

CHASE

(Licensing Checklist)

Agent's Name: _____

Appointing Agent/ Agency: _____

Commission Level: _____

List all states to be appointed in: _____

Annualization: YES NO (please circle one)

Please submit the appropriate forms:

_____ Producer Appointment Application

_____ Commission Authorization

_____ W-9 form

_____ Direct Deposit Commission Enrollment Form (optional)

_____ Voided Check for Direct Deposit (Required if submitting a direct deposit form.)

_____ Copies of Agent's licenses and original state forms – All applicable resident and non-resident including both Individual and Corporate

* Applicants with corporations have to complete the above listed forms to become appointed.

Please return to:

**Insurance Wholesalers
Attn: Contracting
6939 Sunrise Blvd., Suite 107
Citrus Heights, CA 95610**

Producer Appointment Application

Chase Insurance Life and Annuity Company (CILAAC/"the Company")
 Chase Insurance Life Company (CILC/"the Company")
 Chase Insurance Life Company of New York (CILCONY/"the Company")
 Kemper Investors Life Insurance Company (KILICO/"the Company")
 Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

Administrative Offices:
 2500 Westfield Drive,
 Elgin, IL 60123-7836
 877/280-5102

PLEASE ANSWER ALL APPLICABLE SECTIONS COMPLETELY.

Section 1: Appointment Information

Appointment for: Individual Corporation Partnership Sole Proprietorship
 Type of appointment requested: Life Variable Annuity Variable Life
 State(s) to be appointed in: _____ (Attach copies of licenses)
 Type of license currently held (provide copies) Life Life A/H Variable Life Variable Annuity
 Note: General Agent and Broker Dealer must be contracted before a representative is appointed. Corporations must hold a valid license in all states, where applicable, in which agents/representatives will solicit business. A copy of the agent/representative individual state license and NASD Form U4 must be submitted with this application.

Section 2: Producer Information

 Producer Producer Number Assigned by General Agent/Broker Dealer

 Business Street Address City State Zip

 Resident Street Address City State Zip

 Phone Number Fax Number E-Mail Address

 Social Security Number (Tax I.D. Number) Place of Birth Date of Birth

What is your primary business activity (check only one)
 Life Insurance Agent/Broker Financial Planner Registered Rep Property/Casualty Agent
 Qualified Plans (TSA, 401K, etc) Health Insurance Agent Other _____

Are you NASD registered? Yes No What series? _____

If yes, who is your Broker Dealer? _____

CRD Number: _____

Section 3: General Agent/Broker Dealer Information

 Name

 Business Street Address City State Zip

 General Agent Number Phone Number Fax Number E-Mail Address

Section 4: Background Information

Please attach details for any question answered yes.

- a) Has any insurance license held by you ever been refused, suspended, revoked or been the subject of any administrative action by this state or any other state? Yes No
- b) Have you ever filed for bankruptcy, been charged with, pled guilty or nolo contendere to, or been found guilty of felony or misdemeanor charges including motor vehicle infractions, or any crime involving moral turpitude, or had charges pending against you at any time Yes No
- c) Are you currently covered by Errors and Omission Insurance? Yes No
 Insurer _____ Coverage Amount \$ _____
 If you have ever made a claim, attach separate sheet with details.

Section 5: Employment History (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Ohio or Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary.

From _____	To _____	Company Name _____	Position _____		
Contact Person _____	Street Address _____		City _____	State _____	Zip _____
From _____	To _____	Company Name _____	Position _____		
Contact Person _____	Street Address _____		City _____	State _____	Zip _____

Section 6: Code of Conduct Agreement

I have read the Company's Ethics Guide found on the www.chaseinsurancecompany.com Information for Representatives page, and certify that I understand, and will comply with, the company's policies, procedures, and code of ethical market conduct.

By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to the company in a timely manner and will notify the company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

 Signature Date

Section 7: Consent to Request Consumer Report and/or Investigative Consumer Information

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment as a General Agent/Agent/Broker (circle one). I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through person interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information.

I agree the Company has the right to release any information revealed by this investigation to any State requiring it.

Driver's License #: _____

Section 4: Background Information

Please attach details for any question answered yes.

- a) Has any insurance license held by you ever been refused, suspended, revoked or been the subject of any administrative action by this state or any other state? Yes No
- b) Have you ever filed for bankruptcy, been charged with, pled guilty or nolo contendere to, or been found guilty of felony or misdemeanor charges including motor vehicle infractions, or any crime involving moral turpitude, or had charges pending against you at any time Yes No
- c) Are you currently covered by Errors and Omission Insurance? Yes No
 Insurer _____ Coverage Amount \$ _____
 If you have ever made a claim, attach separate sheet with details.

Section 5: Employment History (Complete only if applying for appointment in Florida, Mississippi, Alabama, Georgia, Ohio or Pennsylvania.) History must cover past 5 years. Attach separate sheet if necessary.

From _____	To _____	Company Name _____	Position _____		
Contact Person _____	Street Address _____		City _____	State _____	Zip _____
From _____	To _____	Company Name _____	Position _____		
Contact Person _____	Street Address _____		City _____	State _____	Zip _____

Section 6: Code of Conduct Agreement

I have read the Company's Ethics Guide found on the www.chaseinsurancecompany.com Information for Representatives page, and certify that I understand, and will comply with, the company's policies, procedures, and code of ethical market conduct.

By signing below I acknowledge that I will make recommendations and present products consistent with the insurable needs and financial objectives of my clients; I will provide honest and accurate disclosure of information so that my clients can make an informed buying decision; I will establish and maintain the trust of my clients by treating them with respect and by delivering them quality service; I will maintain the privacy of my clients by protecting their confidential information; I will refrain from disparaging competitors and agents; I will make every attempt to further my education and will maintain awareness of industry laws and company procedures; I will communicate any client concerns or complaints to the company in a timely manner and will notify the company of any violation of the ethical conduct code; and I will maintain a current license and valid appointment in all states in which I solicit the sale of the Company products to customers.

Statements made herein are representations upon which the Company may rely when considering my request for appointment. This information is complete and accurate to the best of my knowledge and belief. I understand and agree that, if appointed, any material misrepresentation of facts herein provided may be the basis for termination.

 Signature Date

Section 7: Consent to Request Consumer Report and/or Investigative Consumer Information

I understand that the Company may utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment and/or application for appointment as a General Agent/Agent/Broker (circle one). I understand a consumer reporting agency may conduct an investigation and prepare a consumer report (which may include a financial credit check, criminal background check, state licensing/disciplinary check, employment/contract check and other information bearing on your credit and financial history) and/or an investigative consumer report which will include, among other things, information as to my credit background, character, general reputation, personal characteristics, mode of living, whichever are applicable. I understand such information may be obtained through person interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information.

I further understand that upon written request, subjects of an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and authorize the Company or its representatives to procure a report on my background as stated above from a consumer reporting agency or any other source providing such information.

I agree the Company has the right to release any information revealed by this investigation to any State requiring it.

Driver's License #: _____

Commission Authorization

Chase Insurance Life and Annuity Company (CILAAC/"the Company")

Administrative Offices:
2500 Westfield Drive,
Elgin, IL 60123-7836
847-930-7000
Ext. 2132

A). Agent/Agency Name (print)	Agent/Agency Level	Mortgage Term Commission Code/Rate
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MORTGAGE TERM BUSINESS ONLY:

Agent/Agency Annualization Rate (up to and including 75%)	Maximum Annualization Amount (up to and including \$2,500 per policy)	Traditional Life (if applicable) Commission Code/Rate
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B). Next Hierarchy Agent/Agency Name	Next Hierarchy Agent/Agency Number	Next Hierarchy Level
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C). Agent/Rep Commission payable to an agency/corp? Yes No
(If yes, complete below.)

Agency/Corporation Name _____

Agency/Corporation Number _____

Tax ID# _____ (attach a copy of Agency/Corporate License)

Name of Agent listed on Corporate License _____

I authorize the Company (s) to pay the above Agent(s)/Broker(s) Commissions, according to the schedule indicated. I have personal knowledge of the above Agent(s) to whom these commissions are to be paid. To the best of my knowledge and belief, the agent is trustworthy, and a good character, integrity and good business standing.

General Agent Signature	General Agent Number	Date
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Return to Chase Insurance Licensing Department – Chase Insurance, 2500 Westfield Dr., Elgin, IL 60123-7836 - Phone: (847) 930-7000 Ext. 2132 Fax: (847) 874-0639

Commission Authorization

Chase Insurance Life and Annuity Company (CILAAC/"the Company")

Administrative Offices:
2500 Westfield Drive,
Elgin, IL 60123-7836
847-930-7000
Ext. 2132

COMPLETE WITH CORPORATE INFORMATION

A). Agent/Agency Name (print)	Agent/Agency Level	Mortgage Term Commission Code/Rate
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MORTGAGE TERM BUSINESS ONLY:

Agent/Agency Annualization Rate (up to and including 75%)	Maximum Annualization Amount (up to and including \$2,500 per policy)	Traditional Life (if applicable) Commission Code/Rate
--	--	--

B). Next Hierarchy Agent/Agency Name	Next Hierarchy Agent/Agency Number	Next Hierarchy Level
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C). Agent/Rep Commission payable to an agency/corp? Yes No
(If yes, complete below.)

Agency/Corporation Name _____

Agency/Corporation Number _____

Tax ID# _____ (attach a copy of Agency/Corporate License)

Name of Agent listed on Corporate License _____

I authorize the Company (s) to pay the above Agent(s)/Broker(s) Commissions, according to the schedule indicated. I have personal knowledge of the above Agent(s) to whom these commissions are to be paid. To the best of my knowledge and belief, the agent is trustworthy, and a good character, integrity and good business standing.

General Agent Signature	General Agent Number	Date
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Return to Chase Insurance Licensing Department – Chase Insurance, 2500 Westfield Dr., Elgin, IL 60123-7836 - Phone: (847) 930-7000 Ext. 2132 Fax: (847) 874-0639

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Please print or type	Name (See Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr> </table>	Social security number																		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr> </table>	Employer identification number																	
Social security number																																					
Employer identification number																																					
or																																					

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- 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**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.**

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



Commission Direct Deposit Request

Chase Insurance Life and Annuity Company (CILAAC/"the Company")
Chase Insurance Life Company (CILC/"the Company")
Chase Insurance Life Company of New York (CILCONY/"the Company")
Kemper Investors Life Insurance Company (KILICO/"the Company")
Fidelity Life Association, A Mutual Legal Reserve Company (FLA/"the Company")

Administrative Offices:
2500 Westfield Drive,
Elgin, IL 60123-7836
847/930-7000 Ext. 2132

In order to initiate the direct deposit of commission earned during the period of your appointment with the Company, the following information must be completed.

Please Print

Agent/Agency Name	Date
Business Phone	Fax Number
Email Address	SSN/TIN

This account is (check one): Checking Account Savings Account

Account Name	9 Digit ABA Number	Account Number	
Bank Name	City	State	Zip Code

To assist in sending a confirmation that your direct deposit request has been processed, please provide your business address information.

Name

Street/PO Box

City, State, Zip Code

Note: Please do not assume that your commission will be deposited into your account because you have direct deposit. Always check your commission statement to determine the amount deposited into your account. Allow at least 3 business days for direct deposit to be processed into your account.

Questions regarding this information can be directed to the Commission Department 847/930-7902.

Agent Signature

Mail to: Chase Insurance, Commission Department, 2500 Westfield Drive, Elgin, IL 60123-7836
(attach a voided or cancelled check from your banking institution)

Or Fax to: Chase Insurance, Commission Department 847-874-0813
You are responsible for ensuring all information is correct.