Confidential Data Form

(Please type or print legibly otherwise form may be returned)



Did you remember to:

- › *Complete the Social Security Number and/or Tax Identification Number for the commission check payee?*
- › *Attach copies of current licenses in the states in which you wish to be appointed?*
- › *Complete all questions?*
- › *Sign the form?*
- › *Remove the Fair Credit Reporting Act Notice on page 7 and retain for your records?*

Confidential Data Form

Dear Agent,

Thank you for choosing Aviva Life Insurance Company of New York. For your convenience, we have listed the requirements for an Aviva appointment. Please follow these guidelines to help us process your agent appointment in a timely and efficient manner. For legal and compliance purposes, we require original documents to be returned to our Licensing and Commissions Department with the necessary signatures. Please review the checklist carefully and be sure to include all of the required documentation. If you have any questions regarding the agent appointment process, please call the appropriate Producer Service Center for your business channel at the following toll-free numbers: For Agency Marketing, call (800) 225-8073; Structured Settlements, call (888) 285-4332.

Confidential Data Form

Complete items 1 – 10 with Agent, Upline Agent and Master General Agent signature required.

Remove and retain Fair Credit Reporting Act Notice on page 7 (Required)

1 Original Signed Contract

Applicable agent level.

1 Original Signed Life Compensation Schedule (If applicable)

Signatures are required for Agent, Master General Agent, and General Agent (if any).

1 Original Signed Annuity Compensation Schedule (If applicable)

Signatures are required for Agent, Master General Agent, and General Agent (if any).

Proof of Errors and Omissions Insurance Coverage

Please submit a copy of policy declaration page showing the minimum coverage limits as an annual per occurrence limit of liability of at least \$1million, an annual aggregate limit of liability of at least \$1 million and the carrier must have a rating by A.M. Best of "A" or better.

Copy of Current Resident License*

Individual and Corporation

Copies of any Non-Resident Licenses*

Individual and corporate if appointments are to be made in non-resident states.

Original Home State Letter of Certification

Not more than 90 days old if required by state law.

Copy of voided check (Required)

Mail to: Aviva Life Insurance Company of New York

100 Corporate Parkway
Buffalo, New York 14226

Best Regards,

Licensing and Commissions Dept.

Aviva Life Insurance Company of New York

*Everyone in the agent hierarchy must be licensed and appointed with Aviva in states in which the agent is to be appointed in accordance with Aviva guidelines.

Confidential Data Form

7. PERSONAL

Birthdate (Month/Day/Year) / /	Male/Female (Circle one) M / F	Designations (CLU, ChFC, Other)
-----------------------------------	-----------------------------------	---------------------------------

8. LICENSING DATA

A. Please attach a photocopy of license(s) for the states in which you are requesting to be appointed	Resident License	State	Resident License No.	Expiration Date	Type
	Non-Resident License(s)	State	Non-Resident License No.	Expiration Date	Type
		State	Non-Resident License No.	Expiration Date	Type
		State	Non-Resident License No.	Expiration Date	Type

B. Other life insurance companies represented in last 5 years (If no longer appointed, please provide explanation in Notes section).	Name of Company and Dates from/to (M/D/Y)		Premium Last Year	Date Appointed

9. PREVIOUS EMPLOYMENT HISTORY

Employer's Name & Address	Position Held	Dates from/to M/D/Y	Annual Salary	Contact Person	Phone

10. GENERAL INFORMATION

(A) Are you currently indebted to any life or health insurance company? If yes, please provide details below. Include amount owed, status of repayment and company name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(B) Have you ever filed for bankruptcy? If discharged, please provide copy. If still active, please provide information below as to Court, case number and status of case, as well as any additional information you have regarding the case.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(C) Do you, or have you had, any federal, state or other liens against you? If yes, please provide details below. Include case name, case number and court or regulatory agency and any additional information you might have regarding the lien(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(D) Have you ever had an appointment terminated by another company for cause? If yes, please provide details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(E) Have you ever been notified in writing that you were the subject of a consumer complaint or internal investigation? If yes, please provide details of the allegations in the complaint and indicate the status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(F) Please indicate if you have a securities license. If yes, what is your NASD CRD number? # _____; or please indicate the contact person (name, address, telephone number) of the brokerage firm with which you are affiliated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Confidential Data Form

(G) Are there any judgments or suits pending against you? If yes, please provide details below. Include case name, case number and court or regulatory agency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(H) Is there any action or proceeding currently in process, or has any state or federal authority (including State Insurance Department, NASD, or SEC) ever taken any disciplinary action (including fine, suspension or revocation of any license), against you? If yes, please provide details below. Include case name, case number and court or regulatory agency and the nature of the disciplinary action taken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(I) Have you ever been placed under special supervision by an employer or insurer? If yes, please provide the facts leading up to and including the special supervision.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(J) Have you ever been appointed with Aviva, its predecessor CGU Life, or one of its affiliates? If yes, please provide Agent Code.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(K) Have you ever been terminated or denied appointment with Aviva, its predecessor CGU Life, or one of its affiliates? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(L) Please Note: The Violent Crime Control and Law Enforcement Act of 1994, Title 18 U.S. Code Section 1033, prevents "Prohibited Persons" from engaging in the business of insurance. Under this statute, a person convicted of a federal or state felony may be a prohibited person. Have you ever been convicted of, pled guilty or no contest to a federal or state felony? Have you ever been charged with a felony? Have you ever been convicted of, pled guilty to or no contest to a misdemeanor involving fraud, false statements or omissions, wrongful taking of property, perjury, forgery or counterfeiting? If yes to any of the above questions, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
(M) Is there currently a criminal investigation or proceeding in which you or your insurance agency are named?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(N) Do you currently have Errors and Omissions coverage? (E&O is required for Agency, TSA, and Structured Settlement producers. Appointment will not be processed until proof of E&O is received) What is the deductible amount on your E&O coverage? \$ _____ Has any application for E&O or bond coverage ever been rejected, declined, or any such coverage cancelled? If yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
(O) Do you maintain or sponsor a website. If yes, please provide the URL: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(P) Are you doing business under any other names (d/b/a)? If yes, please provide name(s) and details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Q) Are you a member of any professional organization (e.g., NAIFA, NAILBA, CFP, SFSP, ABA, SCPA, NTSAA etc.)? If yes, please provide name(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(R) During the last 18 months have you used any advertisements, including seminars, direct mail, print or other media, which are intended to solicit or lead to solicitation of life insurance or annuity sales, (other than approved proprietary material of another insurance company or an NASD broker-dealer affiliate)? If yes, please provide details, including copies of materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(S) During the last 18 months have you used or made available any training materials for sales or product training purposes (other than approved proprietary material of another insurance company or an NASD broker-dealer affiliate)? If yes, please provide details, including copies of materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(T) Do you intend to use any sales track (i.e., standardized sales presentation) not listed in (R) or (S), above, in connection with Aviva and its products? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

* If you answered yes to any questions in Section 10 or an explanation for Section 8 above is required, please give full details below and include applicable documentation. If needed, attach separate sheets. **Please Note:** Advertising and non-advertising (e.g., training) material cannot be used in connection with Aviva or its products unless expressly approved by Aviva. Review of any materials as part of this Confidential Data Form does not constitute approval and approval of any such material must be specifically requested in writing.

Confidential Data Form

CERTIFICATION AND AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I understand and agree that as part of Aviva's agent appointment process and, in order to maintain my appointment in good standing, a background investigation will be conducted by a consumer reporting agency to verify the information contained in this Confidential Data Form. I also understand and agree that the Company reserves the right at its sole discretion to request a background investigation at any time during the term of my appointment. This investigation will include one or more consumer reports and may include one or more investigative consumer reports. The consumer report may include, but is not limited to, verification of my educational background, prior employment records, military records, credit history and criminal records. A background investigative consumer report may also include, and is not limited to, a consumer report which contains information on my character, general reputation, personal characteristics, or mode of living, all or part of which is obtained through personal interviews with neighbors, friends, associates and acquaintances who may have knowledge concerning any such items of information.

In the event that Aviva requests that a consumer reporting agency conduct an investigative consumer report, I understand that an additional disclosure notice will be provided to me. I also understand that within a reasonable time of receiving notice that an investigative consumer report may be made, I may make a written request for additional information concerning the nature and scope of the investigation requested of the consumer reporting agency by Aviva. I understand that before adverse action can be taken against me in whole or in part due to the results of the above-referenced consumer report or investigative consumer report, such report(s) will be provided to me with a written summary of my rights under the Fair Credit Reporting Act, as amended. I further understand that I may have additional rights under applicable state law.

I hereby authorize all companies, agencies, broker/dealers, corporations, credit agencies, current and former employers, educational institutions, federal and state courts (civil and criminal), law enforcement agencies and all other persons and entities to release and forward to Aviva and its consumer reporting agency any and all information, references and records sought in connection with any request for a background investigative report. I hereby release the above-reference entities, the consumer reporting agency and Aviva Life Insurance Company of New York and any of its affiliated companies (and any of its or their current or former agents, directors, employees, officers and representatives) from any and all liability that may result directly or indirectly from seeking or providing this information or complying with this request.

I acknowledge that telephone conversations with Aviva may be recorded and/or monitored in order to maintain quality service and consent to same.

Any photocopy of this authorization shall be as valid as the original. This authorization is valid during the application process and for such time as my appointment with Aviva is active.

I understand that the information contained in this Confidential Data Form will be used to determine my eligibility for appointment as an agent for Aviva and for other purposes related to my appointment as Aviva may determine from time to time at its sole discretion including sharing this information with third-party vendors. I hereby certify that all information contained in this form is true and complete, and no material information has been omitted.

Signature of Proposed Agent

Date

Upline Agent Signature

Upline Agent Code

Note: Your appointment will be effective only upon written notification by the Company. Agents must be appointed with Aviva prior to soliciting any Aviva product, except where expressly permitted by state law. In such states, agents may solicit Aviva products prior to appointment, but only in compliance with the applicable law. Aviva expressly reserves the right to refuse or reject any application submitted prior to appointment.

Confidential Data Form

I hereby certify that I have read and reviewed all answers, documents, records, and information submitted by the Proposed Agent and, to my best knowledge and belief, all such information is in accordance with Aviva's published policies and procedures. I hereby recommend approval of this Proposed Agent's appointment with Aviva.

(Tear along dotted line)

PLEASE RETAIN THIS NOTICE FOR YOUR RECORDS

Pursuant to Section 604(b) of the Fair Credit Reporting Act, this serves as formal notice that a consumer report may be obtained by Aviva Life Insurance Company of New York in connection with your agent appointment process.

Aviva Life Insurance Company of New York
Agent Compensation Schedule



Agent Name: _____

Agent Code: _____ Effective Date: _____

COMPENSATION RATE TABLES

The following compensation rates are expressed as a percentage of paid scheduled premiums.

Traditional Life Insurance	Commission		Service Fees ¹	
	Year 1	Years 2-6	Years 7-10	Years 11+
1 Year Term	30%	5%	2%	0%
5 Year Term	50%	5%	2%	0%
Traditional Whole Life	55%	3%	2%	2%
Universal Life Insurance	Commission			
	Year 1 to Target	Year 1 Excess, Years 2-6	Years 7+	
Advantage II Single Life	50%	3%	1%	
Legacy Survivorship Life	50%	3%	1%	
Universal Life Insurance with Secondary NLG ²	Commission, Planned Premium Only ²			
	Year 1	Years 2 - 5		
Keepsake 201	7%	7%		
Treasure 201	3%	7%		
Universal Life Insurance with Secondary NLG, 0.50% Trail Option ^{2,3}	Commission, Planned Premium Only ^{2,3}			
	Year 1	Years 2 - 5		
Keepsake 201	4%	4%		
Treasure 201	0%	4%		
Annuities	Commission			
	Year 1	Years 2+		
Immediate Life Only & Certain ≥ 6 Yrs	3.25%	N/a		
Immediate Certain Only < 6 Years	1.25%	N/a		

¹ Service Fees will be paid as long as the premium payments continue to be made and your Agent Contract has not been terminated.

² Compensation paid for each scheduled annual premium payment made. No compensation paid for excess premium or unscheduled premium payments.

³ Trail Option provides 0.50% trail commission based upon the policy's Accumulation Value as of the last day of the calendar quarter in which the policy anniversary occurs. Trail commission is paid in Policy Years 2 through 15.

GENERAL PROVISIONS

This Schedule is made part of your Agent Contract. You will be compensated as long as you are the agent of record, premiums continue to be paid as scheduled, your Agent Contract has not been terminated and this Schedule remains in force. Payments will be subject to the following provisions:

LEGAL LIMITATION ON COMPENSATION

If the total first year compensation calculated according to this Schedule is in excess of that allowed by New York law, the first year compensation will be reduced so that the total compensation calculated is in compliance.

COMPENSATION

Under this Schedule, we will pay you compensation on contracts issued on applications written and submitted by you to our office. Compensation is a percentage of the paid scheduled premium. The commission and service fees (if applicable) percentages are as shown in the above Compensation Rate Table.

ADDITIONAL BENEFITS

Compensation on premiums for additional benefits (provided by riders or contract provisions), will be payable at the same rate as the base contract to which they are attached.

RETENTION LIMITS

We reserve the right to adjust our compensation rates for any amount of insurance that must be reinsured based upon our retention limits in effect on the effective date of the insurance contract.

INCREASES IN FACE AMOUNT (non-NLG UL Only)

We will pay you a one-time compensation on increases in Face Amount at the product's first year total compensation percentage based on the then attained age Target Premium. If the increase is eliminated within two years, such compensation will be charged back in proportion to the increase's elimination.

PREMIUMS PAID IN ADVANCE

Compensation for premiums paid in advance will not be payable to you until the actual due date of each premium payment.

EXCEPTIONS

No compensation will be payable on:

1. The waiver of premium benefit when premiums are being waived,
2. Any flat extra and/or special class substandard premiums, and
3. Any premium bonus or loan repayments.

CHARGE BACKS

If for any reason an application is withdrawn or a contract becomes Not Taken, total compensation paid will be charged back.

For Traditional Life Insurance contracts, 100% of all compensation paid will be charged back on contracts that surrender or lapse during the first six contract months, 50% of all compensation paid will be charged back on contracts that surrender or lapse during the next six contract months, and 0% thereafter.

For Universal Life Insurance contracts, 100% of all compensation paid in the 12 months immediately preceding the lapse or full surrender will be fully charged back. For partial surrenders, the charge back will be equal to the compensation paid in the 12 months immediately preceding the partial surrender (if any), multiplied by the amount of the partial surrender (excluding surrender charge and fee), divided by the premium paid during the same 12 month period.

NEW PRODUCTS

We reserve the right to pay different commission rates and service fees relating to new products developed by us without prior notice to you.

AVIVA LIFE INSURANCE COMPANY OF NEW YORK THIS SCHEDULE RECEIVED BY:

Hans L. Carstensen III, President

Signature of Agent

Date

Countersigned for Aviva Life Insurance Co. of New York