

I, \_\_\_\_\_, acknowledge that access to My Assistant through Joline Associates (“JA”) is a service that normally would include a charge per case. By agreeing to place my term cases through JA and using the My Assistant process to do so, JA agrees to absorb all such charges for cases that subsequently generate a fully completed application for coverage submitted to an approved JA carrier. Such access will be provided once you have been appointed with the appropriate carriers under JA. To use My Assistant, you also agree to the terms and conditions of My Assistant which may be accessed online.

JA will provide all necessary training and coordination to make your use of the My Assistant process successful. As stated above, JA will pay the My Assistant fee on your behalf for good orders resulting in an application being submitted to JA; there will be no reduction in the commission levels paid to you as a result of your use of the My Assistant process.

If an order submitted by you through My Assistant does not result in a completed application being forwarded to JA, then you hereby agree to reimburse JA the cancellation fee then in effect (the current fee is \$25 per case and you will be notified of future changes, if any). An example of such a transaction would include you “placing an order” through [www.jolineassociates](http://www.jolineassociates.com) to initiate the My Assistant process, and then the proposed insured refusing to provide the information needed to complete the application or refusing to complete the medical requirements. If such an event occurs, JA will notify you and request the \$25 reimbursement. If such payment is not received within 30 working days, your access to the My Assistant process will be cancelled.

By signing below, you agree to the above process and conditions.

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
EMAIL \_\_\_\_\_  
Date \_\_\_\_\_

Pat Joline, CLU, ChFC \_\_\_\_\_  
President, Joline Associates  
Date \_\_\_\_\_