

COMRA Link Information Sheet

PLEASE PRINT CLEARLY

Language Requested (circle one or both): ENGLISH SPANISH

Legal Name: _____

Name as you want it to show on the link: _____

Email: _____

Phone: _____

Office Address: _____

BEFORE REQUESTING YOUR OWN COMRA LINK, YOU MUST HAVE:

- 1) Completed your 4-hour Annuity Suitability and Best Interest Standards CE course and sent this certificate to appointments@ASBfinancial.com.
- 2) Successfully appointed with at least 1 annuity carrier through ASB. (GCU does not qualify.)

MATERIAL REVIEW AGREEMENT

This Confidential Information Acknowledgment (the "Agreement") is made effective, as of the date listed below, by and between Gradient Insurance Brokerage, Inc. (the "Company")¹ and the undersigned Financial Services Professional ("FSP").

FSP acknowledges and agrees to the following:

1. FSP may, by and through its relationship with the Company, receive or have access to certain confidential, proprietary, and/or non-public materials, information, or software of the Company, including but not limited to any and all trade secrets or oral, written, or electronic information or materials containing information regarding the Company's business, operations, technology, know-how, ideas, concepts, marketing platforms and materials, including those services as outlined in the Company delivered "Creative Service Offerings", or clients of Company ("Confidential Information"). By signing below, FSP agrees that FSP's receipt of Confidential Information is subject to the provisions contained herein. All information provided to FSP by the Company, including marketing information and software, shall be deemed "Confidential Information," irrespective of whether or not such information has been identified by the Company as such.

2. All Confidential Information is and shall remain the exclusive property of the Company. FSP shall not, without the express prior written consent of the Company, disclose Confidential Information to any other person or entity (including any Broker-Dealer or Registered Investment Advisory Firm with whom FSP is affiliated) or permit any agent, employee, or affiliate of FSP to use or disclose Confidential Information to any other person or entity. FSP shall not use Confidential Information for any purpose other than FSP's relationship with the Company, and agrees that all Confidential Information will ONLY be used for insurance business written through the Company or through another contracted member company of Gradient Financial Group, LLC. FSP shall not directly use Confidential Information to write business outside of their relationship with Company. Confidential Information, as defined in this Agreement, shall not include the consumer information obtained by FSP through the use of the Confidential Information. Such information is not the exclusive property of Company and may be used for reasons outside of the scope of the relationship contemplated herein. In the event FSP writes business through a non-Company contract, prior to writing the business, FSP shall notify Company and/or American Senior Benefits of the non-Company product they intend to write. FSP agrees that all Confidential Information will immediately be returned upon the specific request of the Company and/or if the relationship with Company is terminated, for any reason. FSP shall immediately cease using Company Confidential Information in the event termination of their relationship with Company or American Senior Benefits.

3. Company agrees and acknowledges that in the event Company receives certain confidential, proprietary, and/or non-public information through its relationship with the FSP involving the FSP's company financials, business plans, personal information, operations, and certain client information, except for that client information necessary to provide the services contemplated herein, Company shall hold such information as confidential and shall not disclose such information to any third party except in the event Company receives consent from FSP or if it is necessary for Company to provide services to FSP. The aforementioned FSP confidential information shall be the exclusive property of the FSP. Company understands and acknowledges that unauthorized use or disclosure of any Confidential Information will cause irreparable damage to the FSP, and Company acknowledges that the FSP may seek and obtain injunctive relief against the breach – or threatened breach – of the disclosure of any Confidential Information by Company in addition to any other legal remedies that may be available. In the event FSP discloses additional information in the future that could be considered confidential information, Company and FSP will work together to come to a reasonable amendment to this Acknowledgment.

Company and FSP shall not be required to protect or hold in confidence, nor shall it be prevented from using, any information in which (a) is or becomes part of the public domain; or (b) is received by the Company or FSP from a third party.

4. FSP agrees that FSP is solely responsible for FSP's own licensure and regulatory compliance. By signing below, FSP: (i) agrees to only use Confidential Information in a manner that complies with the applicable federal, state and local laws and regulations; (ii) agrees to comply with all applicable federal, state, and local laws and regulations in all other manners; (iii) accepts sole responsibility for FSP's own use of Confidential Information; and (iv) acknowledges that the Company does not assume responsibility for or warrant the accuracy of any such Confidential Information, whether for compliance purposes or otherwise. Although Confidential Information may include general information on legal issues commonly encountered in the industry, FSP acknowledges that any such information provided to FSP by the Company is not legal advice and is being provided for self-help purposes only. The Company is not a law firm, it does not and cannot provide legal advice, and it is not a substitute for an attorney or law firm.

5. This Agreement shall remain in effect indefinitely. FSP understands and acknowledges that unauthorized use or disclosure of Confidential Information will cause irreparable damage to the Company, and FSP acknowledges that the Company may seek and obtain injunctive relief against the breach – or threatened breach – of the disclosure of Confidential Information by FSP in addition to any other legal remedies that may be available.

Financial Services Professional Signature: _____

Printed Name of Financial Services Professional: _____
Date: _____

GRADIENT

INSURANCE BROKERAGE, INC.

Please email to www.gradientib.com

800.407.4137

¹ For the purposes of this Agreement, the term "Company" shall refer to Gradient Insurance Brokerage, Inc., along with any person or entity that directly or indirectly controls, is controlled by, is under common control with, or is associated through constructive ownership with the Company. The term "Company" shall also expressly include Gradient Financial Group, LLC and its contracted member companies.

VECTOR ONE

Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY:

- (A) Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.
- (B) Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.
- (C) Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.
- (D) Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.
- (E) Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____ Date: _____