

Hiring Paperwork – Master Checklist for:

www.verityinvest.com

Name: _____ Verity Code: _____

Section One: Background Check Hire Date: _____ (inactive)

- 1.1 Confidential Employment Application
- 1.2 Castle Branch Notification & Release [Date Processed: _____]
- 1.3 Background Check Letters Mailed
- 1.4 Duplicate Securities Statement Letters (statement copies provided at application)
- 1.5 E-Mail Policy Acknowledgement
- 1.6 VAM / VI Attestation

Section Two: VFG and VAM Agreements

- 2.1 VFG Basic Agreement
- 2.2 VFG Compensation Operating Guidelines
- 2.3 Terms of Employment Contracting
- 2.4 VFG Life Appointment
- 2.5 VAM IAR Agreement
- 2.6 VAM Compliance Receipt

Section Three: Securities Registration Hire Date: _____ (active)

- 3.1 Form U-4 Signed Final Draft: _____ (date) Submission: _____ (date)
- 3.2 Fingerprint Card
- 3.3 Form ADV Part 2B Issued: _____(date)

Section Four: Verity Investments, Inc.

- 4.1 VI Registered Representative Agreement
- 4.2 VI Variable Annuity Authorization
- 4.3 VI – 529 Plan Appointment
- 4.4 VI Compliance Receipt
- 4.5 Prohibited Practices

Section Five: Supplemental Forms

- 5.1 BCBS – Declination of Benefits / Summary Description / Mandatory Notice / Enrollment
- 5.2 Direct Deposit Authorization
- 5.3 Form W-9 Taxpayers Identification Certification

Section Six: U5 / Termination Procedures

- 6.1 File Form U-5
- 6.2 Date Mailed to registrant: _____ (within 30 days)
- 6.3 Suspend Duplicate Security Statements



CONFIDENTIAL APPLICATION

Full Name: Last _____ First _____ Middle _____ Date of Birth _____ Social Security Number _____

Resident Street Address (do not use P.O. Box) _____ City _____ County _____ State _____ Zip _____

Home Telephone: _____ (please include the area code)

I. APPLICANT'S LICENSE/REGISTRATION INFORMATION

Please indicate all professional licenses or registrations you hold or have held in the past.

Type of License	State (if applicable)	License Number	Dates Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a trade or professional license or had a trade or professional license revoked, suspended or restricted? **Yes / No** _____. If yes, please attach a written explanation.

II. APPLICANT'S RESIDENTIAL HISTORY

Please list your place of residence for the previous five years. Begin with your address immediately prior to your current address and work backwards.

From: _____	_____	Address
To: _____	_____	
From: _____	_____	Address
To: _____	_____	
From: _____	_____	Address
To: _____	_____	
From: _____	_____	Address
To: _____	_____	

III. HIRING INFORMATION

Hiring Manager (if applicable): _____ Manager's Code: _____

VII. APPLICANT'S REFERENCES

Please list four references, not of family relation, and their connection to you.

Name: _____ Connection: _____ Phone: _____

Mailing Address: _____

Name: _____ Connection: _____ Phone: _____

Mailing Address: _____

Name: _____ Connection: _____ Phone: _____

Mailing Address: _____

Name: _____ Connection: _____ Phone: _____

Mailing Address: _____

VIII. SIGNATURE

Your signature on this application acknowledges that all information provided by you is accurate and complete.

Signature

Date Signed

PLEASE USE THIS SPACE TO PROVIDE ANY WRITTEN EXPLANATIONS OR TO CONTINUE SECTIONS WHERE ADEQUATE SPACE HAS NOT BEEN PROVIDED IN THE APPLICATION.

THANK YOU.

NOTIFICATION AND RELEASE

Sales Representative _____

Company Name _____

Access ID _____ BeeCheck ID _____ CAC Code _____

The information contained in my application for employment with (company name) _____ (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ / _____ / _____

Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Applicant Signature _____ Date _____

signature required

For Employer Use Only: Please mark (✓) the searches to be conducted.

Contact _____ Email _____

Phone _____ Fax _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes



COMPANY E-MAIL
POLICY ACKNOWLEDGEMENT

I understand and agree to abide by the following policies and procedures regarding e-mail correspondence with the public:

1. FINRA considers individual e-mail to fall under the standard definition of 'correspondence'. Both are thus subject to all of the same regulatory considerations as written forms of public correspondence.
2. FINRA considers e-mail to 25 or more persons to fall under the definition of 'sales literature' and as such it is subject to all of the same regulatory considerations as printed sales literature.
3. Registered representatives and associated persons are prohibited from conducting any e-mail communication in the conduct of their business association with Verity Investments, Inc. from any address other than their assigned verityinvest.com e-mail address. Any incoming e-mail from clients directed to an address other than the assigned verityinvest.com address is to be forwarded immediately to the Compliance Officer at the designated e-mail address, and any reply must be initiated from the assigned verityinvest.com e-mail address. The use of any electronic device for the purpose of e-mail communication is prohibited unless both incoming and outgoing correspondence is captured by the firm's e-mail retention system.
4. As a prerequisite to sending any e-mail correspondence, each representative must read and agree to abide by the provisions of FINRA Conduct Rule 2210(d) outlining Standards Applicable to Communications with the Public.
5. Any customer complaint received by an individual via e-mail is subject to the same procedures applicable to written customer complaints.
6. E-mail is subject to random review by the Compliance Officer.
7. Certain individuals, such as persons new to the firm, persons inexperienced in the field of securities, or individuals who demonstrate a pattern of correspondence that is of regulatory concern, in the sole judgment of the Compliance Officer, may be required to submit all e-mail for pre-approval before forwarding to clients.
8. Instant messaging and text messaging for business purposes are prohibited.

Signature

Date

Print Name



Check All That Apply: INVESTMENT ADVISER REPRESENTATIVE ATTESTATION (RIA)
 REGISTERED REPRESENTATIVE ATTESTATION (B/D)

Name: _____

OUTSIDE BUSINESS ACTIVITIES

The following is a list of all business activities in which I am currently involved or for which I receive compensation.

COMPANY/ACTIVITY	POSITION	DESCRIPTION	HOURS/WK	COMPENSATION
<input type="checkbox"/> VERITY FINANCIAL GROUP	INSURANCE AGENT	SALES	N/A	_____
<input type="checkbox"/> VERITY ASSET MGMT.	INV. ADVISER REP.	SALES/_____	_____	FEE
<input type="checkbox"/> VERITY INVESTMENTS	REGISTERED REP.	SALES/_____	_____	COMMISSION
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

Describe any client overlap between any outside business activity and Verity:

BROKERAGE ACCOUNTS

The following is a list of all brokerage accounts open in my name, the name of my spouse, any members of my immediate family living in my house, or any other account under my direct or indirect control. I understand I must have the firm's **prior written approval** to open an account. This does not include UITs, mutual funds or variable contracts.

NAME OF BROKERAGE FIRM	ACCOUNT NUMBER	MAILING ADDRESS
_____	_____	_____
_____	_____	_____

OWNERSHIP OR DIRECTORSHIPS

The following is a list of all companies in which I am a partial owner, officer or director, or own more than 5% of the stock.).

COMPANY	TITLE	% OWNERSHIP
_____	_____	_____
_____	_____	_____

REGISTERED REPRESENTATIVE AFFIRMATION

I acknowledge that I have read and agree to abide by the complete policies and procedures of Verity Investments, Inc. including the provisions on Insider Trading and Political Contributions. I further acknowledge that I have disclosed all gifts and gratuities given to any party in the past year in conjunction with the business of Verity Investments, Inc.

INVESTMENT ADVISER REPRESENTATIVE AFFIRMATION

I acknowledge that I have read and agree to abide by the complete policies and procedures of Verity Asset Management, Inc. including the provisions on Insider Trading and Political Contributions. I further acknowledge that I have disclosed all gifts and gratuities given to any party in the past year in conjunction with the business of Verity Asset Management, Inc.

 Signature Date _____

 Print Name

Internal Use Only:
 Date of Prior Attestation on File: _____
 Current CRD Report Reviewed: _____
 Form ADV Part 2B Reviewed: _____

Individual/Agent Questionnaire

PERSONAL INFORMATION

Full Name : _____ SS#: _____
(Last, First, Middle)

Other Names Used: _____ CRD #: _____
(include all names used, including maiden)

Date of Birth: _____ City/State/Country where born: _____

Sex: ___M ___F Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

EDUCATION BACKGROUND

High School: Name, City, State: (only need if <10 yrs. ago) _____

Years Attended: From: _____/_____/_____ To: _____/_____/_____ Year Graduated: _____

College: Name, City, State: _____

Years Attended: From: _____/_____/_____ To: _____/_____/_____ Year Graduated: _____

Degree: _____ Major: _____

College: Name, City, State: _____

Years Attended: From: _____/_____/_____ To: _____/_____/_____ Year Graduated: _____

Degree: _____ Major: _____

SECURITIES INDUSTRY EXAMS AND PROFESSIONAL DESIGNATIONS EARNED

<u>Exam</u>	<u>Date Passed</u>	<u>Professional Designation</u>	<u>Date Received</u>
___ Series 7	___/___/___	___ CFA	___/___/___
___ Series 24	___/___/___	___ ChFC	___/___/___
___ Series 63	___/___/___	___ CFP	___/___/___
___ Series 65	___/___/___	___ PFS	___/___/___
___ Series 66	___/___/___	___ CIC	___/___/___

Other Exams/Designations: _____

RESIDENTIAL ADDRESS HISTORY

Please provide your residential address history for the past 5 years on the following page.

BUSINESS BACKGROUND

- Please provide your percentage of ownership interest in the advisory firm: _____%
- Are you an independent contractor for the investment adviser firm with whom you are seeking registration? ___No ___Yes
- Please provide your business background for the past 10 years on the following page.

DISCIPLINARY, CRIMINAL AND/OR BANKRUPTCY HISTORY

Please review the questions on the following pages. If a question can be answered "yes", the appropriate corresponding "disclosure reporting page" will need to be completed. NRS will provide the appropriate DRP page if necessary.

12. EMPLOYMENT HISTORY

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.

FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:
FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:
FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:
FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:
FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:
FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:
FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:
FROM (MM/YYYY):	TO(MM/YYYY):	NAME OF FIRM OR COMPANY:	CITY:
STATE:	COUNTRY:	INVESTMENT-RELATED BUSINESS? <input type="radio"/> YES <input type="radio"/> NO	POSITION HELD:



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13. OTHER BUSINESS

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise?
(Please exclude non *investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.)
If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

Yes No If "Yes," please enter details below.

14. DISCLOSURE QUESTIONS		
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)		
REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U4 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.		
	YES	NO
Criminal Disclosure		
14A. (1) Have you ever: (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? (b) been <i>charged</i> with any <i>felony</i> ? (2) Based upon activities that occurred while you exercised control over it, has an organization ever: (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ? (b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
14B. (1) Have you ever: (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)? (2) Based upon activities that occurred while you exercised control over it, has an organization ever: (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)? (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Regulatory Action Disclosure		
	YES	NO
14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever: (1) <i>found</i> you to have made a false statement or omission? (2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes? (3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? (4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity? (5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity? (6) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule or regulation? (7) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board? (8) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
14D. (1) Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever: (a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical? (b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)? (c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted? (d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity? (e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

14. DISCLOSURE QUESTIONS (CONTINUED)

	YES	NO
<p>(2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or office performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate <i>federal banking agency</i>, or the National Credit Union Administration, that:</p> <p>(a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or</p> <p>(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?</p>	<input type="radio"/>	<input type="radio"/>
<p>14E. Has any <i>self-regulatory organization</i> ever:</p> <p>(1) <i>found</i> you to have made a false statement or omission?</p> <p>(2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a "<i>minor rule violation</i>" under a plan approved by the U.S. Securities and Exchange Commission)?</p> <p>(3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p> <p>(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?</p> <p>(5) <i>found</i> you to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board, or <i>found</i> you to have been unable to comply with any provision of such Act, rule or regulation?</p> <p>(6) <i>found</i> you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?</p> <p>(7) <i>found</i> you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the Municipal Securities Rulemaking Board?</p>	<input type="radio"/>	<input type="radio"/>
14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?	<input type="radio"/>	<input type="radio"/>
<p>14G. Have you been notified, in writing, that you are now the subject of any:</p> <p>(1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? (If "yes", complete the Regulatory Action Disclosure Reporting Page.)</p> <p>(2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? (If "yes", complete the Investigation Disclosure Reporting Page.)</p>	<input type="radio"/>	<input type="radio"/>
Civil Judicial Disclosure	YES	NO
<p>14H. (1) Has any domestic or foreign court ever:</p> <p>(a) <i>enjoined</i> you in connection with any <i>investment-related</i> activity?</p> <p>(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>investment-related</i> statute(s) or regulation(s)?</p> <p>(c) dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you by a state or foreign financial regulatory authority?</p> <p>(2) Are you named in any pending <i>investment-related</i> civil action that could result in a "yes" answer to any part of 14H(1)?</p>	<input type="radio"/>	<input type="radio"/>
Customer Complaint/Arbitration/Civil Litigation Disclosure	YES	NO
<p>14I. (1) Have you ever been <u>named</u> as a respondent/defendant in an <i>investment-related</i>, consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which:</p> <p>(a) is still pending, or;</p> <p>(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or;</p> <p>(c) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;</p> <p>(d) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?</p>	<input type="radio"/>	<input type="radio"/>

INDIVIDUAL NAME:	INDIVIDUAL CRD #:
FIRM NAME:	FIRM CRD #:

14. DISCLOSURE QUESTIONS (CONTINUED)		YES	NO
<p>(2) Have you ever been the subject of an <i>investment-related</i>, consumer-initiated (written or oral) complaint, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i>, and which:</p> <p>(a) was settled, prior to 05/18/2009, for an amount of \$10,000 or more, or;</p> <p>(b) was settled, on or after 05/18/2009, for an amount of \$15,000 or more?</p>		<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>(3) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i>, consumer-initiated, written complaint, not otherwise reported under question 14I(2) above, which:</p> <p>(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;</p> <p>(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities?</p> <p>Answer questions (4) and (5) below only for arbitration claims or civil litigation filed on or after 05/18/2009.</p>		<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>(4) Have you ever been the subject of an <i>investment-related</i>, consumer-initiated arbitration claim or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i>, and which:</p> <p>(a) was settled for an amount of \$15,000 or more, or;</p> <p>(b) resulted in an arbitration award or civil judgment against any named respondent(s)/defendant(s), regardless of amount?</p>		<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>(5) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i>, consumer-initiated arbitration claim or civil litigation not otherwise reported under question 14I(4) above, which:</p> <p>(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the arbitration claim or civil litigation must be reported unless the <i>firm</i> has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;</p> <p>(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities?</p>		<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Termination Disclosure		YES	NO
<p>14J. Have you ever voluntarily <i>resigned</i>, been discharged or permitted to <i>resign</i> after allegations were made that accused you of:</p> <p>(1) violating <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct?</p> <p>(2) fraud or the wrongful taking of property?</p> <p>(3) failure to supervise in connection with <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?</p>		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Financial Disclosure		YES	NO
<p>14K. Within the past 10 years:</p> <p>(1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?</p>		<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?		<input type="radio"/>	<input type="radio"/>
14M. Do you have any unsatisfied judgments or liens against you?		<input type="radio"/>	<input type="radio"/>

The information obtained on this questionnaire will be used to prepare Form U4, which is required by state securities divisions to register an investment adviser representative ("applicant"). NRS will prepare draft Form U4(s) for your review and signature prior to submission to any state. **PLEASE NOTE: The Form U4 requires the firm's signatory to certify to the best of their knowledge and belief the following statements for each Form U4 submitted.**

1. This firm has communicated with all of the applicant's previous employers for the past **three (3) years** and has documentation on file with the names of the persons contacted and the date of contact. In addition, I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.
2. The applicant is currently bonded where required, and, at the time of approval, will be familiar with the statutes, constitution(s), rules and by-laws of the agency, jurisdiction or SRO with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, jurisdiction or SRO which hereby is requested, I will not employ the applicant in the capacity stated herein without first receiving the approval of any authority that may be required by law.
3. I have provided the applicant an opportunity to review the information contained herein and the applicant has approved this information and signed the Form U4.

A copy, with **original** signatures, of the initial Form U4 and amendments must be retained by the filing firm and must be made available for inspection upon regulatory request.



280 S. Mangum Street, 550 Diamond View II, Durham, NC 27701
(919) 490-6717 | Fax: (919) 489-8938

BASIC AGREEMENT

This is a contract between you and Verity Financial Group, formerly known as Verity Asset Management, Inc. (VFG).

The Basic Agreement covers important matters about your relationship with Verity Financial Group (VFG) and other VFG Companies. Other agreements between you and the VFG Companies will authorize you to market specific products and services and will provide for commissions. This is not the only agreement that may apply to you and your relationship with any VFG Company.

DEFINITIONS

VFG Companies refers to VFG and other companies (including its subsidiaries) authorized by VFG to enter into agreements with or to offer products or services through agents in the VFG sales force.

VFG Subsidiary refers to Verity Asset Management, Inc. and Verity Investments, Inc.

VFG Sales Force refers to the group of VFG agents who are currently parties to a Basic Agreement.

Operating Guidelines refer to contract supplements published from time to time concerning sales position designations, commissions, performance standards, currently authorized products and services, and other matters affecting your rights and responsibilities as a VFG Agent.

INDEPENDENT CONTRACTOR STATUS. You are an independent contractor, not an employee, which means you may exercise considerable discretion in how you conduct your business including choice of the persons from whom you solicit applications, the time and place of solicitation and the methods by which the desired results are to be obtained. We may from time to time prescribe rules with respect to conduct of the business which you agree to observe.

You may not, in the name of any VFG Company, enter into any contract or lease; incur any liability or obligation; maintain any bank account or secure credit. You may not deposit into your account any check or money order made payable to "Verity Financial Group" or any VFG Company.

You are solely responsible for your own expenses including federal and state self-employment taxes, VFG Company administrative fees, licensing and continuing education fees, and other expenses you incur.

While you are a VFG Agent, you may use certain trademarks (including service marks, logos, designs or trade names) relating to the VFG Companies and the VFG Sales Force, but only in connection with your marketing activities with the VFG Companies. VFG may change or discontinue these trademarks, or your rights to use them, at any time. These trademarks, including all associated goodwill, are the property of the VFG Companies. You agree to use these trademarks only in the manner approved by the VFG Companies.

You may only use literature and promotional materials supplied by VFG or the VFG Companies. You will not engage in any form of advertising unless it is previously approved in writing by VFG, and you will only use VFG approved business cards and letterhead.

You do not need to be active full time within the VFG Sales Force. While you are a VFG Agent, you agree not to market any financial products or services except for those offered by VFG Companies, unless you have been explicitly authorized in writing by VFG to do so. If you market any products or services, financial or non-financial, not offered by VFG Companies, you must expressly advise all customers that you are not then representing any VFG Company and make it clear to customers whom you do represent. While you are a VFG Agent, you may not engage in any activity that interferes with the business of the VFG Sales Force or the VFG Companies. The indemnification provision under this agreement includes any harm resulting from your failure to comply with this Section.

RECRUITING AGENTS. You may, using your own judgment and discretion, recruit new agents for the VFG Sales Force in accordance with any Operating Guidelines on recruiting. VFG reserves the right to refuse to contract with any proposed agent. A version of this agreement must be signed by the person you recruit in order for the person to be an agent. The only way to earn money from a VFG Company is through the sale of the VFG Company's products and services. You earn no money for recruiting. You may not profit from selling recruiting and sales materials, etc., to the VFG Sales Force. You are not required to buy a financial product or service of any VFG Company in order to represent any VFG Company.

Your "Compensation Hierarchy" for a VFG Company means the total group of your downline agents on whose sales you have received, or are entitled to receive, compensation. For purposes of determining commissions, as well as lines of reporting, VFG will keep records of your downline agents and compensation hierarchies. Although no agent has a right to transfer from or to another hierarchy, VFG may transfer agents, but only for good reason.

During the term of this agreement and for two years following its termination, you agree not to induce, or in any way support, anyone to sever any contractual relationship with VFG or any VFG Company, including but not limited to, other licensed representatives or clients.

LEGAL RESPONSIBILITIES. You will: comply with applicable laws, regulations and licensing requirements; comply with your agreements with the VFG Companies; conduct your business in an honest and ethical manner; honestly and fairly describe the products and services of the VFG Companies and those of their competitors; act in a manner that will protect and promote the goodwill of the reputation of the VFG Companies; honestly and accurately assist in the completion of applications for any products or services of each VFG Company you are authorized to represent; sign any new form of Agent Agreement that a VFG Company requires to be signed by the VFG Sales Force generally or by your particular VFG Sales Force designation; and cooperate with the VFG Companies in the conduct of their business. You must maintain the necessary licenses and certifications required to sell any products or services which any VFG Company agreement you sign authorizes you to sell. You may not try to market any products or services, unless you are properly licensed to do so. You agree to know, comply with and be bound by the Operating Guidelines, which will be provided to you periodically either directly by the VFG Companies or indirectly through managers to whom you report.

"Confidential Information" is non-public information pertaining to the business of the VFG Companies (a) provided to you or other VFG Agents as VFG Agents by a VFG Company or (b) developed by you or other VFG Agents while acting as a VFG Agent and obtained by you by being a VFG Agent. Confidential Information developed by you or other VFG Agents is considered owned by VFG because it results from their or your activities as VFG Agents for which you and they are being compensated. Confidential Information includes, among other things, customer lists, agent information, policy coverage and expiration data and investment account information. It does not include, however, information you possess or acquire independent of your activities or status as a VFG Agent. Confidential Information under the law may be a trade secret which is a property right protected by law. You agree to treat this information as confidential, and not to use or disclose this information except as necessary to conduct your VFG business. This restriction will continue to apply after termination of this agreement for two years.

TERMINATION CLAUSE. This contract shall terminate: (a) upon your death; (b) upon the giving of written notice by you or VFG with or without any reason or cause. In the event of termination, you agree to repay any existing indebtedness to the appropriate VFG Companies. Upon termination, VFG is entitled to notify the VFG Companies to terminate your contracts with them and you acknowledge their right to do so.

ARBITRATION. Except as otherwise provided in this agreement or another written agreement between you and another VFG Company, any dispute between you and VFG or a VFG subsidiary (or any of their past or present officers, directors or employees) or between you and another VFG agent (as long as VFG Company or a VFG subsidiary or any of their personnel is also involved as a party of the dispute) will be settled solely through Good Faith Negotiation as describe in the then current Operating Guideline on Good Faith Negotiation, or if that fails, binding arbitration. "Dispute" means any type of dispute in any way related to your relationship with VFG or its subsidiaries that under law may be submitted by agreement to binding arbitration, including allegations of breach of contract, personal or business injury or property damage, fraud and violation of federal, state or local statutes, rules or regulations.

The arbitration will be conducted in accordance with the Commercial Arbitration Rules of the American Arbitration Association (AAA). The arbitration will be held in the metropolitan area nearest where VFG or the relevant VFG subsidiary has its principal place of business. Each party to the arbitration will select his/her/its arbitrator and provide the arbitrators name, address and telephone number to the other party. These arbitrators will appoint a third, neutral arbitrator. If the parties arbitrators cannot agree on a third arbitrator, the AAA will select the third arbitrator. A transcript of the proceeding will be made and the arbitrators will state their findings of fact and conclusions of law along with their award. If any court is asked to review the award, the court will review the entire record of the arbitration proceeding. The rules of evidence that would apply in any civil case in federal court will apply in the arbitration. The Federal Arbitration Act will govern the interpretation and enforcement of this section, notwithstanding any other provision of this agreement regarding which state laws apply. If one party prevails over the other party, the losing party will pay the winning party's expenses (including attorney's fees) in handling the arbitration or court proceeding to enforce arbitration or the arbitration award. If for any reason, there is an actual court case on any matter, you and VFG or the relevant subsidiary waive the right to a jury trial. VFG and each VFG subsidiary and affiliate and their officers, directors or employees and, if named as a party to a dispute with the foregoing, any other VFG Agent, is intended to be a third party beneficiary of this provision and has the same right to enforce it as do you and VFG. Injunctions in aid of arbitration are permitted.

ASSIGNMENT. This agreement is intended for the benefit of you and each VFG Company (and if specifically authorized in writing by that VFG Company, any of your upline agents). The VFG Companies may assign any portion of their rights or obligations to others. If any such assignment is made, and notice of the assignment is given to you or generally to the VFG Sales Force, you will look only to the entity to whom the assignment is made for performance of that part of the agreement after that assignment. You may not assign or give a security interest in any of your commissions before they are received by you, except as provided in this section. You hereby assign to each VFG Company all your commissions, including advance commissions, and grant a security interest in them in favor of each VFG Company to secure your payment of all your debts and obligations to all VFG Companies. VFG may run credit, employment and other financial and background investigations concerning you and may use and communicate the results as reasonably necessary to conduct its business.

ENFORCEMENT AND INDEMNIFICATION. You will indemnify the VFG Companies, their affiliates, officers, directors and employees and any upline agent of yours against any harm you cause them at any time and against any claim by a third party because of harm you caused to the third party at any time, such indemnification to include the payment of attorney's fees and the costs of any appeals. The indemnified party may assert its rights to indemnification outside of arbitration

To protect the VFG Sales Force and the VFG Companies, each VFG Company (and if specifically authorized in writing by that VFG Company, any of your upline agents) may enforce your compliance with any restrictive covenant, confidentiality provision or trademark provision in your agreements with that VFG Company to the fullest extent permitted by law by injunction or other equitable remedies (without having to arbitrate) and will not be required to post a bond to do so. You agree that you are not excused from complying with any restrictive covenant or confidentiality provision because of any claim you have against a VFG Company. To the extent waiver is permitted by law, neither you nor the VFG Company will be entitled to consequential or punitive damages in any matter, arbitrated or not.

STIPULATIONS PERTAINING TO THE AGREEMENT. Any agreement between you and a VFG Company must be in writing and signed by an authorized officer of that VFG Company. Each agreement may be waived or amended only by a similarly signed writing. Any waiver will apply only in the specific instance and will not constitute a general waiver. Even if a part of this agreement is held to be

void or unenforceable, the remainder of this agreement will be enforceable and any part may be severed from the remainder as appropriate.

To be effective, any notice that you give to a VFG Company needs to be sent by certified mail return receipt requested or overnight or other courier service, addressed to Verity Financial Group, Inc. at 280 S. Mangum Street, Suite 550, Durham, NC 27701, Attn: President. Notices sent by a VFG Company to you may be sent by regular mail or overnight or other courier service to your home address or branch office address as shown in the VFG records.

Upon termination of this agreement, you must immediately stop using all trademarks of the VFG Companies and unless VFG otherwise agrees in writing, you must promptly deliver to VFG all materials (including any copies, notes, and computer disks) that contain customer or agent information, other confidential information, and all inventory that reflects a VFG Company name.

This agreement will be effective when executed by you. You agree to send promptly a copy of the executed agreement to VFG

This agreement will be governed by the laws of the State of North Carolina, except that, if for any reason its laws are held not to apply, then the laws of the jurisdiction in which your principal address is located shall govern.

If not terminated under one of its other provisions, this agreement will run for one year from the date of execution and will be renewable annually.

Signature

Date of Execution

Print Name

Social Security Number



Compensation Operating Guidelines

These guidelines apply only to compensation being paid to you by the Verity Financial Group and its subsidiaries (The Verity companies). Any compensation that may be paid directly to you by other companies approved by VFG will be governed by separate agreements with those companies.

I. Verity Financial Group (VFG) Commission Advance and Chargeback Procedures

Earned Commissions

You may earn commissions on the sale of insurance as provided in commission schedules issued from time to time by VFG. Commissions are deemed to be earned by you only when the issuing company receives the premium on the respective policy and VFG has been paid. If premium on a policy is reversed or refunded by the issuing company, the earned commission that relates to that policy will also be reversed.

Advanced Commissions

VFG may lend you an advance against commissions that may become earned (Advance Commissions). The Advanced Commission is a loan from VFG to you. The total of any such loans (your Advanced Balance) will be part of your total "Debit Balance," which refers to all your indebtedness and liabilities to VFG. Generally, an Advance Commission will be repaid from commissions earned by you on premium payments for the policy for which the Advance Commission was initially loaned. If the Advanced Commission becomes a Chargeback, then you must repay the appropriate portion of the Advanced Commission. If you violate any restrictive covenant, you must repay the amount of the Advanced Commission as if it became a Chargeback.

Chargebacks

The term "chargeback" refers to the portion of your Advanced Commissions that is not fully repaid from earned commissions as a result of (a) applications that do not result in the issuance of a policy; (b) policies that are canceled by the policy owner; (c.) policies that lapse; (d) reversal of premium; or (e) misapplication of premium or other error. Chargebacks, which are part of your Debit Balance, may be recovered by VFG from you as follows: (a) by reducing any other Advanced Commissions otherwise payable by such amount as VFG determines and applying the amount of the reduction to the repayment of your Chargeback; (b) by applying any of your earned commissions or other amounts owed to you by VFG; (c.) by applying any amounts owed to you by any VFG Company; and (d) by recovery as otherwise provided in this Operating Guideline for recovery of Debit Balance.

Debit Balance Ratio

While you are a VFG agent, if your Debit Balance and indebtedness to other VFG companies exceeds ratios provided in the Operating Guidelines, VFG may require that you repay immediately your entire Debit Balance (except indebtedness for Advance Commissions on policies that are in force) and any other indebtedness to other VFG Companies.

Repayment Upon Termination

If any of your VFG insurance agreements or your Basic Agreement are terminated, you must immediately repay your entire Debit Balance, except for indebtedness for Advanced Commissions on policies that are still in force. However, you are obligated to immediately repay your entire Debit Balance, including indebtedness for Advance Commission on policies that are in force, if you violate any restrictive covenants in any of your VFG Company agreements.

II. Verity Investments, Inc. Compensation Procedures

Earned Compensation

You may earn compensation on the sale of products and services distributed by Verity Investments, Inc. as the compensations are specified in compensation schedules in effect at the time that Verity Investments, Inc. approves the order or application for the sale for which you are due the compensation. Your compensation is earned only after all the following have occurred:

- (a) the order, application, or account is accepted and approved by Verity Investments, Inc. at its principal office;
- (b) payment for the sale or account funding is received from the customer;
- (c) the trade has been executed by the issuer or the account established by the custodian and
- (d) Verity Investments, Inc. has actually received payment of compensation.

Promotions

Contract increases will become effective at the beginning of the calendar quarter following qualification for the increase as specified in the Compensation Contracts & Promotions Policies or comparable document.

Chargebacks

Verity Investments, Inc. may charge back compensation previously paid to you in the event of customer adjustments, and any charged back compensation will become a negative balance on your Verity Investments, Inc. compensation statement.

Refunds

Verity Investments, Inc. may refund to any customer all or any part of payments made by the customer, in which event you agree to promptly repay Verity Investments, Inc. all compensation received by you attributable to the payment and to reimburse Verity Investments, Inc. for any expenses arising because of the refund.

Negative Balances and Compensation upon Termination

If your Verity Investments, Inc. Registered Representative Agreement and Verity Asset Management Investment Adviser Representative Agreement is terminated, you must immediately repay your entire negative balance.

Assignment of Orphaned Accounts

When a Registered Representative Agreement with Verity Investments, Inc and an Investment Adviser Representative Agreement with Verity Asset Management is terminated, any subsequent compensation that would have been payable to that representative on his/her accounts will be paid to the immediate upline manager beginning as soon as that manager submits Change of Representative forms signed by the clients. Should the company fail to receive these forms within a time deemed reasonable by senior management (but not less than 60 days), it may assign the accounts for proper servicing to the next upline manager, or, if none exists, to any representative it may choose.

III. Compensation and Payment Entitlement

Offset of Compensation

If you owe money (other than Advanced Commissions) to a VFG Company, the VFG Company may satisfy any debt to it by:

- (a) recouping or offsetting the debt against any compensation payable to you by that Company
- (b) notifying any other VFG Company that owes you compensation to withhold from you an amount equal to your debt and to pay the withheld amount to the Company to which you are indebted,
- (c) requesting that you repay the debt, in which case you must do so within 10 days of the request.

If the debt is not satisfied in one of the manners listed above, the VFG Company may exercise any other rights and remedies available to that VFG Company under applicable law.

Suspension of Compensation

In the event that allegations are made about you that require investigation by VFG Company, a VFG Company may temporarily withhold for a reasonable period of time compensation otherwise payable to you until the VFG Company has had an opportunity to investigate the allegation and to determine your entitlement to the compensation.

Restrictive Covenant Violations

If you violate any restrictive covenants in any of your VFG Company agreements, you are not entitled to earn or be credited with any further compensation, notwithstanding any provision of this Operating Guideline to the contrary.



Revenue Sharing Schedule

Compensation contracts follow the schedule below:

	Verity Asset Management		Verity Investments		Verity Financial Group	
	Contract Level	Assets Under Management	Contract Level	Assets Under Management	Contract Level	Issued Premium Requirement*
Financial Advisor	80%	\$ 25,000,000	60%	\$ 25,000,000		
	75%	\$ 15,000,000	60%	\$ 15,000,000		
	70%	\$ 10,000,000	60%	\$ 10,000,000		
	65%	\$ 7,000,000	60%	\$ 7,000,000	55%	\$ 15,000
	60%	\$ 5,000,000	60%	\$ 5,000,000	50%	\$ 7,500
	55%	\$ 3,000,000	55%	\$ 3,000,000	40%	\$ 2,500
	50%		50%		30%	

Notes:

- (1) Contract levels for Verity Asset Management and Verity Investments, Inc. illustrate the percentage paid on revenue to the firm from individual client accounts that is allocated for registered representative or investment advisory representative compensation.
- (2) Compensation for institutional or employer plan contracts will be as agreed upon based upon facts and circumstances on a case by case basis.
- (3) Compensation from employer plans will be paid at Verity Asset Management contract rate.
- (4) For Verity Investments, Inc. commission-based transactions generating a minimum of \$2500 in gross revenue will be paid at Verity Asset Management contract rate.



Terms of Employment/Contracting

Effective Date:

Name:

Rep Code:

Title:

Manager:

Verity Financial Group

55%

50%

40%

30%

Signature:

Date:

Verity Investments, Inc

Currently Securities Licensed?

60%

55%

50%

Signature:

Date:

Verity Asset Management

Current License Held:

80%

75%

70%

65%

60%

55%

50%

Signature:

Date:

Manager Signature:

Date:



280 S. Mangum Street, Suite 550, Durham, NC 27701
(919) 490-6717 Fax: (919) 489-8939

LIFE INSURANCE APPOINTMENT

1. This is a contract between you and Verity Financial Group (VFG). Your Basic Agreement with VFG is incorporated by reference into this agreement and shall have the same effect on this agreement as if it were actually included in this agreement.
2. Until this agreement is terminated, you are authorized to sell certain designated insurance products and services offered from time to time by companies approved by VFG. You may sell only those products from each approved company which have been explicitly designated by VFG for use by the VFG Sales Force and for which you are properly licensed and appointed by the respective companies. You accept this appointment. Each approved company retains the sole authority to determine when and what coverage, if any, has been provided to each customer.
3. VFG will pay or arrange for the payment of commissions to you for the sale by you and your Commission Hierarchy of these products. The procedure for calculation and payment of these commissions will be as provided from time to time by VFG in commission schedules and Operating Guidelines. If you violate this agreement, or the Basic Agreement, VFG will not be obligated to pay you or credit commissions to your account. No commissions are ever payable after termination of this agreement unless specifically provided in this or another written agreement between you and a VFG Company. You further agree that in the event of any violation by you of ANY PROVISION in this or the Basic Agreement, no further commissions shall be paid to reduce any debit balance and any debit balance shall be immediately due and payable by you.
4. VFG in its discretion may also pay or arrange for the payment of "advances" to you. Your advance loan balance will constitute a loan to you that must be repaid. The "commission advance and chargeback system" provided in the commission Operating Guidelines as supplemented from time to time in future Operating Guidelines controls the guidelines for making advances and their repayment.
5. If your advance loan balance or other debts to VFG or other VFG Companies are not repaid in accordance with the commission and advance charge back system, then any Agent in the VFG Sales Force whose own account has been charged directly or indirectly with your loan balance or other debts may collect these amounts from you. Neither VFG nor the Agent charged with your debt will be obligated to proceed through the arbitration process described in the Basic Agreement to collect these amounts. In any proceeding to collect these amounts (i) your VAM commission statement will be conclusively presumed to state these amounts as of the particular date shown on that statement unless you notify VFG in writing of any inaccuracy within 30 days after you receive the statement, (ii) you agree not to assert a counterclaim defense or setoff in that proceeding to the payment by you of these amounts, and (iii) to the extent permitted by law, you authorize VFG or the Agent who is charged with these amounts acting as your attorney-in-fact, to confess judgment on your behalf. VFG or the Agent will be entitled to recover reasonable attorneys fees and other expenses incurred in the proceeding.
6. In addition to those reasons for which this agreement may be terminated under your Basic Agreement, it will automatically terminate, without additional notice, for the following reasons: (i) failure to maintain the appropriate licensing or (ii) termination of your Basic Agreement.
7. This agreement will be governed by the laws of the state of North Carolina except that if for any reason its laws are held not to apply then the laws of the jurisdiction in which your Principal Address is located shall govern.

In signing this agreement, you acknowledge receipt of the applicable Operating Guidelines.

Signature

Date

Print Name

Social Security Number

DOC 2.4



280 S. Mangum St., Suite 550 Durham, NC 27701
919/490-6717 Fax: 489-8939

INVESTMENT ADVISER REPRESENTATIVE AGREEMENT

1. This contract is between you and Verity Asset Management, Inc., formerly known as Verity Investments, Inc., (VAM).
2. VAM is a Registered Investment Adviser (RIA) registered with the SEC. VAM is also a company authorized by Verity Financial Group, Inc. (VFG), formerly known as Verity Asset Management, Inc., to offer financial products and services through the VFG Sales Force. The Basic Agreement with VFG is incorporated by reference into this Agreement and will have the same effect on this agreement as if it were actually included in this agreement.
3. Until this agreement is terminated you are authorized to offer VAM authorized products and services offered from time to time by VAM through the VFG Sales Force where you are properly licensed. You accept this appointment.
4. VAM will pay or arrange for the payment of compensation to you and your Compensation Hierarchy on accounts established through the offering of these products and services. The procedure for calculation and payment of compensation will be as provided from time to time by VAM in compensation schedules. If you violate this Agreement, or the Basic Agreement, VAM will not be obligated to pay you or credit compensation to your account. No compensation is ever payable after termination of this agreement unless specifically provided in this or another written agreement between you and a VFG Company.
5. If any debts to VAM are not repaid by outside agreement, then VAM or any Agent in the VFG Sales Force whose own account has been charged directly or indirectly with your loan balance or other debts may collect these amounts from you. Neither VAM nor the Agent charged with your debt will be obligated to proceed through the arbitration process described in the Basic Agreement to collect these amounts. In any proceeding to collect these amounts (i) your VAM compensation statement will be conclusively presumed to state these amounts as of the particular date shown on that statement unless you notify VAM in writing of any inaccuracy within 30 days after you receive the statement, (ii) you agree not to assert a counterclaim, defense or setoff in that proceeding to the payment by you of these amounts, and (iii) to the extent permitted by law, you authorize VAM or the Agent who is charged with these amounts acting as your attorney-in-fact, to confess judgment on your behalf. VAM or the Agent will be entitled to recover reasonable attorneys' fees and other expenses incurred in the proceeding.
6. The arbitration procedures in the Basic Agreement will not apply to any dispute arising under this agreement if the arbitration rules under one of the following organizations by their terms govern: FINRA, the New York Stock Exchange, the American Stock Exchange or any exchange located in the United States upon which listed options transactions are executed.
7. In addition to those reasons for which this agreement may be terminated under your Basic Agreement, it will automatically terminate, without additional notice, for the following reasons: (i) failure to maintain the appropriate licensing or (ii) termination of your Basic Agreement.
8. While appointed with VAM, you agree not to hold an appointment with any other RIA concurrently without expressed written consent from VAM. Notification of dual registration constitutes grounds for termination of this agreement at the sole discretion of VAM.

Signature

Date

Print Name

Social Security Number

DOC 2.5



280 S. Mangum St. | 550 Diamond View II | Durham, NC 27701

INVESTMENT ADVISORY REPRESENTATIVE ACKNOWLEDGEMENT

I hereby acknowledge that I have received, read, and fully understand each of the following policies and procedures documents. I have, in addition, participated in training covering each of the following on _____ (date) and agree to abide by their provisions:

1. The Verity Asset Management, Inc. IA Policies and Procedures manual, including:
 - a. The Code of Ethics
 - b. Gifts and Gratuities policy – I have reported all applicable gifts and entertainment during the past 12 months on the quarterly Gift Log.
 - c. Social Media policy – I have not communicated or posted any information for business purposes on social networking sites without approval.
2. The Verity Asset Management, Inc. Anti-Money Laundering Program.
3. The Verity Asset Management, Inc. Business Continuity Plan.

I further acknowledge the following:

- I do not at present and will not in the future maintain any personal non-public client information on any portable device, including but not limited to cellular phones and laptop computers. I assume full liability for any loss or expense incurred by the firm for any violations of this policy
- I will not use text messaging for business purposes with persons inside or outside the firm unless I have enrolled in an archiving service approved by the firm. If in receipt of an incoming business-related text, my only response will be to “Please check email, as I am not permitted for regulatory reasons to respond via text for business purposes”
- I am personally responsible for maintaining complete and accurate disclosures of required personal and firm information on all outgoing email from any computer or device.

I understand and agree that violation of any of the firm’s policies and procedures may subject me to disciplinary action including but not limited to fines and/or suspension of business privileges, including loss of rights to compensation during any periods of suspension.

Signature

Date

Print Name

Revised 10/2018



280 S. Mangum St., Suite 550 Durham, NC 27701
919/490-6717 Fax: 489-8939

REGISTERED REPRESENTATIVE AGREEMENT

1. This contract is between you and Verity Investments, Inc. (VI).
2. VI is a broker/dealer, a member of the Financial Industry Regulatory Authority (FINRA). VI is also a company authorized by Verity Financial Group, Inc (VFG), formerly known as Verity Asset Management, Inc., to offer financial products and services through the VFG Sales Force. The Basic Agreement with VFG is incorporated by reference into this Agreement and will have the same effect on this agreement as if it were actually included in this agreement.
3. Until this agreement is terminated you are authorized to offer VI authorized products and services offered from time to time by VI through the VFG Sales Force where you are properly licensed. You accept this appointment.
4. VI will pay or arrange for the payment of compensation to you and your Compensation Hierarchy on accounts established through the offering of these products and services. The procedure for calculation and payment of compensation will be as provided from time to time by VI in compensation schedules. If you violate this Agreement, or the Basic Agreement, VI will not be obligated to pay you or credit compensation to your account. No compensation is ever payable after termination of this agreement unless specifically provided in this or another written agreement between you and a VFG Company.
5. If any debts to VI are not repaid by outside agreement, then VI or any Agent in the VFG Sales Force whose own account has been charged directly or indirectly with your loan balance or other debts may collect these amounts from you. Neither VI nor the Agent charged with your debt will be obligated to proceed through the arbitration process described in the Basic Agreement to collect these amounts. In any proceeding to collect these amounts (i) your VI compensation statement will be conclusively presumed to state these amounts as of the particular date shown on that statement unless you notify VI in writing of any inaccuracy within 30 days after you receive the statement , (ii) you agree not to assert a counterclaim, defense or setoff in that proceeding to the payment by you of these amounts, and (iii) to the extent permitted by law, you authorize VI or the Agent who is charged with these amounts acting as your attorney-in-fact, to confess judgment on your behalf. VI or the Agent will be entitled to recover reasonable attorneys' fees and other expenses incurred in the proceeding.
6. The arbitration procedures in the Basic Agreement will not apply to any dispute arising under this agreement if the arbitration rules under one of the following organizations by their terms govern: FINRA, the New York Stock Exchange, the American Stock Exchange or any exchange located in the United States upon which listed options transactions are executed.
7. In addition to those reasons for which this agreement may be terminated under your Basic Agreement, it will automatically terminate, without additional notice, for the following reasons: (i) failure to maintain the appropriate licensing or (ii) termination of your Basic Agreement. Upon termination of this agreement you agree to pay any FINRA Termination Fee which is applicable at that time.
8. While appointed with VI, you agree not to hold an appointment with any other broker/dealer concurrently without expressed written consent from VI. Notification of dual registration from FINRA also constitutes grounds for termination of this agreement at the sole discretion of VI.

Signature

Date

Print Name

Social Security Number



280 S. Mangum Street, Suite 550, Durham, NC 27701
(919) 490-6717 Fax: (919) 489-8939

**SUPPLEMENT TO:
REGISTERED REPRESENTATIVE AGREEMENT
VARIABLE ANNUITY AUTHORIZATION AGREEMENT**

This agreement is between you and Verity Investments, Inc. (VI) and is a supplement to the Verity Investments, Inc. Registered Representative Agreement.

VI is a broker/dealer and a member of the Financial Industry Regulatory Association (FINRA). VI is also a company authorized by Verity Financial Group, Inc. (VGF) to offer financial products and services through the VFG Sales Force. The Basic Agreement with VFG and the Registered Representative Agreement with VI are incorporated by reference into this Agreement and shall have the same effect on this agreement as if they were actually included in this agreement.

Until this agreement is terminated you are authorized to sell VI authorized variable annuity contracts offered from time to time by VI through the VFG Sales Force where you are properly licensed and appointed. You accept this appointment.

In signing this agreement, you attest that you have satisfactorily completed the Verity Investments, Inc. certification for variable annuities.

Signature

Date

Print Name

Social Security Number

Signature of Verity Investments, Inc. Designee

Title

Date

DOC 4.2



280 S. Mangum Street, Suite 550, Durham, NC 27701
(919) 490-6717 Fax: (919) 489-8939

529 PLAN APPOINTMENT:

ADDENDUM TO REGISTERED REPRESENTATIVE AGREEMENT

By signing this agreement, I am requesting an appointment from Verity Investments, Inc. to market approved products that constitute "municipal fund securities" as defined by the Municipal Securities Regulatory Board (MSRB), and as outlined by the provisions of Internal Revenue Code Section 529.

I acknowledge, and agree to abide by, the following provisions:

- 529 Plans are sponsored by individual states, and as such are classified as municipal securities, not mutual funds. All activities associated with these plans are subject to the rules and regulations of the MSRB.
- The MSRB recognizes FINRA Series 52, 6, and 7 as sufficient to meet licensing requirements. However, these licenses do not constitute an automatic appointment to market 529 Plans. Once appointed, a representative will be assigned to a municipal securities principal for the purposes of ensuring compliance with all applicable MSRB rules.
- All provisions of the Registered Representative Agreement and all provisions of the Compliance Manual apply to this appointment.
- This appointment will lapse, or become inactive, immediately upon any event that renders the underlying securities license inactive.

Signature

Date

Print Name

Rep Number



VERITY
Investments, Inc.

280 S. Mangum St. | 550 Diamond View II | Durham, NC 27701

REGISTERED REPRESENTATIVE ACKNOWLEDGEMENT

I hereby acknowledge that I have received, read, and fully understand each of the following policies and procedures documents. I have, in addition, participated in training covering each of the following on _____ (date) and agree to abide by their provisions:

1. The Verity Investments, Inc. Compliance Manual including:
 - a. Do Not Call Procedures contained in 'Telephone Communications with the Public'
 - b. Insider Trading Policy
 - c. Gifts and Gratuities Policy – I have reported all applicable gifts and entertainment during the past 12 months on the quarterly Gift Log
2. The Verity Investments, Inc. Anti-Money Laundering Program
3. The Verity Investments, Inc. Business Continuity Plan

Signature

Print Name

Date

DOC 4.4



PROHIBITED PRACTICES

SELLING AWAY.

- _____ Acting independently in the securities business or any endeavor that might be construed as involving a security transaction, as an agent for a client or any individual or company without specific written authorization from Verity Investments, Inc. (The Company).
- _____ Accepting compensation, reimbursement of expenses, or other cash payments from unaffiliated issuers, underwriters, sponsors, investment advisors, etc.
- _____ Engaging in the private sale of securities outside the normal association with the Company without prior written approval.
- _____ Raising money from investors without Company approval. This includes, but is not limited to, transactions involving commodities, diamonds, leasing, limited partnerships, oil and gas, precious metals, or real estate.

OUTSIDE ACTIVITIES.

- _____ Acting as a director or officer of any outside corporation without providing prior written notification to Verity Investments, Inc. and then only upon agreement to abide by certain restrictions, including, among other things, that confidential information regarding either Verity Investments, Inc. or clients will not be provided.
- _____ Engaging in any outside business activities without providing prior written notification to Verity Investments.
- _____ Purchasing shares of stock prior to their initial public offering.
- _____ Opening a personal securities account with another broker/dealer without approval by the Company and notification of the other broker/dealer.

COMMUNICATIONS WITH THE PUBLIC

- _____ Using any sales literature other than that provided by the Company or the funds, or using advertisements of any kind, unless previously approved in writing by the Company. (This includes electronic media such as e-mail and web sites.)
- _____ Sending any letters to clients without prior written approval by the Company in each instance.
- _____ Participating in any speaking engagement involving securities without prior written approval by the Company of content and all sales literature and materials to be used.
- _____ Using e-mail to communicate with clients in reference to Company business using any address other than the assigned *verityinvest.com* address.
- _____ Communicating for business purposes on social networking sites.

SALES PRACTICES.

- _____ Accepting currency or monetary instruments, including money orders, travelers checks, and securities in bearer form, from clients under any circumstances.

- _____ Assisting a client in obtaining a loan for the purpose of investing in securities without prior written approval.
- _____ Executing mutual fund and/or variable annuity transactions, including phone exchanges and redemptions, without prior authorization by the client, which must be subsequently confirmed in writing.
- _____ Soliciting securities sales prior to written notification from the Company indicating an approved status in each state where a sale is solicited, and additionally, where any prospective client resides.
- _____ Agreeing to a departure from or alteration of any provision of a customer's agreement without express written consent from Verity Investments, Inc.
- _____ Failing to provide each potential brokerage client with a current prospectus for any fund being discussed.
- _____ Warranting or guaranteeing the present or future value or price of any security or that any company or issuer of securities will meet its promises or obligations.
- _____ Agreeing to repurchase at some future time a security from a client for the employee's account, for the account of the Company, or any other person's account.
- _____ Acting as personal custodian of securities, holding stock powers, money or other property belonging to a client without obtaining prior approval of the Company. Acting as a trustee, administrator or the like for a customer without obtaining prior written approval of the Company.
- _____ Borrowing money or securities from a client or loaning money to a client. other than a family member.
- _____ Accepting compensation from a client or anyone other than the Company, for any securities transaction.
- _____ Maintaining a joint account in securities with any client or sharing any benefit with any client resulting from a security transaction without the Company's prior written approval.
- _____ Entering into any business transaction jointly with a client without prior approval from the Company.
- _____ Settling errors directly with a client without the prior written approval of the Company.
- _____ Giving tax or legal advice to clients while acting as agent for Verity Investments, Inc.
- _____ Accepting orders from a third party without prior written authorization from the customer.
- _____ Asserting that a mutual fund with a contingent deferred sales load (CDSL) is a "no load fund" or stating that there is "no initial load" without explaining the nature of the CDSL.
- _____ Failing to consider the suitability of all trades, including consideration of the client's investment objectives, risk tolerance, age, financial circumstances and the length of time the client plans to maintain the investment.
- _____ Failing to describe any applicable sales charges or fees to clients or to point out the level at which the sales charge is reduced for quantity purchases.
- _____ Failing to explain to all clients who could benefit from them, the uses of Letters of Intent, Rights of Accumulation and Concurrent Purchases.
- _____ Failing to advise clients who purchase shares of more than one fund family that by investing in only one fund family, their sales charges may be lower.
- _____ Switching a client from one mutual fund family to another without explaining all ramifications of the switch and having the client sign the Company's Disclosure and Authorization form.

_____ Distributing to clients research material, reports or other documents marked “Internal Use Only” or “For Broker/Dealer Use Only.”

_____ Sharing commissions with any person who is not a registered representative of Verity Investments, Inc. or rebating any part of a commission to a client.

_____ Offering direct participation programs without an adequate and substantive pre-existing relationship and suitability analysis and without prior approval by the Compliance Officer.

OPERATIONS.

_____ Disclosing to anyone outside of the employment of Verity Investments, Inc. information concerning a customer’s transactions or accounts without the prior written approval of the Company and the client.

_____ Failing to inform the Company, within 7 days, of any changes of information included in the original U-4.

_____ Failing to immediately communicate in writing any customer complaints, written or verbal, to a registered principal of the Company.

_____ Forwarding confirmations or statements of accounts other than to the official mailing address of the client.

_____ Opening mail unless functioning as person in charge of a branch office.

_____ Preparing and/or providing to customers confirmations and statements.

_____ Failing to submit or mail securities sales to the home office within one business day of execution.

GIFTS.

_____ Spending more than a reasonable amount for the entertainment of customers without prior approval from the Company or giving any gratuity in excess of \$100 per year to an employee of a client.

_____ Accepting a gift in money or property from a client without the prior approval of the Company.

_____ Accepting non-cash sales incentives from issuers, underwriters, sponsors, etc. in excess of \$100 per year.

INSIDER TRADING.

_____ Trading, either personally or on behalf of others, on material nonpublic information or communicating material nonpublic information to others in violation of the Insider Trading and Securities Fraud Enforcement Act of 1988.

I acknowledge that I understand and agree to abide by each of the above provisions.

Signature

Date

Print Last Name

**TO BE COMPLETED BY
GROUP ADMINISTRATOR ONLY**

Group No.: _____

Effective Date: _____

Admin. Name: _____

Declination of Coverage

EMPLOYEE NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
DATE OF FULL-TIME EMPLOYMENT	DATE OF BIRTH	GROUP NAME	
GROUP ADDRESS			

CHECK ONE ONLY:

- I am rejecting Employee Coverage
- I am rejecting Dependent/Spouse Coverage

I certify that I have been given the opportunity to participate in the group health insurance plan offered by my employer and have declined to participate. I have declined to participate for the following reason (*check one*):

- Another plan offered by my employer
- My spouse's group coverage
- An individual plan
- A government plan (*type*)
- COBRA or State Continuation
- I and/or my dependents are currently not covered by any other health benefit plan
- Other (*explain*): _____

Names of any dependents rejecting coverage for this group plan:

I understand that if I elect to apply for coverage for myself, my spouse, and/or my dependent children through this employer health benefit plan at a later time, the application may be subject to an extended waiting period for pre-existing conditions or I may be delayed until the employer's open enrollment period.

Signature of Employee _____ Date _____

Notice of Declination of Coverage must be received by Blue Cross and Blue Shield of North Carolina within 30 days of the date that employee is first eligible for coverage.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at bcbsnc.com or by calling **1-877-258-3334**.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,500 person/ \$3,000 family in-network. \$3,000 person/ \$6,000 family out-of-network. Doesn't apply to In-Network preventive care. Coinsurance and copayments do not apply to the deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For In-Network \$3,500 person/ \$6,000 family For Out-Of-Network \$7,000 person/ \$12,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, copayments, and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of In-Network providers, see www.bcbsnc.com/content/providersearch/index.htm or	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .

Questions: Call 1-877-258-3334 or visit us at bcbsnc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at cciio.cms.gov/programs/consumer/summaryandglossary/index.html or call 1-877-258-3334 to request a copy.

	please call the number on the back of your card	
Do I need a referral to see a specialist?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on a later page. See your policy or plan document for additional information about excluded services.



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating providers by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% co-insurance	50% co-insurance	---none---
	Specialist visit	20% co-insurance	50% co-insurance	---none---

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P182671 C252809

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
	Other practitioner office visit	20% co-insurance	50% co-insurance	Visit limits may apply
	Preventive care/screening/immunization	No Charge	30% co-insurance	Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	20% co-insurance	50% co-insurance	No coverage for tests not ordered by a doctor
	Imaging (CT/PET scans, MRIs)	20% co-insurance	50% co-insurance	Prior authorization may be required for benefits to be provided.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.bcbsnc.com/content/services/formulary/presdrugben.htm	Generic drugs	20% co-insurance	20% co-insurance	-No coverage for drugs in excess of quantity limits, or therapeutically equivalent to an over the counter drug -For Infertility limited to \$5,000
	Preferred brand drugs	20% co-insurance	20% co-insurance	Same as above
	Non-preferred brand drugs	20% co-insurance	20% co-insurance	Same as above
	Specialty drugs	20% co-insurance	20% co-insurance	Coverage is limited to a 30 day supply
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance	50% co-insurance	---none---
	Physician/surgeon fees	20% co-insurance	50% co-insurance	---none---

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P182671 C252809

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need immediate medical attention	Emergency room services	20% co-insurance	20% co-insurance	---none---
	Emergency medical transportation	20% co-insurance	20% co-insurance	---none---
	Urgent care	20% co-insurance	20% co-insurance	---none---
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance	50% co-insurance	-No coverage for admissions prior to the effective date of coverage. - Precertification required
	Physician/surgeon fee	20% co-insurance	50% co-insurance	---none---
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% co-insurance/ outpatient	50% co-insurance/ outpatient	Prior Authorization may be required
	Mental/Behavioral health inpatient services	20% co-insurance	50% co-insurance	-Precertification Required.
	Substance use disorder outpatient services	20% co-insurance/ outpatient	50% co-insurance/ outpatient	Prior Authorization may be required
	Substance use disorder inpatient services	20% co-insurance	50% co-insurance	-Precertification required.
If you are pregnant	Prenatal and postnatal care	20% co-insurance	50% co-insurance	No coverage for maternity for dependent children
	Delivery and all inpatient services	20% co-insurance	50% co-insurance	Same as above

Questions: Call 1-877-258-3334 or visit us at bcbsnc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at cciio.cms.gov/programs/consumer/summaryandglossary/index.html or call 1-877-258-3334 to request a copy.

P182671 C252809

Common Medical Event	Services You May Need	Your cost* if you use a		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need help recovering or have other special health needs	Home health care	20% co-insurance	50% co-insurance	Prior authorization may be required for benefits to be provided
	Rehabilitation services	20% co-insurance	50% co-insurance	-Coverage is limited to 30 visits per benefit period for OT/PT/Chiropractic -Coverage is limited to 30 visits per benefit period for ST
	Habilitation services	Not Covered	Not Covered	Services to preserve present level of function and prevent regression are not covered
	Skilled nursing care	20% co-insurance	50% co-insurance	-Coverage is limited to 60 days per benefit period -Precertification required
	Durable medical equipment	20% co-insurance	50% co-insurance	-Prior authorization may be required for benefits to be provided -Limits may apply
	Hospice services	20% co-insurance	50% co-insurance	Precertification required for inpatient services
If your child needs dental or eye care	Eye exam	0% co-insurance	50% co-insurance	Annual limits apply
	Glasses	Not Covered	Not Covered	---none---
	Dental check-up	Not Covered	Not Covered	---none---

*HSA/HRA funds, if available, may be used to cover eligible medical expenses

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P182671 C252809

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other **excluded services**.)

- Acupuncture**
- Cosmetic surgery
- Dental care (adult)
- Hearing aids**
- Long-term care
- Non-emergency care outside the US (HMO)
- Routine foot care**
- Weight loss programs
- Benefits paid as a result of injuries caused by another party may need to be repaid to the health plan or paid for by another party under certain circumstances

*HSA/HRA funds, if available, may be used to cover eligible medical expenses

**Self-funded groups may cover this service; check your benefit booklet for details

Other Covered Services (This isn't a complete list. Check your policy or plan document for other **covered services and your costs for these services**.)

- Bariatric surgery***
- Chiropractic care***
- Routine eye care (Adult)***
- Hearing aids (under age 22)***
- Infertility***
- Non-emergency care outside the US (PPO)
- Private duty nursing

***Self-funded groups may not cover this service; check your benefit booklet for details

Verity Financial Group

Premium Table: October 1, 2013 - September 30, 2014

Employee Only: \$334.67

Employee + Spouse: \$701.28

Employee + Children: \$546.97

Family: \$1,092.41

Questions: Call 1-877-258-3334 or visit us at bcbsnc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at cciio.cms.gov/programs/consumer/summaryandglossary/index.html or call 1-877-258-3334 to request a copy.

P182671 C252809

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at the number listed on your ID card. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: BCBSNC at 1-877-258-3334 or mybcbsnc.com. You may also receive assistance from the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, if applicable. You may also contact North Carolina Department of Insurance at 1201 Mail Service Center, Raleigh, NC 27699-1201, or 800-546-5664 (outside North Carolina), 919-807-6750 (in North Carolina), if applicable.

Additionally, a consumer assistance program can help you file your appeal. Services provided by the Managed Care Patient Assistance Program are available through the North Carolina Department of Insurance. Contact Health Insurance Smart NC, North Carolina Department of Insurance, 1201 Mail Service Center, Raleigh, NC 27699-1201, Toll free: (877) 885-0231.

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al número que aparece al respaldo de su tarjeta del seguro.

Tagalog (Tagalog): Para matulungan sa Tagalog, tawagan ang numerong nasa likuran ng insurance card.

Chinese (中文): 如需國語或廣東話協助，請致電您保險卡背面的電話號碼。

Navajo (Dine): Diné bizaad bee shiká'adoowol nínzingo kwojì' hólné', naaltsoos áłts'ísí nantinígíí bine'déé' binámboo bikáá'.

-----To see examples how this plan might cover costs for a sample medical situation, see the next page -----

Questions: Call 1-877-258-3334 or visit us at bcbsnc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at cciio.cms.gov/programs/consumer/summaryandglossary/index.html or call 1-877-258-3334 to request a copy.

P182671 C252809

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,500
- **Plan pays** \$4,700
- **You pay** \$2,800

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$0
Total	\$7,500

Patient pays:

Deductibles	\$1,500
Co-pays	\$0
Co-insurance	\$1,100
Limits or exclusions	\$200
Total	\$2,800

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** \$3,900
- **You pay** \$1,500

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$1,500
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$0
Total	\$1,500

Questions: Call 1-877-258-3334 or visit us at bcbsnc.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at cciio.cms.gov/programs/consumer/summaryandglossary/index.html or call 1-877-258-3334 to request a copy.

P182671 C252809

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- Patient's condition was not an excluded or preexisting condition
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box for each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should consider also contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
All employees.

Some employees. Eligible employees are:

- With respect to dependents:
We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy): _____

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

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.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.