



Agent Name (print): _____

**909 North Washington Street Alexandria, VA 22314
INDEPENDENT SALES REPRESENTATIVE
COMPENSATION SCHEDULE
AOBG AGENT
(LDJAGT)**

This Compensation Schedule is part of your Contract and is subject to all provisions thereof. Compensation will be paid on premiums paid from applications procured by you on which the Company has issued a policy and while this Compensation Schedule is in effect. Compensation shown below is expressed as a percentage of premiums paid to the Company.

I. Voluntary Worksite Products

	<u>Yr 1</u>	<u>Yr2</u>	<u>Yr3</u>	<u>Yr4</u>	<u>Yr5-9</u>	<u>Yr10+</u>
<i>Family Protection Plan -CI</i>	45%	4%	2%	2%	.5%	0%
Family Protection Plan -TI	65%	4%	2%	2%	.5%	0%
<i>Group Critical Illness</i>	45%	4.5%	4.5%	4.5%	4.5%	0%

II. Group Plans and Riders

A. Basic Group Life	10% Level
B. Voluntary Group Life (VGL)	15% Level
C. Group Accidental Death & Dismemberment (AD&D)	10% Level
D. Employer Paid Group Critical Illness Plan/or Rider	10% Level

The Company may, at any time terminate, modify, or issue a new Compensation Schedule or addendum. Any resulting change in compensation will be effective with respect to any policy issued thirty (30) days or more after the Company has mailed notice to you.

Accepted:

Sales Representative Signature (date)

IMO or Managing General Agent (date)

Approved:

5Star Life Insurance Company Officer (date)

This agreement supersedes all previous compensation schedules and addendums IMAGA-FPP Comp 12/10

AOBG AGENT 08/15



5 Star Life / AOBG HIERARCHY FORM

Agent Name: _____

Email: _____

Phone: _____

Agent's Upline Recruitment	
Recruiting Agent Name:	Ed Gentry
Recruiting Agent #:	26DJC
Advances: <input type="checkbox"/> As Earned: <input type="checkbox"/>	

Agent Signature: _____

Today's Date: _____