

Primerica Secure™ Referral Program Agent Certification

As a Primerica Representative, I agree to the following conditions governing my participation in the Primerica Secure™/ Surex Direct referral program:

1. I will not act as or hold myself out as a General Insurance agent for the purposes of the Primerica Secure™ referral program and will only refer clients to Surex Direct for Home or Auto insurance products and advice. I will not offer any Home or Auto insurance advice or advise clients or the public on Home or Auto insurance products.
2. I will not represent myself as a broker or agent of Surex Direct. I do not have the authority to enter into any agreements or make promises on Surex Direct's behalf. I will not promise any level of discounts to clients.
3. I understand that clients must provide their own information to Surex Direct, as applicable. Any client questions must be directed to Surex Direct, as applicable, for assistance. I will not act on clients' behalf.
4. At all times, my participation in the Referral Program is subject to my compliance with Primerica compliance policies and procedures, including but not limited to the Primerica Referral Policy. I will only use the prescribed referral cards and other materials authorized by Primerica Home Office. I will not use any materials that have not been authorized by Primerica Home Office.
5. I will satisfy any regulatory requirements I must comply with arising from any life insurance licence, accident and sickness insurance licence or mutual fund registration that I hold, including but not limited to, acting in good faith, providing clients with required disclosures, and avoiding any potential or apparent conflicts of interest.
6. Compensation:
 - I understand and agree that any compensation payable to me under the Referral Program will be remitted to me by Primerica Client Services Inc.
 - The compensation paid to me will be according to the compensation schedules on the Primerica Secure™ Canada page on POL, as applicable, which may change from time to time
 - All compensation payable to me under the Referral Program is subject to the terms of the Primerica Client Services Commission Agreement and the Primerica Commissions Operating Guideline for Primerica Client Services Inc.
7. I acknowledge that Primerica reserves the right to make changes to the terms of the Referral Program from time to time.
8. I agree that if these conditions are not followed I will not be able to participate in the Referral Program.

Primerica Representative Signature

Print Name

Solution Number

Date

RVP Name: **Matt Hackman**

RVP Solution Number: **CT222**