

H. SELECTION OF MODE OF ADVANCE

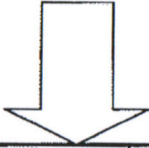
Please select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

Six-Month (QB1) Nine-Month (QB2) Twelve-Month (QB3)


WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION


By: _____
Name: _____
Title: _____
Date: _____

| |
|-------------------------------------|
| GENERAL AGENT/REPRESENTATIVE |
| By: _____ |
| Name: _____ |
| Title: _____ |
| Date: _____ |



ACKNOWLEDGED AND ACCEPTED:

| |
|---|
| MASTER GENERAL AGENCY |
| By:  |
| (Signature always required) |
| Name: <u>Karl Schuecker</u> |
| Title: <u>ZFG / Partner</u> |
| Date: _____ |



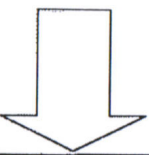
Date
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**WOODMEN OF THE WORLD/ASSURED
LIFE ASSOCIATION**


By: _____
Name: _____
Title: _____
Date: _____

GENERAL AGENT/REPRESENTATIVE

By: _____
(Signature always required)
Name: _____
Title: _____
Date: _____



ACKNOWLEDGED AND ACCEPTED:

| |
|---|
| MASTER GENERAL AGENCY |
| By:  |
| (Signature always required) |
| Name: <u>Karl Schuckert</u> |
| Title: <u>3 FG Partner</u> |
| Date: _____ |

Date →
Here

