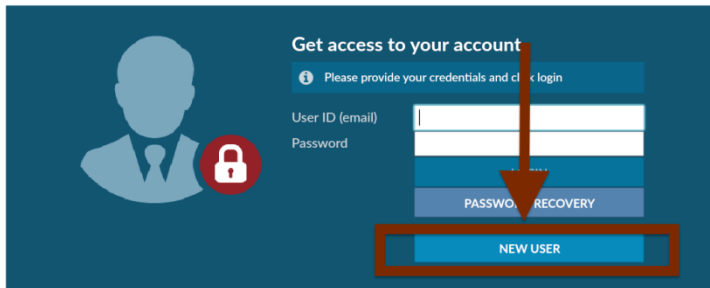


Go to www.jetter.com

Click [Get Appointed](#) in the lower right-hand corner of the page and then click

[Log In/Register](#)

1. Click on **New User** to start the registration process.



Get access to your account

Please provide your credentials and click login

User ID (email)

Password

PASSWORD RECOVERY

NEW USER

2. **Identification:** Enter your SSN and Last name OR license state and number then click **Next**.

Test Agency account powered by SureApp

1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION

Welcome to the SureApp account creation workflow

We will help you create a new producer's account in just a few short steps.
First you will need to help us:

1. Identify the producer
2. Identify the producer's record in the National Insurance Producer Registry (NIPR) database

Use one of the available identification methods to provide the data. Then press **Next**.

SSN OR License State

Last name License Number

Cancel Next

3. **Identification:** Enter your date of birth, press **Enter** or the Tab key on your keyboard then click **Next**.

Test Agency account powered by SureApp

1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION

Confirming producer's identity

We still need to confirm Robert B Morton's identity before you can proceed with the account setup.

Please type in producer's date of birth, press Enter key and then press **Next**.

Date of birth (MM/DD/YYYY)

Cancel Next

4. **Identification.** Read and accept the **Authorization to Obtain Producer Database Report** disclaimer. Use the scroll bar to the right of the disclaimer to scroll to the bottom of the text then click **I Accept**.

Test Agency Brokerage, Inc. account powered by SureApp™

1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION

We've found the record in the NIPR database!

The full name on the account is **Robert B Morton**.
We need your authorization to access your Producer Database Report (PDB). To provide us with the explicit authorization please read agreement to the end and press **I accept** below.

Note that it may take a few seconds to access the PDB report.

AUTHORIZATION TO OBTAIN PRODUCER DATABASE REPORT

As part of your initial registration with SureLC, you hereby authorize us to pull your Producer Database ("PDB") report from the National Insurance Producer Registry ("NIPR"). Every licensed producer has a PDB report maintained by NIPR. NIPR is a subsidiary of the National Association of Insurance Commissioners ("NAIC"). The PDB consolidates information on each producer's licensing information as updated on a regular basis by participating state insurance departments. The PDB also includes data from external sources such as the Regulatory Information Retrieval System to provide a more comprehensive producer profile. Currently, the NIPR includes information in the PDB from all 50 states, the District of Columbia and Puerto Rico. According to NIPR, the following information is included in the PDB: (a) General demographic information common to all producers, such as name and addresses, (b) License

Cancel I accept

5. **New UserID:** Enter your e-mail address and confirm. This is the e-mail address used to send the account activation e-mail and will serve as your log in. Cell phone is optional and can be used when/if you need to reset your password. When complete, press **Next**.

Test Agency account powered by SureApp

1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION

New User ID

Dear **Robert B Morton**,
Please provide the e-mail address that we will use to identify your SureApp account. **This e-mail will become your User ID.** Make sure you have access to this e-mail so we can send you password reset instructions in case your password is lost or compromised.

Optionally, let us know your cell number. This will be the most convenient and most secure way to authenticate you in the future, should you forget your User ID and(or) password.

When you are done press **Next**.

* E-mail * Confirm e-mail Cell phone

Cancel Next

6. **Review and Confirmation:** Verify the data on this screen is correct. If not, click **Back** and make any changes needed. When the information is correct, click **Next**.

Test Agency account powered by SureApp

1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION

Review and confirmation

Review the information below. If some of the information is incorrect, press **Back** button and make changes. To create your account and proceed to password selection press **Next**.

New user information:

First name Robert

Last name morton

SSN [REDACTED]

E-mail/User ID [REDACTED]k@surancebay.com

Cell phone (813) 864-5309



7. **Activation:** A screen will display that confirms your account creation along with a message that says you will soon get your account activation e-mail from **setup@surancebay.com**.

Test Agency account powered by SureApp

1 IDENTIFICATION 2 NEW USERID 3 REVIEW & CONFIRMATION 4 ACTIVATION

Congratulations! Your account has been created.

In a few moments you will receive an e-mail message from **setup@surancebay.com** with your account activation link. After opening this link you will see the page where you will be able to change your account password.

Once you have your password set up you can start working with SureApp.



8. **Account activation and password creation:** Once you receive the e-mail, click on the activation link contained in the body of the message. If you do not receive the email in your inbox, check your Spam/Junk folder. **Note: This is a one-time use link. Do not attempt to use this link to log into SureLC later. It will not work.**

Dear ROBERT MORTON,

Welcome to SuranceBay! Your new account has just been created and needs to be activated.

Your confirmation code: 786300661

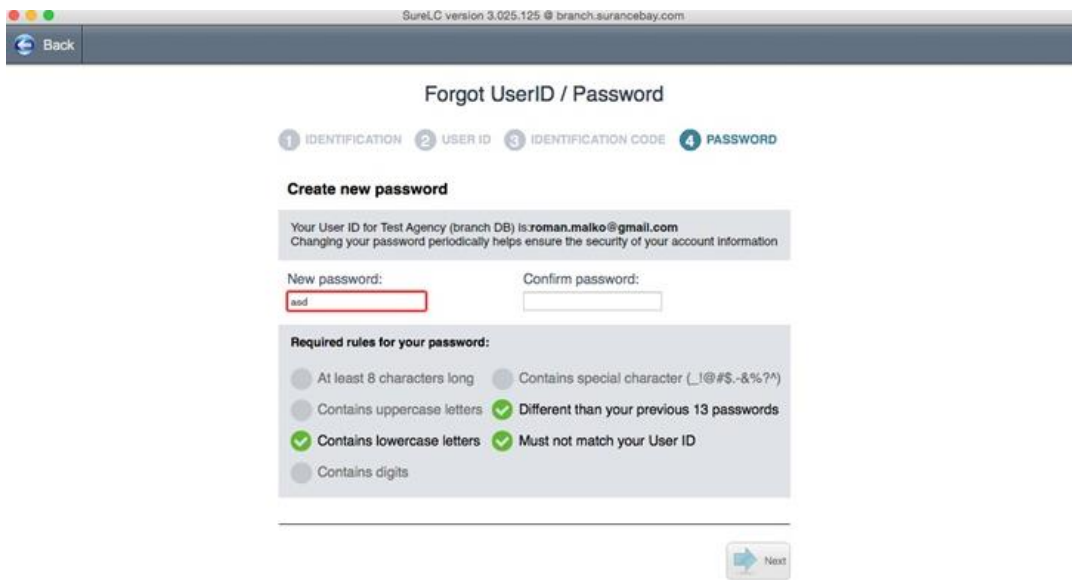
Please [CLICK HERE](#) to open a page, where you will be able to activate your account and set your password.

Thank you again and welcome to our software!

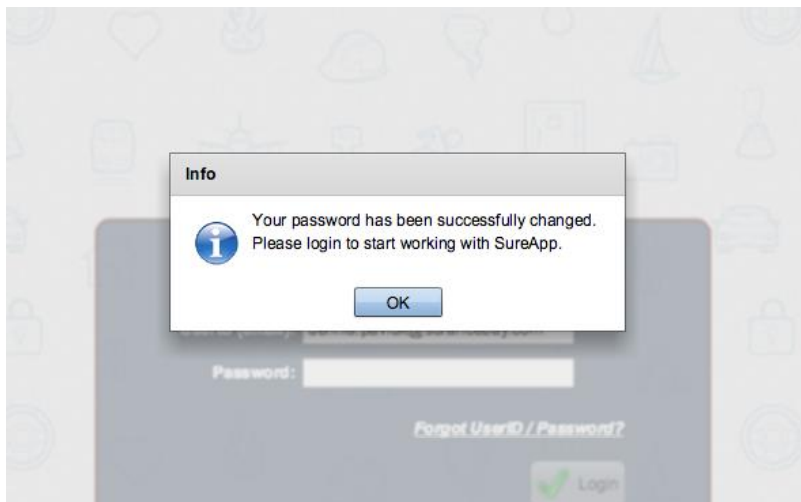
For questions, email support@surancebay.com and someone from our team will be happy to assist you further.

Thank you,
SuranceBay Team
email: support@surancebay.com

9: Once the new page opens, create your SureLC profile password. Be sure and follow all of the password rules. When you meet one of the password creation rules, a check appears next to the rule. When you satisfy all the rules, you can click the **Next** button. If you cannot click next, you have not met one or more of the password requirements.


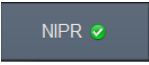
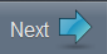


10. Once completed, you receive the below message and you can log into your SureLC profile with your e-mail login and newly created password. You will get another e-mail stating that you successfully activated your account. That e-mail will also contain a web link you can use in the future when you need to log back into your account through Art Jetter & Company.



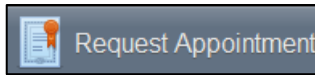
When you are logged in, click on My Profile to get started.



*You will now walk through the interview process that collects your personal and professional information to input onto your contracting paperwork. Anything in red indicates a required field. When a section turns from red  to green  that means it is complete. You will click  in the upper right corner as you complete each section.

| | |
|--|--|
|  | This is your demographic Information. Most of the information is already entered because it was pulled from the National Insurance Producer Registry (NIPR) when you entered your name and SSN. |
|  | Select how you are doing business: -Individual: the directly carrier pays commissions to you -Business Entity: you are the owner or principal of an agency and the carrier pays commissions to your business/agency -Licensed Only Agent: also frequently referred to as "Solicitors", do not receive commissions directly from the carrier |
|  | There are 19 background questions. Please make sure to scroll down and answer all 19 questions. If you answer "yes" to any of the questions, enter the approximate date of the incident, an explanation of the incident, and upload any supporting documentation. |
|  | Your active license information should automatically populate from the National Insurance Producer registry (NIPR). There is nothing to do on this tab, it is more for information purposes |
|  | Most carriers require direct deposit for your commissions. Enter your bank information here. |
|  | Your current carrier appointment information is automatically pulled from the National Insurance Producer Registry (NIPR). |
|  | The information on this tab is primarily used for state licensing purposes, not for applying for a carrier appointment. There is no green check mark here. You may input as little or as much information as desired. |
|  | Most carriers require Errors and Ommission (E&O) Coverage. You are automatically covered by Art Jetter & Company's group E&O for any business written through Art Jetter & Company. This policy information is already on file. If you have your own E&O coverage, click  and enter your E&O information. |
|  | Note any designations/honors you may have. Also, enter your Anti-Money Laundering (AML) training information, if it applies. If you completed AML through LIMRA, you can upload a screen shot by clicking the "Get it For Me" button. AML is only required for agents soliciting cash value products. |
|  | Upload your E&O certificate, voided check, any required training certificates, etc, by clicking the blue folder.  You will also need to get your signature online which is now easier than ever and can be done with a few clicks of your mouse by clicking  |

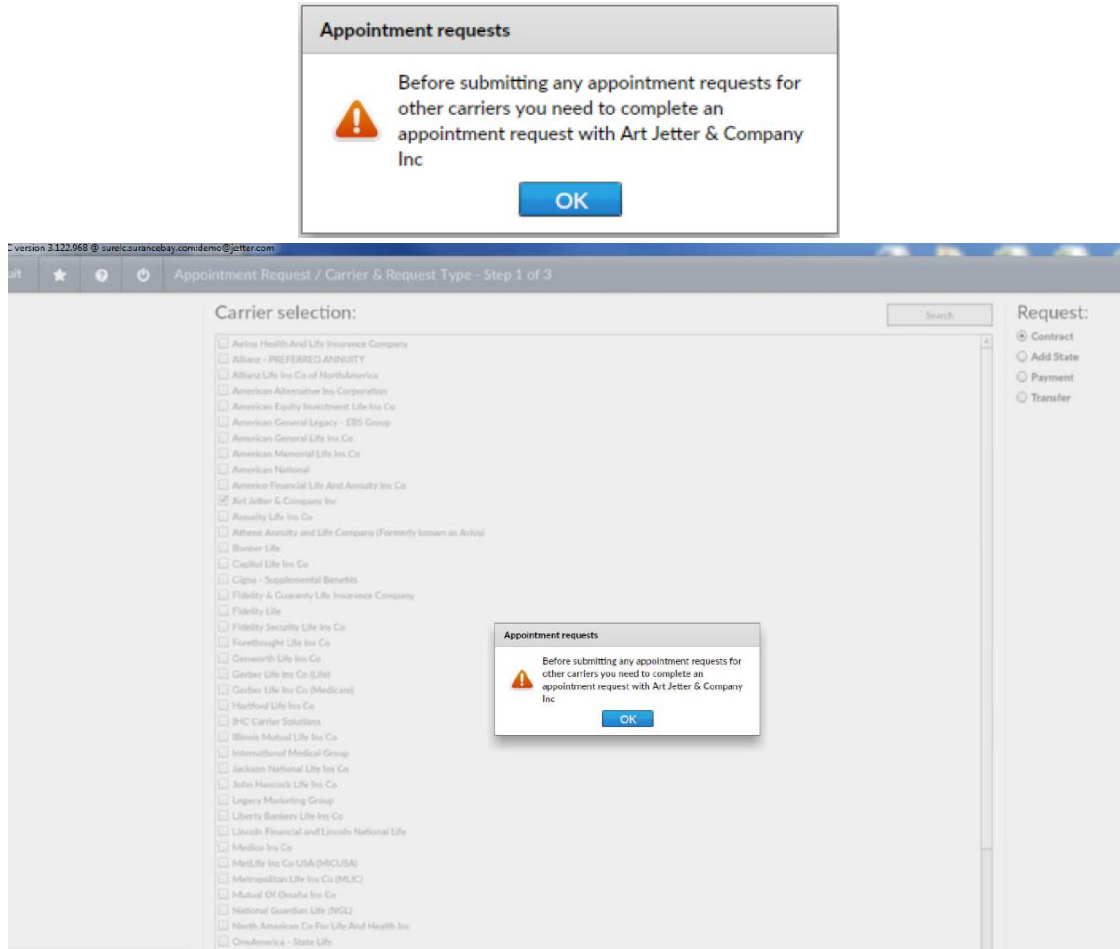
**If you are having trouble uploading any of the required documents, please just fax them to 800-770-5078 and we will upload them for you.



When all sections are complete, you will be able to click **Request Appointment** in the upper right corner to start the carrier appointment process. If you cannot click on this button, that means there is information missing. Please check that you have completed all required items.

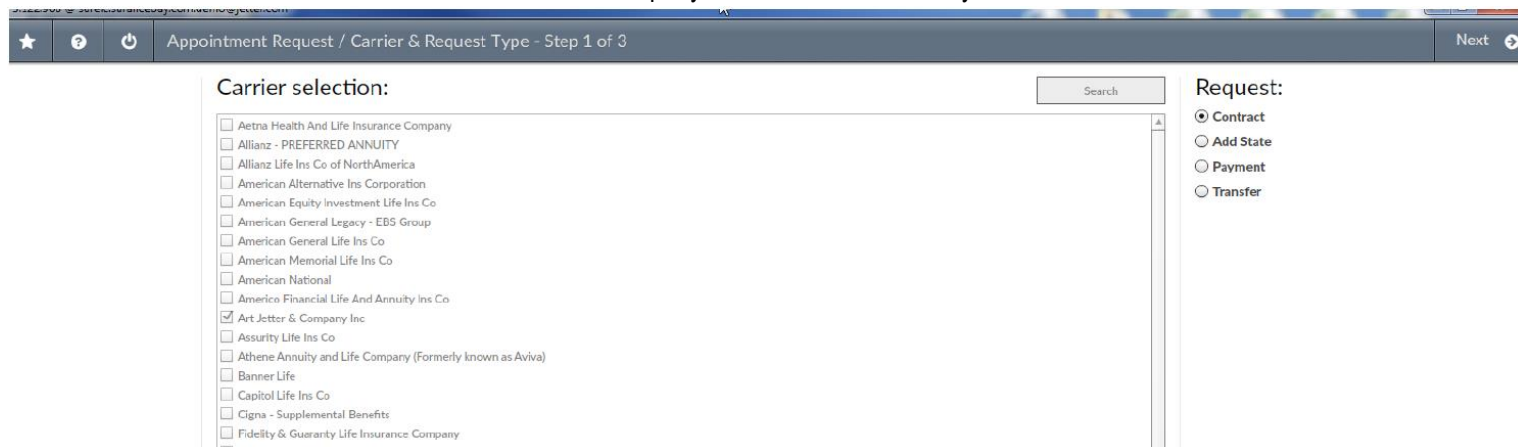
After clicking Request Appointment, will see the below message explaining that you will need to review and accept Art Jetter & Company's Business Associate Agreement before requesting a carrier appointment. Click **OK**.

PLEASE NOTE, THIS STEP IS A DISCLOSURE ONLY. CARRIER CONTRACTING INSTRUCTIONS ARE BELOW.



There are 3 simple steps to complete and you will only have to accept this agreement one time.

STEP 1: CARRIER AND REQUEST TYPE Art Jetter & Company and Contract are already selected. Click **next**.



STEP 2: STATE(S) AND PRODUCT(S) SELECTIONS Make the appropriate selections.

Request Contract for Art Jetter & Company Inc.

LICENSED STATES:

☒ Nebraska

PRODUCTS

☒ Accident and Sickness

☐ Disability

☐ Fixed Annuity

☐ Fixed Life

☐ Group Life and Health

☐ Long Term Care

☐ Medicare Advantage

☐ Med Supplements

☐ Prescription Drug Plan

☐ P & C

☐ Variable Annuity

☐ Variable Life

* Please select the state(s) that you are requesting appointment(s) in. Note that many carriers require you to pay appointment fees, so only select those states that you need appointment(s) in at this time.

* If you request an appointment in Florida, and it's NOT your resident state, please select the county(s) that you request appointment in. Note that many carriers charge per-county appointment fees for FL non-residents, so only select those that you need appointment(s) in.

* After selecting desired state(s), please select your desired product(s).

* Select NEXT when state(s) and product(s) are selected.

STEP 3: REVIEW PAPERWORK Scroll and read through the document. Once you reach the bottom, click **Confirm** in the upper right hand corner, then **Apply My Signature**. If you cannot click the **Confirm** button, you have not scrolled to the bottom of the document.

Appointment Request / Review paperwork - Step 3 of 3

Please read/scroll to the bottom to confirm the document

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement") effective as of ____, 20__ ("Effective Date"), is entered into by and between Art Jetter & Company ("Covered Entity"), a Nebraska Corporation and MARK Z COHEN ("Business Associate") (collectively, "the Parties").

RECITALS

WHEREAS, the purpose of this Agreement is to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as heretofore or hereafter amended ("HIPAA"), and associated regulations 45 CFR, Parts 160 and 164, as heretofore or hereafter amended (the "Privacy and Security Rules")

WHEREAS, the Parties have heretofore entered into, or may hereafter enter into, one or more agreements or arrangements whereby Business Associate shall or may provide certain services to Covered Entity, and pursuant to such agreement(s) or arrangement(s), Business Associate may be considered a "Business Associate" of Covered Entity as defined in the Privacy and Security Rules, and

Previous Confirm

Apply my signature to all pertinent places on these appointment request forms

☒ Apply my signature

You will received the below confirmation that have successfully completed all 3 steps.

Success

Thank you for your appointment request. It has been submitted and received by our contracting department. You will be notified if anything further is needed.

OK

You can now proceed to requesting your desired carrier appointment and, to request additional carrier appointments in the future, these are the steps you will follow. Click **Request Appointment**.

| Currently At | Since | Reviewed |
|--------------|------------|----------|
| BGA | 06/10/2014 | |
| BGA | 06/11/2014 | |
| BGA | 06/11/2014 | |
| BGA | 06/13/2014 | |
| Carrier | 06/17/2014 | |

STEP 1: CARRIER AND REQUEST TYPE

On this screen, choose the carrier you would like to contract with and then choose the request type. Typically, the request type is Contract. PLEASE NOTE ONLY ONE CARRIER CAN BE REQUESTED AT A TIME.

Appointment Request / Carrier & Product

Carrier selection:

- ☐ Accordia Life and Annuity Company
- ☐ ADCAHB Medical Coverages Inc
- ☐ Allstate Life Ins Co
- ☐ Alternative Design Insurance Services
- ☐ American Alternative Ins Corporation
- ☐ American Continental Ins Co
- ☐ American Equity Investment Life Ins Co
- ☐ American Family Life Assur Co Of Columbus (AFLAC)
- ☐ American Fidelity Assur Co
- ☐ American Financial Security Life Insurance Company
- ☐ American General Assur Co
- ☐ American General Life Acc Ins Co
- ☐ American General Life Companies
- ☐ American General-EBS Group
- ☐ American Medical And Life Ins Co
- ☐ American Memorial Life Ins Co
- ☐ American National
- ☐ American Public Life Insurance Company

Request:

- ☒ Contract
- ☐ Add State
- ☐ Hierarchy
- ☐ Payment
- ☐ Transfer

Quit Next

Once you have made your selection, click on the Next button in the upper right corner to move on.

Appointment Request / States & Counties - Step 2 of 3

Request:

- ☒ Contract
- ☐ Add State
- ☐ Hierarchy
- ☐ Payment
- ☐ Transfer

Quit Next

STEP 2: STATE(S) AND PRODUCT(S) SELECTIONS

On this screen, choose the state(s) that you want to be contracted in and then choose the product (s) that you plan to write. Only the states that you have an active insurance license in will display as available options.

Appointment Request / States & Counties - Step 2 of 3


Licensed States:

☐ Colorado ☒ Florida ☐ Michigan ☐ North Carolina ☐ Texas ☐ Virginia

Select all states

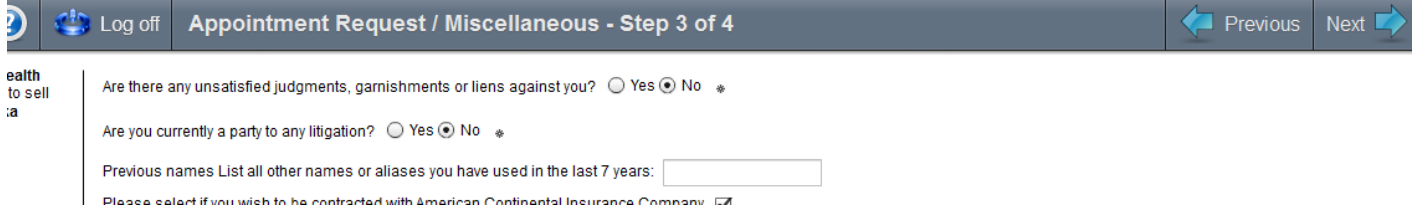
Products:

- ☐ Variable Life
- ☐ Variable Annuity
- ☐ Long Term Care
- ☐ Group Life and Health
- ☐ Fixed Life
- ☐ Fixed Annuity
- ☐ Disability
- ☐ Accident and Sickness
- ☐ Med Supplements
- ☐ P & C

Once you have made your selections, click  again.

STEP 3: MISCELLANEOUS QUESTIONS

This page contains carrier-specific questions. You will need to answer all questions **in red** before you can click NEXT to proceed.



FINAL STEP: REVIEW FORMS AND APPLY SIGNATURE

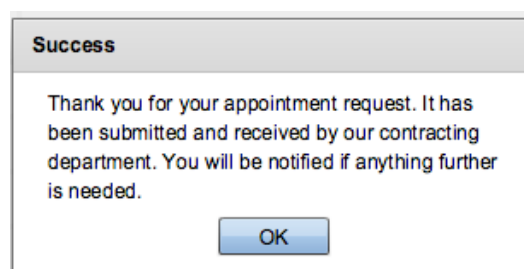
All carriers require you to scroll through the contracting paperwork. Be sure and scroll all the way down to the bottom of the page, then press the **Confirm** button in the upper right corner. Remember, if you cannot click the **Confirm** button, it means that you have not scrolled to the bottom of the document.



Finally, click the **Apply My Signature** button, which populate your signature on your paperwork.



Your appointment request is complete. A successful appointment request will generate the following pop up message. To request an additional carrier, simply click Request Appointment again and repeat.



IF YOU NEED ASSISTANCE, PLEASE CONTACT US AT 800-228-0008, OR EMAIL contracts@jetter.com