

**MANHATTAN LIFE INSURANCE COMPANY
WESTERN UNITED LIFE ASSURANCE COMPANY**

Annuity Operations Office

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**ANNUITY PRODUCER
AGREEMENT AMENDMENT**

APPLICANT (YOU, YOUR)

Full Name or Business Entity Name (must match your current appointment)

Producer ID

COMPANY YOU WISH TO HAVE ADDED TO YOUR CURRENT AGREEMENT

I wish to be appointed by the following Company and agree to abide by my Annuity Producer Agreement currently on file, including the Commission Schedule and/or any amended Commission Schedule received thereafter.

Western United Life Assurance Company

The Manhattan Life Insurance Company

I, hereby agree to comply with the following:

1. All applicable insurance laws and regulations,
2. All the written rules, regulations, and instructions of the Company now in force or which may hereafter be adopted, and
3. To abide by the Company's Principles & Code of Ethical Market Conduct

I further affirm that I have reviewed my Annuity Producer Agreement and Application and that my insurance licensing information and personal information listed is still correct and current.

Signature

Date

COMPANY AGREEMENT

The Company hereby appoints the Producer named above to solicit and procure applications for the sale of the annuity and/or insurance products shown in the attached and/or hereafter amended Commission Schedule in those territories where both the Company and Producer are licensed to do business. The Producer's appointment is subject to the terms, conditions and limitations of the original Agreement.

You are welcome to request a copy of your original Annuity Producer Agreement any time.

If you wish to add additional states, please include a copy of your insurance license for each state you wish to be appointed in.

Once appointed, you will also be required to complete the applicable Company's Annuity Product Training prior to presenting any annuity products to prospective clients.

You may mail, email, or fax all completed paperwork to the address below.

ANNUITY OPERATIONS OFFICE USE ONLY

Date