



**WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK**

3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 346-4773

**AGENT APPOINTMENT APPLICATION
PACKAGE**

INSTRUCTIONS FOR AGENT APPOINTMENT

The general agent is responsible for completing the necessary forms required to process and appoint an agent. All pages must be completed in full and must be legible. Please follow these instructions carefully.

DO

- Type or print clearly (Use black ink only).
- Obtain all necessary signatures.
- Fill in all blanks and answer all questions.
- Deliver the Agent/Broker Agreement to the agent.
- Submit to William Penn Life:
 - The signed Agent/Broker Agreement form (2976).
 - The William Penn Life Biographical form (BK-10WP).
 - The Assignment of Commission form (BK-6WP), Commission Payment Profile form (BK-12WP) and Transfer Request form (WPL103), if applicable.
 - A signed W-9 tax status form (W9-WP).
 - If the agent/broker's number is pending, please include a cover memo with the appointment papers identifying the agent/broker.
 - A copy of the agent/broker's current New York license.

DO NOT

- Submit the Agent/Broker Agreement to William Penn Life.

INSTRUCTIONS FOR FORM COMPLETION

DO

- Biographical Information for Contract Applicant (**Form BK-10WP**)
 - If the application is for an individual appointment, complete sections I, II, IV and V of the BK-10WP form.
 - If the application is for a corporate appointment, complete all sections of the BK-10WP form. Section IV should provide information for both the principal and the corporation. Note: The person completing this form must be listed as an active sub-licensee on the corporate NY license.
- Agent/Broker Agreement (**Form 2976**)
 - Record the agent/broker name then have the authorization signed and dated.
 - Complete, sign and date general agent information.
- Agent/Broker Agreement Adoption Authorization (**Form WPABNCA Adoption Authorization**)
 - Record the agent/broker name then have the authorization signed and dated.
 - Complete, sign and date general agent information.
- Agent/Agency Commission Payment Profile (**Form BK-12WP**)
 - The standard method of commission payment is by check three times per month.
 - To select other options, complete sections I and II.
 - For direct deposit (EFT) of commissions to the agent's bank account, complete sections I, II, III and IV.
- Assignment of First Year and Renewal Commissions (**Form BK-6WP**)
 - Complete, sign, and date the assignment of commission form.
 - Be certain to indicate the Agent/Broker/General Agency name, name and location of the assignee, and agent number, or write "pending" if a number has not been issued. Be sure to also indicate the agent/broker agreement date.
- Agent/Agency Transfer Request (**Form WPL103**)
 - An agent/broker may have up to three active agent/broker appointments.
 - Complete form WPL103 to terminate an existing appointment.
- W-9 Tax Status Form
 - Read all explanations, guidelines, and instructions.
 - Check the appropriate box for an individual/sole proprietor, corporation, partnership, or other entity.
 - Include the full social security number or tax ID number in Part I.
 - Part II of the form must be signed and dated.

DO NOT

- Leave any requested spaces blank.



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AGENT OR AGENCY BIOGRAPHICAL INFORMATION FOR CONTRACT APPLICANT

This form must accompany all contracts submitted to William Penn Life Insurance Company of New York.

Please print or type all information in BLACK ink only.

Section I - CONTRACT TYPE

Please check only one. Contract is for: ☐ individual - complete sections I, II, IV and V.
☐ individual, but "doing business as" - complete all sections.
☐ corporation - complete all sections.

Section II - INDIVIDUAL APPLICANT OR CORPORATE PRINCIPAL REQUIRED INFORMATION

Social Security Number: _____ Sex: ☐ Male ☐ Female
Required

Name: _____
Last First Middle Initial

Date of Birth: _____ E-mail Address: _____
Month Day Year

Business Phone: _____ Fax No.: _____

Business Name: _____

Business Address: _____
Street Suite Number City State Zip

Home Address: _____
Street Apt. Number City State Zip

Home Phone: _____ Web Site Address: _____

☐ I am an officer of the below corporation.

Section III - CORPORATE APPLICANT REQUIRED INFORMATION

Tax ID Number: _____
Required

**INDIVIDUAL APPLICANTS
DO NOT COMPLETE THIS SECTION.**

Corporate Name: _____

Corporate Phone: _____ Corporate Fax No.: _____

Corporate Address: _____
Street Suite Number City State Zip

Corporate E-mail Address: _____ Web Site Address: _____

Primary Principal for Corporate Records: _____

Background information reported on page 2 should provide information for the primary principal and the corporation.

Additional Principals: _____

Names of Sublicensees: _____

Office Manager or Primary Contact: _____ Phone No.: _____

Toll-Free Number for Client Calls: _____

Please attach a copy of your license(s) for your state of residence and any other states where you plan to do business with William Penn Life Insurance Company of New York. Please complete the second page of this form as well.

Incomplete information will delay contracting.

Section IV - BACKGROUND INFORMATION REQUIRED FROM ALL APPLICANTS

Please provide a detailed letter of explanation for any "yes" answers below. If this is a corporate application, the questions should be answered by the agency principal.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have any unsatisfied judgements, garnishments or liens against you? | ☐ Yes | ☐ No |
| 2. Are you in debt to any insurance company? | ☐ Yes | ☐ No |
| 3. Have you ever filed for or been declared bankrupt or insolvent either personally or in business? | ☐ Yes | ☐ No |
| 4. Have you ever been charged with, convicted of, or plead no contest to: | | |
| a. any felony or misdemeanor? | ☐ Yes | ☐ No |
| b. any violation of any state insurance regulations or statutes? | ☐ Yes | ☐ No |
| c. any violation of federal or state securities or investment related regulations? | ☐ Yes | ☐ No |
| 5. Are you now or have you ever been the subject of any insurance or investment related customer complaint, investigation or proceeding? | ☐ Yes | ☐ No |
| 6. Have you ever had your contract or appointment terminated or refused by any insurance or financial services company? | ☐ Yes | ☐ No |
| 7. Have you ever had a license denied, revoked or suspended by any Securities and/or State Insurance Department? | ☐ Yes | ☐ No |
| 8. Have you used any other names or aliases? | ☐ Yes | ☐ No |

Remarks: _____

Current or previous employer: _____

Are you now or have you ever been contracted or otherwise associated with William Penn? ☐ Yes ☐ No
or Banner Life? ☐ Yes ☐ No

If Yes, please provide details including agent # and agency name: _____

Do you have Errors and Omissions coverage? ☐ Yes ☐ No

If you are a general agent, does your E&O policy cover agent/broker activity? ☐ Yes ☐ No

E&O Carrier: _____ Policy No.: _____

Effective Date: _____ Expiration Date: _____

I hereby certify that all the information given to William Penn by me is true and correct without any omissions of any kind. I hereby authorize William Penn to conduct a background investigation on me, including a review of credit worthiness, now or at any time. I understand that information may be obtained through written correspondence, personal or telephone interviews with family, friends, neighbors, business associates or other acquaintances, companies I have worked for or with whom I have been contracted, and any other persons or organizations contracted to supply such information. I also understand and acknowledge that information received by William Penn may be shared with the general agencies indicated below and I hereby expressly consent to the sharing of such information with the general agencies indicated below. I further hereby certify that if this application is approved, I will comply with all the terms and conditions of the Company's Agent/Agency Agreement, including, but not limited to, the terms and conditions therein relating to the Company's Privacy Policy. A photocopy of this authorization shall be as valid as the original.

Print Name: _____

Signature: _____ Date: _____

Section V - AGENCY HIERARCHY STRUCTURE

I certify that I have reviewed this candidate's information and recommend him/her for contracting.

Please appoint _____

who reports to AGA (if any): Name _____ Code # _____

who reports to GA (required): Name _____ Code # _____

Signature of GA _____ Date _____

☐ **Assignment of Commission form attached. (Assignee must be appointed by William Penn.)**

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**AGENT / AGENCY / INSTITUTION
COMMISSION PAYMENT PROFILE**

Please print or type all information in **BLACK ink only**.

Section 1 - IDENTIFICATION INFORMATION

Agent/Agency/Institution Name _____

S.S.N. and/or Tax ID # _____

Section 2 - INSTRUCTIONS

Please complete this form to select your commission payment options including direct deposit electronic funds transfer (EFT), then return it to the Licensing Department.

Commission Payment Frequency ☐ Daily (EFT required) ☐ Weekly (EFT required)
 ☐ Standard Method (three times each month)
 ☐ Bi-Weekly (26 times per year) ☐ Monthly

Minimum Transaction Amount \$ _____ (Note: Minimum must be at least \$50.)

Commission Reporting Options ☐ E-mail ☐ Website

E-mail Address _____

Commission Payment Method ☐ Direct Deposit (EFT) ☐ Check

**PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION
FOR THE CHECKING ACCOUNT REFERENCED BELOW**

Section 3 - BANK INFORMATION

☐ Please begin the deposit of my NET EARNINGS to the below account.

PLEASE ALLOW 30 DAYS TO START NEW DEPOSITS

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 4 - AUTHORIZATION

I understand all earnings for all agent numbers associated with the above S.S.N. and/or Tax I.D. number will be processed according to these instructions.

If I have selected direct deposit of net earnings in Section 3 above, then I agree to the following:

I authorize William Penn Life Insurance Company of New York to deposit commission earnings automatically to the account specified above as they become due and payable, by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named above to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize the financial institution to debit the same to my account. This authority will remain in effect until William Penn Life Insurance Company of New York has received written notice from me of its cancellation in such time and manner as to afford William Penn Life Insurance Company of New York and the financial institution reasonable opportunity to act on it.

Further, I understand a statement of funds deposited will be sent to my e-mail address of record if e-mail commission reporting option is selected above. Otherwise, commission statements will only be available at the wpenn website.

Further, I understand service charges may be associated with my account and I should contact my financial institution to determine these charges. I also understand that William Penn Life Insurance Company of New York is not responsible, in any way, for these service charges.

Signature _____

Date _____



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Agent/Broker Agreement Adoption Authorization

In consideration of the covenants contained in the William Penn Life Agent/Broker Agreement (WPADPT-NCA (5-15)), this ADOPTION AUTHORIZATION is executed as set forth below by and among William Penn Life Insurance Company, called the Company, the General Agent and the Agent/Broker.

All of the parties hereto acknowledge that they have received and read the William Penn Life Agent/Broker Agreement (WPADPT-NCA (5-15)).

IN WITNESS WHEREOF, the parties hereto have signed this ADOPTION AUTHORIZATION and agree it is effective as of the date authorized by the Company, i.e., The Contract Date.

Agent/Broker

General Agent

Print Name of Agent/Broker

Print Name of General Agent

Print Name & Title of Principal or Authorized Officer for
Agent/Broker, if applicable

Print Name & Title of Principal or Authorized Officer
for General Agent, if applicable

Signature of Agent/Broker or Principal or Authorized
Officer for Agent/Broker

Signature of General Agent or Principal or
Authorized Officer for General Agent

Date Signed

Date Signed

William Penn Life Insurance Company

Farron Blanc

Print Name

VP, Brokerage Distribution

Title

Signature

Date Signed



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AGENT / BROKER AGREEMENT

Please print or type all information in **BLACK ink only**.

This Agreement, by and among WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK, hereinafter called the Company, and _____, hereinafter called the General Agent, and _____, hereinafter called the Agent/Broker, in consideration of the covenants contained herein, the parties agree as follows:

APPOINTMENT

Subject to the terms, limitations, and conditions of this Agreement, the Agent/Broker is hereby appointed to solicit applications for such policies as are issued by the Company wherever it is duly licensed. The Agent/Broker hereby accepts such appointment and agrees to comply with all underwriting guidelines, rules, and regulations of the Company. The Agent/Broker shall carry out the purposes of this Agreement only when and where proper licensing has been obtained.

RELATIONSHIP

Nothing contained herein shall be construed to create the relationship of employer and employee between the Agent/Broker and the Company or between the Agent/Broker and the General Agent. It is the express intent of all the parties that the Agent/Broker is an independent contractor for all purposes and in all situations. The Agent/Broker shall not represent that he/she/it is an employee of the Company or of the General Agent, nor shall he/she/it in any manner hold himself/herself/itself out to be an employee of the Company or of the General Agent. The Agent/Broker shall be free to exercise independent judgment as to the time, place, and manner of exercising the authority granted under this Agreement.

The Company shall at all times have the right to refuse, decline, or withdraw from consideration any application for insurance submitted by the Agent/Broker. The Company may make changes as it deems advisable in the conduct of its business, or discontinue issuing any of its products or policies at any time. No liability to the Agent/Broker or right of action against the Company or against the General Agent shall arise from the Company's exercise of the above rights. The Company shall have the right to selectively test market any of its products or policies at its discretion.

It is expressly understood that this Agreement is entered into freely and not under duress, by either party, and that the following provisions shall apply to all services provided by the Agent/Broker under this Agreement:

- (i) the Agent/Broker is engaged as an independent contractor associated with the Company pursuant to article twenty-one of the insurance law and shall be treated as such for all purposes, including but not limited to federal and state taxation, withholding (other than federal insurance contributions act (FICA) taxes required for full time life insurance agents pursuant to section 3121(d)(3) of the federal internal revenue code), unemployment insurance and workers' compensation;
- (ii) the Agent/Broker:
 - (A) shall be paid a commission on his or her gross sales, if any, without deduction for taxes (other than federal insurance contributions act (FICA) taxes required for full time life insurance agents pursuant to section 3121(d) (3) of the federal internal revenue code), which commission shall be directly related to sales or other output;
 - (B) shall not receive any remuneration related to the number of hours worked; and
 - (C) shall not be treated as an employee with respect to such services for federal and state tax purposes (other than federal insurance contributions act (FICA) taxes required for full time life insurance agents pursuant to section 3121(d)(3) of the federal internal revenue code);
- (iii) the Agent/Broker shall be permitted to work any hours he or she chooses;
- (iv) the Agent/Broker shall be permitted to work out of his or her own office or home;
- (v) other than specified in this Agreement, the Company shall not provide office facilities, clerical support, and supplies for the use of the Agent/Broker, and the Agent/Broker shall otherwise bear his or her own expenses, including but not limited to automobile, travel, and entertainment expenses;
- (vi) the Company and the Agent/Broker shall comply with the requirements of article twenty-one of the insurance law and the regulations pertaining thereto, but such compliance shall not affect the Agent/Broker's status as an independent contractor nor should it be construed as an indication that the Agent/Broker is an employee of the Company for any purpose whatsoever;

(vii) the Agreement and the relationship created thereby may be terminated by either party thereto at any time with notice given to the other

INDEMNITY

The Agent/Broker shall indemnify the Company and the above named General Agent and hold each of them harmless from any and all expenses, costs, attorneys' fees, causes of action, losses, and damages resulting or arising from unauthorized acts done by the Agent/Broker or his/her/its employees.

COMMISSIONS

Subject to the terms and conditions of this Agreement, the Company will pay the Agent/Broker commissions on premiums paid in cash to the Company for policies issued upon applications procured under this contract in accordance with the current Agent/Broker Compensation Schedule which is to be considered part of this Agreement. Commissions will be paid through the General Agent named in this Agreement. The Agent/Broker shall not be entitled to any other compensation, remuneration, or benefits of any nature for services rendered other than the commissions specified in the current Agent/Broker Compensation Schedule.

"Premiums paid in cash" shall mean only premiums received and accepted by the Company and duly reported in keeping with the Company's established accounting procedures. A premium paid by a check which is not collected is not a "premium paid in cash". No commissions will be allowed or paid on any premiums waived by the Company for any reason, including those waived under a disability provision or under a payor provision.

The Agent/Broker Compensation Schedule shall be subject to change, on notice in writing to the General Agent by the Company, but such change shall not affect any commissions on policies issued upon applications received by the Company prior to the date when such change becomes effective. The Company may fix the rates of compensation on any new plan or plans of insurance developed by the Company.

If the Company shall become liable for the return of any premiums for any cause, including, but not limited to, premiums returned under the Company's rights to contest a claim and to limit benefits when the Insured dies by suicide, the Agent/Broker shall repay to the Company on demand the total amount of commissions previously paid to the Agent/Broker on such premiums. The obligation to repay such commissions shall be an indebtedness subject to the indebtedness provision of this Agreement.

For policies on which one or more renewal premiums are paid in advance, commissions shall be payable at the time the premium otherwise would have become due.

No commissions shall be paid on interim term premiums or on flat extra premiums. Any commissions payable on other extra premiums shall be in accordance with rules of the Company at date of issue of the policy for which an extra premium is required. In keeping with Company rules, commissions may be reduced on new policies which are replacements of existing William Penn Life policies, or on policies of other companies, or on policies for which the applicant is deemed to have a replacement history.

The Agent/Broker shall be entitled to commissions only on policies which, in the opinion of the Company, were fairly underwritten through the efforts of the Agent/Broker. The Agent/Broker shall not be entitled to any commissions on policies written in violation of any applicable federal or state law or regulation. Where a dispute arises regarding commissions under this Agreement, the decision of the Company shall be binding.

INDEBTEDNESS

The Company shall have the right to offset any commissions due, or which may become due the Agent/Broker, against any debts now due, or which may become due from the Agent/Broker to the Company. Such indebtedness shall be a first lien against said commissions

LIMITATIONS OF AUTHORITY

The Agent/Broker shall have no authority to, nor shall he/she/it do any of the following:

- A. Make, waive, discharge or change any term, rate or condition stated in any Company policy, contract, or approved form; or
- B. Waive a forfeiture; or
- C. Extend the time for payment of premiums or other monies due the Company; or
- D. Collect money for the Company, except initial premiums and then only in strict compliance with the terms and conditions of this Agreement and of the receipts, policies, or contracts issued by the Company; or
- E. Bring or defend any legal proceeding in connection with any matter pertaining to the Company's business; or
- F. Offer to pay, directly or indirectly, any rebate of premiums or any other inducement not specified in the policy to any person, except as permitted by the law of the state having jurisdiction over the policy; or
- G. Misrepresent or compare incompletely for the purpose of inducing a policyholder in this Company or in any other company to lapse, forfeit, or surrender insurance; or
- H. Transact business in contravention of the laws and regulations of any insurance department and/or governmental authorities having jurisdiction of all subject matters embraced within this Agreement.

PRIVACY POLICY

The Agent/Broker shall comply with the rules and policies of the Company with regard to maintaining the privacy of all non-public, personal information of applicants, customers, policyowners, and beneficiaries. In addition, the Agent/Broker shall comply with all applicable laws and regulations with regard to maintaining the privacy of all non-public, personal information of applicants, customers, policyowners and beneficiaries.

The Agent/Broker agrees and acknowledges that it shall be the responsibility of the Agent/Broker to distribute a copy of the Company's Privacy Policy to the applicant at the time of application and to the policyowner at the time of delivery of the policy.

ADVERTISING

The Agent/Broker shall comply with the rules of the Company with regard to the use of all advertising matter. The Agent/Broker shall not use, permit or cause to be used, the name of the Company or any advertising regarding its products in any form of publication or other media without obtaining the prior written authorization of the Company. Nothing in the authorization shall be construed to make the Company liable for the cost of such advertising.

ASSIGNMENT

No assignment of this Agreement or any commissions hereunder shall be valid unless authorized in advance, in writing, by the Company. Every assignment shall be subject to and subordinate to any indebtedness and obligation of the Agent/Broker to the Company that may be due or become due.

PREMIUMS

The Agent/Broker shall collect only the initial premium on applications or insurance policies solicited under the terms of this Agreement, and shall be responsible for all such monies. Such monies shall be collected only by check, money order, or other instrument made payable to the Company. The Agent/Broker is not authorized to receive premiums payable to his/her/its personal order. The Agent/Broker shall not collect premiums in currency or coin unless specifically authorized by a Company Officer for a particular transaction. All premium funds received for or on behalf of the Company shall be segregated and held by the Agent/Broker as a fiduciary. Premium funds shall not be used by the Agent/Broker for any purpose whatsoever, but shall be transmitted to the Company immediately following their receipt.

DELIVERY OF POLICIES

No policy shall be delivered unless at the time of delivery the applicant is in the state of health and insurability represented in Parts I and II of the application and any supplements thereto, the first premium has been fully paid, and delivery has been made within sixty (60) days from the issue date of that policy. The Agent/Broker shall return to the Company, on the day following the expiration of the sixty (60) days, any policy not so delivered, unless a specific extension of the delivery period has been authorized. If the applicant is not in the state of health and insurability represented in the application when delivery is attempted, the policy shall not be delivered, but shall immediately be returned to the Company with a full written explanation.

TERMINATION

This Agreement may be terminated at will, with or without cause, by any party giving to the other parties thirty (30) days notice in writing. If the Agent/Broker breaches this contract, violates any insurance laws resulting in the suspension or revocation of his/her/its license, or incurs other disciplinary action by the appropriate regulatory authorities, is unable to obtain renewal of a necessary state license, becomes bankrupt, undergoes dissolution of a corporate or partnership form, or dies, the Company may, at its sole discretion, terminate this Agreement without notice as of the date any one or more of these circumstances occur.

If this Agreement terminates by reason of death, the Company shall pay commissions due, or thereafter becoming due, to the Agent's/Broker's estate, or to a duly authorized Executor/Executrix or Administrator.

If the Agent/Broker is a corporation, or subsequently incorporates and assigns this Agreement to such corporation, this Agreement shall automatically terminate in the event the Corporation ceases to do business as a corporation. All commissions due and thereafter becoming due, shall be payable to its successor or duly appointed representative.

VESTING

First year commissions and renewal commissions from the second through the tenth year payable under this contract shall be vested, subject to the following:

If at any time prior to or subsequent to termination of this Agreement the Agent/Broker shall do or commit any of the following acts, no commissions shall be thereafter payable to the Agent/Broker, any provision of this contract to the contrary notwithstanding:

- A. Withholding or misappropriation for his/her/its own use or for the benefit of others, funds of the Company or its policyowners or applicants.
- B. Fraud, malfeasance, or non-feasance in the performance of any duties imposed on the Agent/Broker under the terms of this Agreement.
- C. Inducing or attempting to induce agents of the Company to leave its service or its policyowners to relinquish their policies.

WAIVER

No waiver or modification of this Agreement shall be effective unless it is in writing and signed by a duly authorized Company Officer. The failure of the Company to enforce any provision of this Agreement shall not constitute a waiver by the Company of that provision. The past waiver of a provision by the Company shall not constitute a course of conduct or a waiver of that provision in the future.

SUPPLIES

All forms, manuals, and other Company supplies furnished to the Agent/Broker by the Company shall remain the property of the Company at all times, and shall be returned to the Company or its representatives promptly upon demand. If this Agreement is terminated or the return of Company property is otherwise requested, no further commissions shall be payable to the Agent/Broker until the property has been returned.

BRIBERY AND CORRUPTION

Broker shall comply with all applicable laws and regulations and shall not commit, authorize or permit any action which would constitute an offense under or cause the Company or any of its affiliates to be in violation of any applicable anti-bribery laws or regulations, including but not limited to, the Bribery Act 2010, the Foreign Corrupt Practices Act, International Anti-Bribery and Fair Competition Act of 1998, or any other applicable state or federal law. This obligation applies to any payment to a private or public entity, and in particular to any payments or inducements to government officials, representatives of public authorities or their associates, families or close friends where the intention is to influence the government official to obtain or retain business or an advantage in the conduct of business.

Broker agrees that it will neither offer or give, or agree to give, to any employee, representative or third party acting on behalf of the Company nor accept, or agree to accept from any employee, representative or third party acting on behalf of the Company any gift or benefit, be it monetary or other, that the recipient is not legally entitled to with regard to the negotiation, conclusion or the performance of this Agreement. Broker shall promptly notify the Company, if they become aware of or have specific suspicion of any corruption with regard to the negotiation, conclusion or the performance of this Agreement.

The Company may terminate this Agreement with immediate effect if it has reasonable grounds to suspect that the broker is in breach of this clause and in such an event no further amounts shall be payable by the Company to the broker under this Agreement.

CHOICE OF LAWS

The laws of the State of New York shall govern all matters concerning the validity, performance and interpretation of this Agreement.

ENTIRE AGREEMENT

This Agreement renders void all previous Agreements, whether oral or in writing, between the Company, the General Agent, and Agent/Broker. This Agreement, together with the current Agent/Broker Compensation Schedule and any amendments attached hereto now or in the future, constitute the entire contract among the Company, the General Agent, and the Agent/Broker. The authority of the Agent/Broker shall extend no further than that which is stated in this Agreement.

IN WITNESS WHEREOF, the parties hereto have signed this Agreement and agree it is effective on the date authorized by the Company (the "Contract Date").

	Agent/Broker	General Agent	William Penn Life Insurance Company of New York
Firm Name, if any	_____	_____	
Signature:	_____	_____	_____
Date:	_____	_____	_____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II 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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



William Penn Life Insurance Company of New York
3275 Bennett Creek Avenue
Frederick, MD 21704
800-638-8428

WPL 105

Agent/Broker Compensation Schedule

Term

PLAN NAME	1ST YEAR	2ND YEAR	3RD YEAR	YEARS 4 - 10	YEARS 11+
OPTerm 10	45.0%	5.0%	1.0%	1.0%	0.0%
OPTerm 15	45.0%	5.0%	1.0%	1.0%	0.0%
OPTerm 20	45.0%	5.0%	1.0%	1.0%	0.0%
OPTerm 25	45.0%	5.0%	1.0%	1.0%	0.0%
OPTerm 30	45.0%	5.0%	1.0%	1.0%	0.0%
OPTerm 35	45.0%	5.0%	1.0%	1.0%	0.0%
OPTerm 40	45.0%	5.0%	1.0%	1.0%	0.0%

Universal Life (UL) – Term conversions only

Life Step UL

Total compensation for term conversions applied for within the second half of the conversion eligibility period will be paid out evenly over 10 years, rather than the majority in Year 1, provided the policy remains in force.

PLAN NAME	1ST YEAR	2ND YEAR	3RD YEAR	YEARS 4 - 10	YEARS 11+
First half level term period	50%	5.0%	3.0%	3.0%	0.0%
Target Excess	2.0%	3.0%	3.0%	3.0%	0.0%
Second half level term period	5.0%	5.0%	5.0%	5.0%	0.0%

Accident and Health

PLAN NAME	1ST YEAR	2ND YEAR	3RD YEAR	YEARS 4 - 10	YEARS 11+
Accidental Death	15.0	0.0%	0.0%	0.0%	0.0%

Chargeback: During the first three policy years, reductions in face amount may result in proportional chargeback of target commissions if the cumulative reduction exceeds 25% of the original face amount

Conversion: Term to Universal Life: The target premium will be reduced by the amount of conversion credit, if any

Policy Fee: The policy fee is non-commissionable

Replacement: In accordance with Company rules, commissions may be reduced on new policies which are replacements of existing William Penn Life policies or those of its affiliates or other companies, or if the applicant is deemed to have a replacement history

Riders: Riders and supplemental benefits will have the same commission rates as the base policy unless specified. Level premium term riders will have the same commission rates as paid on the corresponding OPTerm plan of the same duration: 20-Year Term Rider = OPTerm 20, 15-Year Term Rider = OPTerm 15 and 10-Year Term Rider = OPTerm 10

Target Premium: Will be increased by the premium for riders, substandard table ratings, and permanent flat extra ratings, unless stated in the plan specifications. Target premium is not increased by temporary flat extra ratings