

Morganics and U.S. Life Insurance Co.
"Life Plan"
Associates Life Insurance Agreement

1. I will purchase and use the Morganics "Life Plan" products, at the Associates price of \$104.80 under the Morganics auto-ship program each month. Morganics retains the right to amend the products and/or the Associates price of the "Life Plan" Program.
2. I will complete the standard U.S. Life Insurance Co. application form for submittal to Morganics to establish insurability to U.S. Life Insurance Co. Morganics and U.S. Life Insurance Co. must approve my application before coverage will commence. Upon approval coverage will commence on the 1st day of the month following the date of acceptance of the application.
3. I understand there is a maximum of \$50,000 coverage until the age of 35, and decreasing coverage thereafter; according to my age, as outlined and published by Morganics. I realize that I can no longer get "Free Life Insurance" at age seventy (70) and above. I further understand that, even though I am insured under the "Life Plan" Program, that upon my 70th birthday my policy will no longer be in affect.
4. I understand that Morganics holds the "Life Plan" policy as authorized by U.S. Life Insurance Co. I hereby give my permission to Morganics to administer my "Free Life Insurance" Program.
5. This "Free Life Insurance" Program has no "Waiver of Premium" privilege. I understand that I lose my Free Life Insurance when I stop participating in the "Life Plan" program and my insurance coverage immediately terminates upon my cancellation of the auto-ship program.
6. I understand that I lose my "Free Life Insurance" when I leave the "Life Plan" program, for any reason, and I may not re-qualify for "Free Life Insurance", for one full year (12 months). I understand that Morganics offers no grace period to re-qualify.
7. I have read and agree to the terms of the Morganics Associates agreement and I understand that I am not an employee of Morganics; but am associated with Morganics as an Independent Contractor only.

Associate Name (Print)

Associate Signature

Date