



R.F.S.

Rosenthal Financial Services, LLC

7179 Jonesboro Road ♦ Suite # 202 ♦ Morrow, Georgia 30260

Phone 770-968-5757 ♦ Fax 770-968-2657 ♦ 1-877-968-5757

Email GregRosenthal@aol.com

U.H.L. Contracting Checklist and Information

Overrides are NOT Advanced or Annualized. Producer's Commissions are Advanced and Annualized, IF they are on EFT of Commissions and the Premiums are Bankdraft Premiums.

Please send:

1. Copy of your license.
2. Agent Appointment Info Sheet Signed and Completed
3. Signed Contract
4. EFT Form Signed and Completed
5. Annualization Request Signed

COMPLETED Means Bank Name,
City, State, Zip, Your Name,
Your SS#, Signature and Date.

Please return all to **R.F.S.** As Soon As Possible.

We should have you ready to go within a week.

R.F.S. means Real Fast Service



You must be on EFT
of Commissions
to be paid daily
advancing.

You must be on EFT of
Commissions to receive
advance commissions.

Advancing is for PAC
Monthly Bankdraft ONLY.



UNITED HOME LIFE INSURANCE COMPANY
 UNITED FARM FAMILY LIFE INSURANCE COMPANY
 P.O. Box 7192
 Indianapolis, IN 46207-7192



**Commission Schedule For
 Contract Level 3040**

Total Protection Series III – Express Issue Whole Life, Express Issue Deluxe, Express Issue Premier

	Year			
	1st	2nd	3rd-5th	6th-10th
Ages 25-70	110%	14%	8%	3%
Ages 71-80	100%	14%	8%	3%

Provider Whole Life

	Year		
	1st	2nd	3rd-10th
Ages 0-80	120%	16%	6%

**Express Issue Term Plus & Premier 20
 Express Issue Term 30 & Premier 30
 Express Issue Term 65 & Premier 65**

	Year
	1st
Ages 20-60*	105%

*The maximum issue age is: 50 for Premier 30, Express Issue Term 65 & Premier 65; 55 for Express Issue Term 30; and 40 for tobacco class on Premier 20, Premier 30 and Premier 65. Issue ages may differ by State.

Express Issue Term Deluxe 20

	Year
	1st
Ages 20-60	85%

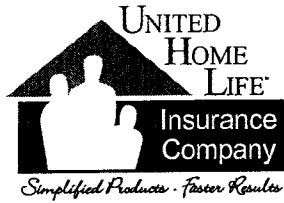
Graded Benefit Term 10

	Year
	1st
Ages 25-60	70%

Accidental Death

	Year	
	1st	2nd-5th
Ages 18-60	100%	2%

1. With Graded Benefit/Modified Benefit plans, there is a 100% commission charge back in the event of the death of the insured during the first 12 months.
2. Commissions paid to sub-agent(s) are deducted from the percentage shown above.
3. This agreement may be amended from time to time by United Home Life or United Farm Family Life Insurance Companies.



CONTRACT/APPOINTMENT TRANSMITTAL

This transmittal is required to contract a new agent, appoint a new agent under a License-Only Agreement, or to change commission level or hierarchy of an active agent.

To appoint a new agent, please complete sections A, B and C and return with items (1) through (5) below.

To change an existing commission level or hierarchy, complete sections A, B and C. These changes are effective on the date this form is received in the Home Office.

Please print all information clearly.

A. Contract/Appointment to be in Name of: **X** _____

Individual or Corporation (If corporation, include name of licensed principal)

B. Type of Appointment:

Agent's Contract

Contract Level % **100% - 120%** Contract Level # **3040**

OR

License-Only Agreement under Contracted Agent Name _____

Agent Number (if known) _____

C. Commission Hierarchy:

Immediate Overriding Supervisor of new Agent to be contracted:

Name: _____ Agent No. _____

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Additional forms to be submitted

- (1) Agent Appointment Information form (200-077)
- (2) Signed Agent Contracts (200-114) or Sub-Agent Contracts (200-321)
- (3) Copy of agent's license and/or corporation's license, as appropriate.
- (4) EFT Authorization form (200-371)
- (5) Commission Annualization Request, if applicable (200-353)

Date

Signature of MGA

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NOTE: All agents in the commission hierarchy are not eligible for United Home Life Insurance Company Sales Contests.

UNITED HOME LIFE INSURANCE COMPANY

P.O. BOX 7192 ■ INDIANAPOLIS, INDIANA 46207-7192 ■ PHONE (317) 692-7979 ■ FAX (317) 692-7215
AGENCY 1-800-428-3001

AGENTS APPOINTMENT INFORMATION

(Please Print Legibly)

Full Name _____
(First) (Middle) (Last)

Designations: CLU ChFC CPCU CFP RHU FLMI

Date of Birth _____ Place of Birth _____ Sex _____

Residence Address _____
 Own Rent (Street) (City) (State) (Zip) (County)

Business/Agency Name _____

Primary Address _____
(US Mail) (Street) (City) (State) (Zip) (County)

Shipping Address _____
(pkg. deliveries) (Street) (City) (State) (Zip) (County)

Phone Nos.: Residence - ____ / ____ / ____ Business - ____ / ____ / ____ Fax - ____ / ____ / ____

Email - _____ @ _____

Name of Spouse _____

Commissions to be made payable to: _____

Social Security No. (required) _____ Corporate Tax I.D. No. _____

List ALL states currently licensed in: _____

Years in Insurance Business: _____

License number in Resident State is: _____

Have you ever had a license cancelled by any Insurance Department? Yes No

If YES, explain _____

Have you ever been terminated by a Company for Cause? Yes No

If YES, explain _____

Have you ever been convicted of a felony involving (1) breach of trust; (2) dishonesty; or (3) insurance crimes as defined in 18 U.S.C. §1033? Yes No

If YES, explain _____

Record of past employment – last 10 years (for Insurance Department):

From	To	Nature of Work	Name & Address of Company

Are you a Personal Producer Yes No

Primary Company You Represent _____

List other life insurance companies you are currently doing business with:

Primary Markets _____

Current Life and Health Production \$ _____ Annual Premium


13 Month Persistency _____

How much annualized premium can United Home Life expect from you? _____

ROSENTHAL FINANCIAL SERVICES

Recommended By: _____
(Name) (Address)

I understand that the Company may secure personal interviews with third parties such as business associates, financial sources, or others concerning the character, general reputation, and financial standing of myself and the agency. Upon written request, additional information will be provided as to the nature and scope of the report, if one is made.

DATED _____  _____
(Signature of applying General Agent)

I have made a diligent inquiry and investigation relative to this person's identity, residence and recommend him to represent United Home Life Insurance Company as an agent.

Recruiting MGA (Signature)

Recruiting MGA (Print Name)

Recruiting General Agent Number

ROSENTHAL FINANCIAL SERVICES



United Home Life Insurance Company

Indianapolis, Indiana

GENERAL AGENT'S CONTRACT

This agreement, executed in duplicate originals, _____, _____, by and between UNITED HOME LIFE

INSURANCE COMPANY, a Corporation of the State of Indiana, whose Home Office is situated in Indianapolis, Indiana, hereinafter

called the "COMPANY," and _____
FULL NAME

of _____
ADDRESS

County of _____, State of _____

hereinafter called the "GENERAL AGENT."

Witnesseth that these two (2) parties agree to transact business upon the following terms and conditions:

RELATIONSHIP

1. The relationship between the COMPANY and the GENERAL AGENT shall be that of independent contractor and contractee, and not that of employer and employee.

AUTHORITY TO SOLICIT

2. (a) The GENERAL AGENT is hereby authorized to solicit applications for insurance and annuities for the COMPANY; to collect the first premium in cash in accordance with the COMPANY's procedures on each policy of insurance or annuity applied for and immediately pay the same over to the COMPANY; to deliver policies of insurance and annuities as directed by the COMPANY, if the proposed insured is in good health and acceptable and insurable, and the first premium has been paid; and to perform any act or duty which is specifically granted in writing by an officer of the COMPANY authorized to do so.
(b) The GENERAL AGENT has no authority to either alter, modify, waive or change any of the terms, rates or conditions of the COMPANY's policies or contracts; to collect or receipt for premiums or renewals other than the first premium; to submit other than the full premium to the COMPANY; to execute any contract in the name of the COMPANY; to endorse checks payable to the COMPANY; to advertise or publish any matter or thing concerning the COMPANY or its policies without advance permission of the Company; or to perform any act other than that expressly authorized herein. The COMPANY has the right to review the records pertaining to the GENERAL AGENT'S activities under this contract.

AUTHORITY TO APPOINT SUB-AGENTS

3. The GENERAL AGENT has the authority to recruit and recommend to the Company, subject to its approval, SOLICITING AGENTS, hereinafter referred to as "Sub-Agents." All contracts with any recommended Sub-Agent shall be made directly with the COMPANY on the COMPANY's form, showing the GENERAL AGENT's signature of recommendation thereon. No agreement shall be effective and no Sub-Agent may represent the COMPANY until the proposed Sub-Agent is duly licensed

in the state in which soliciting and appointed to represent the COMPANY and the same has been executed by an officer of the COMPANY. The COMPANY reserves the right to refuse contract with any recommended Sub-Agent, or, once made, to thereafter terminate the same for any reason.

COMMISSIONS

4. (a) Subject to the provisions of this contract, in accordance with the rules and regulations of the COMPANY, and as hereinafter set out, the COMPANY will pay commissions to the GENERAL AGENT on premiums paid to the COMPANY in cash on account of individual policies issued during the term of this contract upon applications procured and submitted by the GENERAL AGENT or by his Sub-Agents.
- (b) The COMPANY will pay commissions to the GENERAL AGENT in accordance with the schedules attached to this contract as a part of this contract, for the policy years set forth on the schedules on policies therein designated, unless otherwise specified. The payment of commissions by the COMPANY to the GENERAL AGENT on the business of any Sub-Agent shall be an amount equal to the difference between the commission paid to the Sub-Agent and the percentage listed on the schedule of commissions attached to the GENERAL AGENTS contract.
- (c) Commissions shall not be paid on premiums on interim term policies, coupons, premiums waived on account of disability, premiums paid in advance, except as they are applied toward payment of the current premium, or premiums paid subsequent to the lapse of a policy unless the policy is reinstated solely through the efforts of the GENERAL AGENT or his Sub-Agent.
- (d) The COMPANY's sole discretion shall govern as to the amount of any commissions to be paid on premiums the COMPANY receives in sub-standard cases; on premiums for policies which must be reinsured; on first-year premiums for a policy applied for within one year either before or after a policy on the same insured lapses or is reduced; on first-year premiums for a new policy issued by reason of the conversion or a change of a policy; and on premiums for policies not included herein or which may hereafter be issued by the COMPANY.
- (e) Commissions on premiums paid for each additional benefit, such as premium waiver, accidental death, and payor benefits shall be at the same percent as is specified for commissions on premiums for the policy to which the additional benefit is attached and for the policy year thereof, except that the COMPANY'S sole discretion shall govern as to commissions on the first-year premiums for benefits added to an existing policy.
- (f) All commissions payable to the GENERAL AGENT shall be reduced, however, by the following:
 - (1) Commissions which the COMPANY pays directly to the assigned Brokers or Sub-Agents under the supervision of the GENERAL AGENT and approved by the COMPANY or to their executors, administrators, surviving spouses or estates.
 - (2) All of the service fees for the sixth and subsequent policy years on any policy when the application was procured by a Sub-Agent of the GENERAL AGENT when none of the service fees are payable to the Sub-Agent, his executor, administrator, surviving spouse or estate.

VESTED COMMISSIONS

5. (a) In the event this contract is terminated by either party for whatever reason, the GENERAL AGENT shall continue to receive the commissions payable herein from premiums on policies through the tenth(10th) policy year. The renewal commissions after the tenth(10th) policy year shall be non-vested service fee and the COMPANY shall have the sole discretion to determine whether adequate servicing is being performed by the GENERAL AGENT, and the COMPANY shall have the right to reassign policyholders for the purpose of servicing.
- (b) In the event this contract is terminated by the death of the GENERAL AGENT, the surviving spouse, or if no surviving spouse, the executor or administrator shall continue to receive the vested commissions payable herein.
- (c) In the event it becomes necessary in the opinion of the COMPANY to terminate this contract because of the physical or mental disability of the GENERAL AGENT, vested commissions provided herein shall continue to be paid during the period of such total disability.

- (d) When the GENERAL AGENT attains age 65, provided this contract has been in force for a period over (10) years, the commissions provided herein shall continue to be paid to the GENERAL AGENT during his lifetime.
- (e) In the event this contract is terminated for any reason, the COMPANY is released and discharged from any obligation to pay renewal commissions which total less than \$500.00 annualized.

FORFEITURE

- 6. Should the GENERAL AGENT at any time endeavor to induce representatives of the COMPANY to discontinue their contract with the COMPANY; its policyholders to surrender or replace their policies; withhold any property belonging to the COMPANY after demand for its relinquishment has been made by the COMPANY; willfully misappropriate funds belonging to the COMPANY; commit any other fraud against the COMPANY or its policyholders; or have license to act as an insurance agent or Broker revoked for cause after an opportunity for a hearing by the Insurance Department of any state, then the GENERAL AGENT shall forfeit any and all commission interest acquired under this or any other contract with the COMPANY.

LIABILITY ON SUB-AGENTS ACCOUNTS

- 7. The GENERAL AGENT shall be jointly and severally liable with each of his Sub-Agents to the COMPANY for all monies advanced or loaned by the COMPANY to said Sub-Agents at the request of said GENERAL AGENT, and all liabilities existing under the Sub-Agent's contract, and the COMPANY's books and records shall be exclusive evidence of such accounts and liabilities. In order to secure the payment of all such monies and liabilities to the COMPANY which may become due hereafter, the GENERAL AGENT now hereby assigns to the COMPANY as collateral all amounts due and to become due the GENERAL AGENT as overwrite on business from each of GENERAL AGENT'S Sub-Agents together with all notes of such Sub-Agents which now exist or may hereafter exist payable to the GENERAL AGENT.

INDEBTEDNESS

- 8. Any sum that may be advanced or loaned to the GENERAL AGENT by reason of the provisions hereon, or otherwise, shall be and become a debt of the GENERAL AGENT to the COMPANY, due and payable immediately on demand, or any other indebtedness of the GENERAL AGENT. The COMPANY may offset against any amounts payable hereunder, any debt or debts now due or that may become due at any time from the GENERAL AGENT to the COMPANY, whether arising hereunder or otherwise, and such debt or debts shall be a first lien thereon. No extension of time for the payment of any such indebtedness nor modification of the amount of same which may be granted by the COMPANY shall waive the COMPANY's rights hereunder.

REFUNDS

- 9. Should the COMPANY for any reason refund any premium on any policy secured hereunder, then the GENERAL AGENT shall repay, on demand, any commission received on that premium.

ACCOUNTING

- 10. The COMPANY shall furnish the GENERAL AGENT with monthly accounts in writing showing commission payments made to the GENERAL AGENT and to the assigned Sub-Agents within such accounting period.

UNISSUED AND UNPAID POLICIES

- 11. If a policy is issued on a standard basis in accordance with the terms of the application received from the GENERAL AGENT or any of his Sub-Agents, and if the policy for any reason is not accepted by the applicant and the first premium thereon is not paid in cash by the applicant, the GENERAL AGENT shall agree to pay the COMPANY for any medical or inspection, or other expense in connection with the issue of the policy.

ASSIGNMENT

- 12. No assignment of any commission or any other amounts, or any portion thereof, due or to become due to the GENERAL AGENT hereunder shall be valid unless authorized in advance in writing by an officer of the COMPANY, and any assignment so authorized shall be subject to any and all indebtedness of the GENERAL AGENT to the COMPANY then or thereafter existing.

AMENDMENT

- 13. This contract cannot be changed by any verbal promise or statement by whomsoever made, and no written modification or change will bind the COMPANY unless it is signed by an officer of the COMPANY authorized to do so, and expresses an intention to modify or change this contract. Subsequent amendments to this contract may be made by the COMPANY'S preparing and transmitting to the GENERAL AGENT such an amendment.

LEGAL PROCEEDINGS

- 14. The GENERAL AGENT shall not take legal proceedings in connection with any matter pertaining to the business of the COMPANY without the written consent of an officer of the COMPANY.

SOLE AGREEMENT

- 15. This contract is the entire contract between the parties and supersedes any and all previous agreements or contracts between the parties hereto which pertain to the solicitation of applications for any insurance or annuity mentioned herein and the payment of commissions or premiums therefore; provided, however, the GENERALAGENT'S right to commissions from premiums on policies issued by the COMPANY under a previous contract with the GENERAL AGENT is not hereby impaired.

TERMINATION

- 16. All books of account documents of any kind, vouchers, receipts, notices, lists of policyholders, or books or papers of any kind used from time to time by the GENERALAGENT in connection with the agency, whether the cost thereof be paid by the COMPANY or by the GENERAL AGENT, shall be and remain the property of the COMPANY, and the same be subject at all times to inspection by the COMPANY, on demand, and at the termination of this Contract, the same shall be delivered to the COMPANY on demand therefor. This Contract will terminate upon the death of the GENERAL AGENT, or either party may terminate the same by written notice to the other party, either delivered personally or mailed to the last known address of the party to be notified, at least fifteen (15) days before the date therein fixed for such termination. The COMPANY may terminate the Contract without the requisite fifteen (15) days' notice for default of the GENERAL AGENT as determined by the COMPANY.

UNITED HOME LIFE INSURANCE COMPANY
P.O. Box 7192
Indianapolis, Indiana 46207-7192

Approved By: _____
United Home Life

Name of General Agent (Print)

X _____
Signature of General Agent

Signed _____, _____
Month Day Year



United Home Life Insurance Company
 225 South East Street
 P.O. Box 7192
 Indianapolis, Indiana 46207-7192
 (800) 428-3001

COMMISSION ANNUALIZATION AGREEMENT

The Company, at its discretion, may annualize and advance commissions earned on products sold in accordance with the terms below.

Commissions may be advanced on policies sold on Electronic Fund Transfer (EFT) Premium Payment Mode. Commissions must be payable via EFT. The annualization percentage is determined by the Immediate Overriding Managing General Agent.

In the event that a policy on which annualized commissions were paid is not taken or terminates before the advanced pay-out is recaptured, the Company will immediately charge back the unearned portion of the advance against future commissions earned.

Policies written on controlled business, such as the General Agent's life or the life of a family member, do not qualify for annualization.

On any given policy on which annualized commissions were paid and where the policy has persisted beyond the advanced pay-out period, earned commissions from that policy henceforward will be credited to the outstanding debit balance. If no debit balance exists, 100% of the earned commissions will be paid.

The Company reserves the right to cancel and/or modify this agreement. Reasons for cancellation include, but are not limited to, poor persistency, poor business quality, or excessive debit balances, as determined solely by the Company. The maximum commissions annualized per policy will be limited to \$1,500. The maximum debit balance will be determined by the Company in consultation with the Immediate Overriding Managing General Agent and reviewed on a periodic basis.

It is further agreed that in the event it becomes necessary to enforce recovery of any unearned commissions through legal action, the General Agent agrees to pay the reasonable attorney's fees and court costs incurred by the Company. All amounts due hereunder shall be payable at the Company's office in Indianapolis, Indiana; and since this agreement is to be performed in Indiana, suit may be brought hereunder in Marion County, Indiana.

General Agent or Corporate Agent Name (Please Print)

 Agent Code

General Agent Signature or Authorized Officer Signature, if Corporation

 Date

 Immediate Overriding Managing General Agent (Print Name)

 Agent Code

 Immediate Overriding Managing General Agent's Signature

 Date

<p>Annualization % (Maximum = 75%) 75%</p>
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ROSENTHAL FINANCIAL SERVICES

200-353 01-08

www.unitedhomelife.com
 Toll Free 1-800-428-3001 Local 317-692-7724
 Fax 317-692-7215

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF COMMISSIONS

NOTE: You will receive an actual check the payday following an account change.

1. You may select up to three different Bank Accounts with Direct Deposit. Please complete the appropriate number of accounts you wish to use below. Please be sure to indicate if the account is a savings or checking. Also, indicate if the deposit will be a fixed amount, percentage of net, or net amount.
2. FOR A CHECKING ACCOUNT – A photocopy of a check or a cancelled check **MUST** accompany this authorization form.
3. FOR A SAVINGS ACCOUNT – A photocopy of savings account identification card **MUST** accompany this authorization form.

I hereby authorize United Home Life Insurance Company, hereinafter called COMPANY, to initiate credit entries or complete necessary adjusting entries to my **CHECKING** or **SAVINGS** account indicated below and the financial institution named below to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

**** Copy of a voided check,
deposit slip, or bank statement
is required for EFT request.**

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

DEPOSIT ACCOUNT #1	This is <input type="checkbox"/> New Account <input type="checkbox"/> Change
Financial Institution _____	<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____	<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____	
Name _____ Social Security No. _____ % _____ Per Pay _____	
Signature X _____ Date _____	

DEPOSIT ACCOUNT #2	This is <input type="checkbox"/> New Account <input type="checkbox"/> Change
Financial Institution _____	<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____	<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____	
Name _____ Social Security No. _____ % _____ Per Pay _____	
Signature _____ Date _____	

Debit Balance & Advance Commission Agreement

(Choice of Law-Georgia)

This **Agreement** is by and between R.F.S. LLC, Mark, Matt, Leslie and Greg Rosenthal, collectively known as THE ROSENTHALS, with their principal place of business in Clayton County in the state of Georgia and _____, with his/her/its principal place of business in _____ (hereinafter called "Agent"). This **Agreement** shall be applicable to every insurance company with whom the undersigned Agent is contracted and/or appointed and one of THE ROSENTHALS is the Agent's upline.

Whereas, agent has attested in writing to THE ROSENTHALS, R.F.S. LLC, all current personal liens as well as debts with all insurers, if any and agent desires to be exempt from an escrow account or bond to guarantee payment of any future debit balance, if any **and/or** desires commission advancing, if eligible, from insurance companies represented through THE ROSENTHALS, R.F.S. LLC, :

Now Therefore, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties do hereby agree as follows:

1. Agent agrees to pay to the order of the appropriate insurance company and/or to THE ROSENTHALS, R.F.S. LLC, the sum of any indebtedness resulting from unearned advances, any remuneration, special advances, any fees, chargebacks of any kind, interest or any other charges to the Agent's commission account.
2. Within thirty (30) days written notice of demand to the agent's last mailing address on record with insurance company for payment of any indebtedness to the insurance company and/or THE ROSENTHALS, R.F.S. LLC, , Agent agrees to immediately pay indebtedness in full, by cash, money order or certified funds.
3. Agent also agrees and understands any unearned commissions and renewals are not an acceptable form of payment in the event demand has been made for any indebtedness. Any case involving a refund of premium, regardless of cause, Agent agrees to immediately remit payment, in full, to clear indebtedness.
4. In the event an insurer holds ONE OF THE ROSENTHALS, R.F.S. LLC, financially responsible for any Agent indebtedness or any other fees or monies as a result of past indebtedness and One Of THE ROSENTHALS, R.F.S. LLC, finds it necessary to enforce payment through legal action, Agent agrees to pay reasonable legal fees and court costs incurred by THE ROSENTHALS, R.F.S. LLC, and hold THE ROSENTHALS, R.F.S. LLC, harmless from and against any such liability. Additionally, if it becomes necessary to refer this matter to a collection department, agency, ATTORNEY or result in a filing of a complaint to the department of insurance regarding the return of any unearned monies 25% will immediately be added to the principal balance, to cover COLLECTION EXPENSE.
5. Agent agrees to assign, without contest, any commissions and renewals with other insurance companies, present and future, to THE ROSENTHALS, R.F.S. LLC, if any agent indebtedness, secured or unsecured, remains after 90-days of the debt occurrence. Assignments shall remain effective until all agent debts are cleared.
6. Both parties agree the enforcement of this Agreement shall be subject to the jurisdiction of the proper courts of CLAYTON County, GEORGIA and construed pursuant to the laws of the State of GEORGIA.

This **Agreement** shall survive the termination of all contractual/appointment relationships between Agent and the insurance companies represented through ANYONE OF THE ROSENTHALS, R.F.S. LLC, . Agent irrevocably authorizes THE ROSENTHALS, R.F.S. LLC, or any attorney of any court of record, after default, to confess a judgment without process against Agent in favor of THE ROSENTHALS, R.F.S. LLC, and waives all errors in such proceedings and consents to immediate execution upon said judgment.

This Agreement shall be a continuing one and shall remain in full force and effect until written notice from THE ROSENTHALS, R.F.S. LLC, is received and until all debt and liability arising hereunder has been fully paid.

I have read the foregoing and agree to be bound by the terms and conditions set forth herein.

Agent Signature

Date

Agent Printed Name

Personal Guarantee Signature, if Corporation

AGREED, ACCEPTED and APPROVED by THE ROSENTHALS, R.F.S. LLC, IN CLAYTON County, GA.

THE ROSENTHALS, R.F.S. LLC,

Date

Please Return Your
Contract To R.F.S.

BEFORE You

attempt to do

business.

Please **DO NOT** ask

Us to Help you do

business before you

return your contract.
