



*First Colony Life Insurance Company*

*A GE Financial Assurance company*

PRODUCER & EMPLOYEE  
GUIDE TO  
ETHICAL  
MARKET  
CONDUCT



## ***Code of Ethical Conduct***

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As a representative of First Colony Life Insurance Company, it is my professional responsibility to:

1. Make recommendations and present products based on an analysis of the insurable needs or financial objectives of the customer.
2. Strive to provide each customer with an understanding of the nature of any recommended product and its features, and to provide honest and accurate disclosure for an informed purchasing decision.
3. Treat each customer with respect and dignity; and protect the privacy of each customer's confidential information.
4. Establish and maintain the trust and confidence of every customer by delivering high quality service.
5. Present the Company, its products and the Industry in a fair and professional manner.
6. Improve professional skills through continuing education and increased knowledge of industry issues and products.
7. Keep informed of and comply with applicable laws, regulations, and Company requirements.
8. Communicate my concerns about activities which may be in violation of this Code.

## ***A Letter To Producers and Employees***

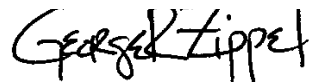
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It is my belief that a vital element for the success of First Colony Life Insurance Company is a strong commitment to high standards of business practices and market conduct in the insurance marketplace. Our ***Producer and Employee Guide to Ethical Market Conduct*** sets forth the business practices and values which are fundamental to our company and our industry.

First Colony Life Insurance Company fully supports the Insurance Marketplace Standards Association (IMSA) and has adopted IMSA's Market Conduct Program. The IMSA Principles that are the standards and requirements for membership are enclosed for your reference.

Our ***Code of Ethical Conduct*** represents our view of proper market conduct. This Code, along with IMSA's Principles, creates the foundation of our market conduct philosophy.

Please join me in making a personal commitment to embrace this market conduct program. As producers and employees of First Colony Life Insurance Company, we are all responsible for upholding these principles and values. Therefore, please read the enclosed material carefully.



*President*

## The Code of Ethical Conduct – What It Means

# THE GE CODE

### **CODE 1 | Make recommendations and present products based on an analysis of the insurable needs or financial objectives of the customer.**

In making recommendations to a customer, we believe that producers should have reasonable grounds to believe that the recommendations address the customer's insurable needs or financial objectives. Each customer's circumstances should be discussed, including relevant financial information, the customer's need for insurance should be reviewed, and values, benefits, and costs of existing programs should be considered when making recommendations.

We strongly encourage the use of fact-finding and needs analysis tools to assist producers in determining customers' needs and objectives. A list of recommended financial analysis tools and training on needs based selling is available from our general agents, or directly from the Company, by calling (888) 325-7378.

### **CODE 2 | Strive to provide each customer with a thorough understanding of the nature of any recommended product and its features, and provide honest and accurate disclosure for an informed purchasing decision.**

We believe that producers should have an understanding of the features and operations of the products that are presented and provide customers with information that is consistent with making appropriate buying decisions. Our producers should clearly identify the product being sold and provide balanced, complete information on features, benefits, costs, limitations and contract terms.

We are committed to providing clear, straightforward and factual sales and advertising materials. Therefore, the Company requires all advertising of and sales material about its products to be approved prior to use. The advertising approval process, Company standards and related laws and regulations are outlined in our *General Agent Product, Procedure and Compliance Manual* available through our general agents.

It is important that illustrations of our products be used appropriately in sales presentations. To ensure that all illustrations contain the required information, only pre-approved illustrations may be used.

The Company considers replacement of policies to be inappropriate unless the replacement is in the best interest of the customer. From a customer's perspective, an appropriate replacement is one that is justifiable from either an economic or personal standpoint. All replacements must be in compliance with applicable regulations and Company rules.

### **CODE 3 | Treat each customer with respect and dignity and protect the privacy of each customer's confidential information.**

In our normal course of business, we are in a position to accumulate personal and financial information about our customers. We believe our integrity and the confidence entrusted to us by our customers are the foundation on which we build our business success. We acknowledge that customers place their trust in our producers and employees and that nothing should jeopardize that trust.

**CODE 4 | Establish and maintain the trust and confidence of every customer by delivering high quality service.**

We are committed to providing quality products and services. We expect our producers to make a commitment to customers to provide and maintain competent sales and service. We promote industry education and require all producers and employees to have the appropriate qualifications and training.

Maintaining customer trust and confidence requires that we respond promptly and thoroughly to customer complaints. The Company defines a Customer Complaint as a written or documented oral communication received by an insurer or its representative which primarily expresses a grievance.

**CODE 5 | Present the Company, its products and the Industry in a fair and professional manner.**

We believe that ethical sales practices are essential for success in today's business and regulatory environment. We will not engage in unfair competition including making disparaging or misleading remarks about a competitor. In the effort to support fair competition, we will make accurate representations of our Company coverages and products to customers. We will comply with all applicable laws and regulations with respect to competing in the marketplace.

**CODE 6 | Improve professional skills through continuing education and increase our knowledge of industry issues and new products.**

Ongoing education is fundamental to competent and customer-focused business practices. Education generally consists of current knowledge regarding industry issues, emerging trends, laws and regulations and product information. A variety of resources, including the Company, professional trade groups and independent third party vendors, are available for producers and employees to further their professional skills. A list of specific training resources is available from the Company by calling (888) 325-7378.

**CODE 7 | Keep informed of and comply with applicable laws, regulations, and Company requirements.**

We are committed to complying with all applicable laws and regulations, our Code of Ethical Conduct and IMSA's Principles. Each producer and employee is expected to adhere to all requirements regarding the sale and marketing of our products. Failure to comply with laws, regulations and Company policies could result in disciplinary action, up to and including termination of the relationship. We will maintain and enforce policies and procedures to reasonably ensure compliance, including a system for monitoring sales practices and effectiveness of training, and communicating all Company requirements.

**CODE 8 | Communicate my concerns about activities which may be in violation of this Code.**

If you have a concern about what constitutes appropriate conduct for you or anyone else, inform the Company of your concern by calling (888) 251-4332. We will provide a timely and confidential response to questions about appropriate producer and employee conduct.

**The Producer and Employee Guide to Ethical Market Conduct does not address all situations that may arise in the course of doing business. If you have specific questions or concerns regarding laws and regulations, Company requirements, or IMSA's Principles that cannot be addressed at a local level, please contact us directly.**

# IMSA PRINCIPLES

**PRINCIPLE 1** To conduct business according to high standards of honesty and fairness and to render that service to its customers which, in the same circumstances, it would apply to or demand for itself.

**CODE A** Insofar as individual products or those marketed on an individual basis are concerned, its distributors make reasonable efforts to determine the insurable needs or financial objectives of its customers based upon relevant information obtained from the customer and enter into transactions which assist the customer in meeting his or her needs or financial objectives.

**CODE B** It maintains compliance with applicable laws and regulations.

**CODE C** In cooperation with consumers, regulators and others, it affirmatively seeks to improve the practices for sales and marketing of life and annuity products.

**CODE D** The Principles and Code of Ethical Market Conduct are reflected in company policies and practices.

**PRINCIPLE 2** To provide competent and customer focused sales and service.

**CODE A** Its distributors are of good character and business repute, and have appropriate qualifications and training.

**CODE B** Its distributors are duly licensed or otherwise qualified under state law.

**CODE C** Its distributors and employees involved in the sales process are adequately trained, as appropriate to the insurer's distribution system, to focus on customers' needs and objectives.

**CODE D** Its distributors have adequate knowledge of the insurer's products and their operation.

**CODE E** Its distributors and employees involved in the sales process are trained, as appropriate to its distribution system, in the need to comply with applicable insurance laws and regulations and the concepts in the Principles and Code of Ethical Market Conduct.

**CODE F** Its distributors and employees involved in the sales process participate, as appropriate to the insurer's distribution system, in continuing education.

**PRINCIPLE 3** To engage in active and fair competition.

**CODE A** It maintains compliance with applicable state and federal laws fostering fair competition.

**CODE B** Its distributors do not replace existing life insurance policies and annuity contracts without first communicating to the customer, in a manner consistent with Principle 4, information that he or she needs in order to ascertain whether such a replacement of existing policies or contracts may or may not be appropriate.

**CODE C** Its distributors and employees involved in the sales process refrain from disparaging competitor insurers.

**PRINCIPLE 4** To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.

- CODE A** Presentation of any material designed to lead to sales or solicitation of life and annuity products is done in a manner consistent with the needs of the customer. All such sales or solicitation communications should be based upon the principles of fair dealing and good faith, and will have a sound basis in fact.
- CODE B** Materials presented as part of a sale are comprehensible in light of the complexity of the product being sold.
- CODE C** It maintains compliance with applicable laws and regulations related to advertising, unfair trade practices, sales illustrations, and other similar provisions.
- CODE D** Illustrations of premiums and considerations, costs, values, and benefits are accurate and fair, and contain appropriate disclosure of amounts which are not guaranteed and those which are guaranteed in the policy or contract.

**PRINCIPLE 5** To provide for fair and expeditious handling of customer complaints and disputes.

- CODE A** Complaints are identified, evaluated, and handled in compliance with applicable laws and regulations related to consumer complaint handling.
- CODE B** Good faith efforts are made to resolve complaints and disputes without resorting to civil litigation.

**PRINCIPLE 6** To maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles and Codes of Ethical Market Conduct.

- CODE A** It establishes and enforces policies and procedures reasonably designed to comply with the Principles and Code of Ethical Market Conduct.
- CODE B** There is an adequate system of supervision of the market activities of its distributors and employees involved in the sales process in order to monitor their compliance with these Principles and Code and applicable laws and regulations.
- CODE C** Compliance training sessions are conducted for employees involved in the sales process and instruction on the company's compliance requirements is made available to all distributors.
- CODE D** Policies and procedures provide for internal auditing and monitoring of information related to sales practices of its employees involved in the sales process and distributors.

If you are requesting an appointment with the Company, *The Producer Information Form* and the *Acknowledgment Form* at the back of this booklet must be completed and returned to your general agent. Failure to provide all requested information and to sign the Acknowledgment Form will result in a rejection of your appointment request.

**First Colony Life**

# Producer Information Form

( Please fill out form completely and return to  
First Colony Life Insurance Company )

Name: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Business Name: \_\_\_\_\_ TIN \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

(Note: One of the above addresses must be a street address.)

Which is your preferred mailing address?  Home  Business

Distributor Identification:  Individual  Agency  Corporation  Partnership  Bank

Resident license state: \_\_\_\_\_ Resident state license number: \_\_\_\_\_

Resident state license line of business: \_\_\_\_\_

Additional state licenses: (include license number and line of business) \_\_\_\_\_

Resident address(es) for last seven (7) years: (attach additional sheets if necessary)

Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____

Employment history last seven (7) years: (attach additional sheets if necessary)

Employer	Address	Dates employed
_____	_____	_____
_____	_____	_____

Active appointments with other insurance companies: (attach additional sheets if necessary)

Company name	Contact name	Contact phone number
_____	_____	_____
_____	_____	_____

Have you used any other names, or aliases, in the last 7 years? Yes  No

If "yes," please list any/all such names:

\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY THE BGA:**

BGA Name \_\_\_\_\_ BGA FCL Code # \_\_\_\_\_

Commissions payable to \_\_\_\_\_ (Complete only if the payee is other than the producer/entity for which this PIF is completed)

Commission Schedule \_\_\_\_\_ (Attach Brokerage Authorization in the name of the party to receive the commissions)

# Business Practices

**If you answer "Yes" to any questions below, please provide details to the corresponding question on the attached Business Practices – Details.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any state or federal regulatory agency filed a complaint against you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any E&O carrier ever denied, paid claims, or canceled your coverage? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you personally ever filed a bankruptcy petition or been declared bankrupt? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has any insurance or securities brokerage firm with whom you have been associated ever filed a bankruptcy petition or been declared bankrupt either during your association or within 5 years after termination of such association? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any unsatisfied judgments, garnishments or liens against you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you in debt to any insurance company? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been convicted of or pled guilty to any felony or misdemeanor other than a minor traffic offense? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently a party to any litigation or the subject of any investigations? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you connected in any way with a bank, savings and loan association, or other lending or financial institution? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Reminder: All advertisements referring to First Colony Life or its products must be approved in writing by First Colony Life prior to use.**

I acknowledge and agree that this *Producer Information Form* does not constitute a contract. I acknowledge the Company's continuing legitimate business need for additional financial and personal background information. Finally, I acknowledge and agree that my appointment will, in part, be based upon this *Producer Information Form* and background information, and that any representation made herein which is found to be inaccurate or incomplete shall be grounds for termination of my appointment.

I authorize the employers and insurance company listed herein to release any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same.

I hereby certify under penalty of perjury that the information herein is accurate and complete.

I have read, understood, and agree to comply with the *Producer and Employee Guide to Ethical Conduct* and the *Commitment to Ethics in the Marketplace*.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **Business Practices – Details**

**(If you answered “Yes” to any questions above, please provide details to the corresponding questions only.)**

1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?

*If Yes:*

Month/ Year _____ / _____ Action taken & reason along with your account of the situation _____ _____ _____ _____
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2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?

*If Yes:*

Month/ Year _____ / _____ The nature of the activity resulting in the fine or disciplinary action & your account of the situation _____ _____ _____ _____
The amount of the fine &/or specific disciplinary action taken _____

3. Has any state or federal regulatory agency filed a complaint against you within the last 7 years?

*If Yes:*

Month/ Year _____ / _____ The nature of the complaint & your account of the situation _____ _____ _____ _____
The disposition of the complaint (i.e. - fine or disciplinary action, etc.) _____

4. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you?

*If Yes:*

Month/ Year _____ / _____ The reason for denial, revocation or payment and your account of the situation _____ _____ _____ _____
The amount of the payment _____

5. Has any E&O carrier ever denied, paid claims, or canceled your coverage?

*If Yes:*

Month/Year _____/_____/_____
The nature of the circumstances resulting in the claim including your account of the situation _____
_____
_____
The disposition of the claim _____
The amount claimed _____
The amount paid by the E&O carrier, if any _____

6. Have you personally ever filed a bankruptcy petition or declared bankrupt?

**For Chapters 7, 11, & 12:**

*If Yes:*

The date of discharge* _____/_____/_____
The reason for filing (i.e. medical bills, divorce, credit cards debt, etc.)* _____
_____
The dollar amount discharged _____
The dollar amount of any outstanding obligations not discharged in bankruptcy, (i.e. taxes) _____
Explanation of obligation _____
Payment schedule (amount & frequency) _____
Current balance _____
Average annual income for the last 2 years _____
<b>*If the bankruptcy was discharged over 7 years ago, only these two questions will be required.</b>

**For Chapter 13:**

*If Yes:*

The date of filing _____/_____/_____
The date of discharge* _____/_____/_____
The reason for filing _____
_____
<b>*If payments are still being made, we will need</b>
Amount and frequency of the payments _____
Projected completion date _____
Current balance _____
Average annual income for the last 2 years _____

7. Has any insurance or securities brokerage firm with whom you have been associated ever filed a bankruptcy petition or been declared bankrupt either during your association or within 5 years after termination of such association?

*If Yes:*

Approximate date of filing _____ / _____ / _____
Your position with company _____
If officer or directly involved with circumstances leading to filing, provide the reason & specific involvement
_____
_____
_____

8. Are there any unsatisfied judgments, garnishments or liens against you?

**Judgements:**

*If Yes:*

Month/ Year _____ / _____
The reason the judgement was obtained & your specific involvement _____
_____
_____
Payment schedule (amount & frequency) _____
The original amount of the judgement _____
The outstanding amount of the judgement _____

**Liens or Garnishments:**

*If Yes:*

Month/ Year _____ / _____
The reason for the lien or garnishment & your specific involvement _____
_____
_____
_____
The original amount of the lien or garnishment & the current balance _____
Is there a payment schedule in place (if so, amount & frequency of payments) _____
Average annual income for the past two years _____
Projected completion date _____ / _____ / _____

9. Are you in debt to any insurance company?

*If Yes:*

Month/ Year _____ / _____
Name of the company _____
The reason for the debt & and your account of the situation _____
_____
_____
_____
The original amount of the debt & the current balance _____
Is there a payment schedule in place (if so, amount & frequency of payments) _____
Average annual income for the past two years _____
Projected completion date _____ / _____ / _____

10. Have you ever been convicted of or pled guilty to any felony or misdemeanor other than a minor traffic offense?

*If Yes:*

Month/ Year _____/_____
Circumstances surrounding the conviction & your account of the situation _____
_____
_____
Type of conviction (misdemeanor or felony) _____
Final disposition (fine, probation, jail, etc.) _____
Have all requirements been satisfied? _____

11. Are you currently a party to any litigation or the subject of any investigations?

**Litigations:**

*If Yes:*

Month & Year litigation began _____/_____
Circumstances surrounding the litigation, including your account of the situation _____
_____
_____
How are you directly involved in the litigation? _____
_____
The amount of damages claimed _____
Current status of the litigation _____

**Investigations:**

*If Yes:*

Month & Year investigation began _____/_____
Circumstances surrounding the investigation, including your account of the situation _____
_____
_____
The current status of the investigation _____

12. Are you connected in any way with a bank, savings and loan association, or other lending or financial institution?

*If Yes:*

Name of institution _____
Type of affiliation with institution _____



# Disclosure Of Intent To Obtain Consumer Reports

GE Financial Assurance

This is to advise you that GE Financial Assurance Holdings, Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility of employment, appointment, promotion, reassignment, and/or retention as an employee, agent and or representative of GE Financial Assurance Holdings, Inc., or one or more of its affiliates.

To obtain such consumer reports, Federal law requires that GE Financial Assurance Holdings, Inc. obtain your written authorization. In that regard, please date and sign the Authorization to Obtain Consumer Reports below and return this entire document to your GE Financial Assurance Holdings, Inc. contact or representative.

### Authorization to obtain consumer reports

The undersigned hereby authorizes GE Financial Assurance Holdings, Inc. and its affiliates to procure one or more consumer reports with respect to establishing my eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent, and/or representative of GE Financial Assurance Holdings, Inc., or one or more of its affiliates.

Signature

Print name

Date

**Affiliated Companies:** GE Life and Annuity Assurance Company, General Electric Capital Assurance Company, GE Capital Life Assurance Company of New York, American Mayflower Life Insurance Company of New York, Heritage Life Insurance Company, Heritage Indemnity Company, First Colony Life Insurance Company, Union Fidelity Life Insurance Company, Capital Brokerage Corporation, Colonial Penn Insurance Company, GE Investment Distributors, Inc.