

YOUR 2019 E&O PROGRAM!

Freedom Financial Solutions, LLC 2019-2020 Group Sponsored Errors & Omissions Program



Fast & Easy enrollment
Low Rates
Multiple Payment Options
Dedicated Customer Service Team
A+ (Superior) Rated Carrier

Enroll Online Today at: www.calsurance.com/ffs







Freedom Financial Solutions, LLC Outline of Coverage

Policy Period:

September 1, 2019 to September 1, 2020

Insurer:

Arch Insurance Company (A Member of Arch Insurance Group)

2019 A.M. Best's: A+ (Superior): XV

"The information obtained from A.M. Best dated October 11, 2018 is not in any way CalSurance Associate's warranty or guaranty of the financial stability of the insurer in question, and that the information is current only as of the date of publication."

Policy Number: CAP004544208

Risk Purchasing Group Membership:

By applying for this insurance, agents are applying for membership in the Financial Sales Professionals Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901et seg.). There is no additional charge for this membership.

Limits of Liability:

\$1,000,000 Each Claim \$1,000,000 Aggregate Each Agent

Annual Policy Aggregate:

\$25,000,000 All Insureds

Defense Costs:

Inside the Limits of Liability

Deductible (Damages & Defense):

\$1,000 Each Claim Each Agent for Insurance Products

of Freedom Financial Services

\$2,500 Each Claim Each Agent for all other covered

insurance products

Named Insured:

Agents of Freedom Financial Services who have enrolled for coverage, paid the premium and whose names are on file with the Insurer.

Insureds:

Insured Agent's Business Entity

Administrators

Employees of Agent

Heirs/Executors

Coverage (Claims Made and Reported):

Acts, errors or omissions arising out of the rendering of or failure to render Professional Services (see below)

Professional Services Includes:

Solicitation, sale or servicing of:

Fixed Life Insurance

Long Term Care

Accident & Health Insurance

Disability Income Insurance

Fixed Annuities

P&C Insurance* (Optional; Additional Premium Applies) Financial planning, advice and consultation solely in connection with any of the products listed above.

Services as a Notary Public

*P&C coverage extension must be elected at the time of enrollment and only applies to products placed through The Alliance P&C, LLC. There is a \$5,000 deductible applicable to this coverage.

Retroactive Date:

The date of first continuous claims made life insurance agent's E&O coverage maintained in force without interruption

Claims Administration:

Lancer Claims Services a Division of Brown & Brown Program Insurance Services, Inc. 681 S. Parker St., Suite 300 Orange, CA 92869 (800) 821-0540

Program Administration:

CalSurance Associates

a Division of Brown & Brown Program Insurance Services, Inc.

Domiciled in California, CA License # 0B02587

Please review the attached program materials. A specimen policy is available by calling 800-745-7189 or by visiting www.calsurance.com/ffs
This document is a summary of the coverage provided. All statements contained herein are subject to all terms, Conditions and Exclusions of the actual policy.

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CalSurance Associates

Domiciled in California, CA License # 0B02587

Freedom Financial Solutions, LLC Exclusions (including, but not limited to) This policy does not apply to any Claim:

- Based upon, arising out of or in any way involving any fact, circumstance or situation which has been the subject of any written notice given under any policy of which this Policy is a direct or indirect renewal or replacement or which preceded this Policy;
- B. Based upon, arising out of or in any way involving any act, error or omission occurring prior to the date of the Agent's initial enrollment as an Insured under this Policy or a previously issued policy by the Insurer if on the date of initial enrollment the Agent had knowledge of any act, error or omission which could reasonably be expected to result in a Claim;
- C. Based upon, arising out of or in any way involving any prior or pending litigation against any Insured filed on or before the inception date of this Policy or under any other policy of which this Policy is a renewal, whichever is earlier, or the same or substantially the same fact, circumstance or situation underlying or alleged therein;
- D. Based upon, arising out of or in any way involving any dishonest, fraudulent, criminal, malicious or purposeful act, error or omission committed by or at the direction of an Insured; however, notwithstanding the foregoing, the Insured shall be afforded a defense, subject to the terms of this Policy, until the allegations are subsequently proven by a final adjudication. In such event, the Insured shall reimburse the Insurer for all Defense Costs incurred by the Insurer:
- E. Based upon, arising out of or in any way involving an Insured gaining, in fact, any profit, remuneration or pecuniary advantage to which the Insured was not legally entitled:
- F. Based upon, arising out of or in any way involving a willful violation of the rules or regulations of the National Association of Securities Dealers, Securities and Exchange Commission, Securities Act of 1933, Securities Exchange Act of 1934, Investment Company Act of 1940, or the Investment Advisors Act of 1940 and any amendments thereto, or of any state securities statute or state regulatory agency;
- G. Based upon, arising out of or in any way involving any commingling of or improper use of client funds;
- H. Based upon, arising out of or in any way involving investment products partially or totally owned by the Insured;
- Based upon, arising out of or in any way involving bodily injury, sickness, disease or death of any person, or damage to or destruction of any tangible property, including loss of use thereof;
- J. Based upon, arising out of or in any way involving discrimination as defined by federal, state or local statute, regulation, law or ordinance;
- K. Based upon, arising out of or in any way involving the liability of others assumed by the Insured under any contract or agreement unless such liability would have attached to the Insured even in the absence of such agreement;
- Based upon, arising out of or in any way involving any pension, profit sharing, health and welfare, or other employee benefit plan or trust sponsored by the Insured as an employer;
- M. Based upon, arising out of or in any way involving any professional services performed by the Insured as an actuary, accountant, attorney, real estate agent or real estate broker, or third party claims administrator; however, this Exclusion shall not apply to tax advice incidental to the sale of products listed in Section III. M. 1 and 2 of the policy;
- N. Based upon, arising out of or in any way involving insolvency, receivership, conservatorship, liquidation, bankruptcy, inability or refusal to pay of any organization, entity or vehicle of any kind, nature or structure in which the Insured has placed, recommended to be placed or obtained coverage or in which an Insured has placed or recommended to be placed the funds of a client or account; however, this Exclusion shall not apply if such organization, entity or vehicle is an insurance company that was rated A- or better by A.M. Best at the time the Insured placed, recommended to be placed or obtained such coverage for a client in such insurance company or in which an Insured has placed such funds of a client or account;
- Based upon, arising out of or in any way involving the Insured's inability or refusal to pay or collect premium, claim or tax monies;
- P. Brought or maintained, directly or indirectly, by or on behalf of :
 - an Insured; however, this Exclusion shall not apply to a Claim covered under Section I. R:
 - 2. any insurance company or Broker/Dealer;
 - 3. any insurance agent or broker;

- any individual or entity that is not a client of an Insured; however, this
 Exclusion shall not apply to a Claim brought by an individual or entity who
 is an alleged beneficiary or heir, executor or administrator of a deceased
 client of an Insured;
- 5. any enterprise that owns, operates, controls or manages an Insured;
- 6. an enterprise which an Insured owns, operates, controls or manages; or
- 7. any governmental or quasi-governmental official or agency in any capacity, including but not limited to the Securities and Exchange Commission, National Association of Securities Dealers, the Securities Investor Protection Corporation, or any state or federal securities or insurance commission or agency; however, this Exclusion shall not apply to a Claim brought by or on behalf of such official or entity in its capacity as a client of an Insured;
- Based upon, arising out of or in any way involving the use of confidential information by an Insured, including but not limited to such use for the purpose of replacement of coverage;
- R. Based upon, arising out of or in any way involving the placement of a client's coverage or funds directly or indirectly with any organization, entity or vehicle of any kind, nature or structure which is not licensed to do business in the state or jurisdiction with authority to regulate such business; however, this Exclusion shall not apply to any Claim arising from or contributed to by the placement of a client's coverage or funds directly or indirectly with such organization, entity or vehicle which is an eligible surplus lines insurer in the state or jurisdiction with authority to regulate such business;
- S. Based upon, arising out of or in any way involving the offering, sale or servicing of structured settlements; however, this Exclusion shall not apply to an otherwise covered Claim: arising out of the selling or servicing of the underlying covered product;
- T. Based upon, arising out of or in any way involving the ownership, formation, operation, or administration of a health maintenance organization, preferred provider organization, captive, risk retention group, self-insurance program or purchasing group;
- U. Based upon, arising out of or in any way involving the placement of coverage with a Multiple Employer Welfare Arrangement;
- V. Based solely upon a loss alleged to have been sustained through fluctuation in market value of any security;
- W. Based upon, arising out of or in any way involving any Securities (other than variable annuities, variable life insurance and mutual funds) that were not authorized or approved by the Broker/Dealer subsidiary of the Sponsoring Company or Securities that were not processed through the Broker/Dealer subsidiary of the Sponsoring Company;
- X. Based upon, arising out of or any way involving: (1) any function of an Insured as a specialist or market maker for any Securities; (2) an Insured failing to make a market for any Securities; or (3) the purchase, sale or failure to purchase or sell Securities when the Insured is a specialist or market maker for such Securities;
- Y. Based upon, arising out of or any way involving any activities in connection with any equity security priced under five dollars (\$5.00) at the time of purchase; however, this Exclusion shall not apply if the security is: (1) registered or approved for registration upon notice of issuance on a national exchange; (2) authorized or approved for authorization upon notice of issuance, for quotation in the NASDAQ system; or (3) issued by an investment company registered under the Investment Company Act of 1940 and any amendments thereto. For the purposes of this Exclusion, any equity security which is listed on the NASDAQ bulletin board or pink sheets shall not be considered approved for authorization upon notice of issuance for quotation in the NASDAQ system;
- Z. Based upon, arising out of or any way involving the purchase, sale or the giving of advice regarding promissory notes, viatical or life settlements or any Security backed by viatical settlements, commodities, commodity future contracts, or option contracts other than covered call options;
- AA. Based upon, arising out of or in any way involving the purchase, sale, or the giving of advice regarding "junk bonds" or "high yield bonds". For purposes of this Exclusion, "junk bonds" or "high yield bonds" shall mean bonds which, at the time of purchase or sale were unrated or rated as below investment grade by any rating agency (including but not limited to Moody's rated bonds of Ba or lower or S&P rated bonds of BB or lower).

Freedom Financial Solutions, LLC Exclusions (including, but not limited to) continued

- BB. Based upon, arising out of or in any way involving the purchase, sale or the giving of advice regarding callable certificates of deposit or any investment involving ATM machines, payphones or ETS payphones, Debentures, CDOs, CMOs, 412(i) Plans, 419 Plans, unregistered securities, DBSI Management products, Provident Royalties, Shale Royalties, Medical Capital Note Program, Black Diamond Program, Desert Capital REIT, IMH Secured Loan, LLC, and Geneva Exchange LLC/The Geneva Organization; or
- CC. Based upon, arising out of or in any way involving a self-funded or partially self-funded medical plan;
- DD. Based upon, arising out of or in any way involving any Professional Services in which a premium was paid for, in whole or in part, by or through any premium finance mechanism or any premium finance company;
- EE. Based upon or arising out of water intrusion, condensation or other accumulation of moisture that results directly or indirectly in the presence of: 1) any FUNGUS(I) or SPORE(S); or 2) any substance, vapor or gas produced by or arising out of any FUNGUS(I) or SPORE(S).
- FF. Based upon or attributable to any allegation(s) that any Insured intentionally or negligently permitted, or aided or abetted others in using, was aware of others using, or was a participant or connected in any way in the use of: 1) Late Trading; 2) Market Timing; 3) Soft-dollar Activity; 4) Front Running; or 5) Revenue Sharing related to a mutual fund or variable annuity.
- GG. Based upon, arising out of, in consequence or in any way involving, in whole or in part, the solicitation, sale, servicing, recommendation, advice, consultation and/or financial planning with respect to investments, offerings, purported loans, advances, income streams, products, contracts and/or agreements of any type or nature issued or provided by Future Income Payments LLC and/or any affiliated or related company, organization or entity, including, but not limited to:
 - FIP LLC;
 - Cash Flow Investment Partners LLC:
 - Pension Advance LLC:
 - BuySellAnnuity Inc.;
 - Cash Flow Investment Partners East LLC;
 - Cash Flow Investment Partners MidEast LLC;
 - Lumpsum Pension Advance Atlantic LLC;
 - Lumpsum Pension Advance Southeast LLC;
 - Lumpsum Pension Advance West, LLC;
 - PAS California LLC;
 - PAS Great Lakes LLC;
 - PAS Northeast LLC;
 - PAS Southwest LLC;
 - Pension Advance Carolina LLC;
 - Pension Advance Midwest LLC; and/or
 - Pension Loans South LLC;

and/or any other company, organization or entity that provides investments, offerings, purported loans, advances, income streams, products, contracts and/or agreements of any type or nature similar to those issued or provided by FIP, in connection with the acceleration or lump sum payments of pension or retirement benefits (hereinafter "FIP," collectively).

The foregoing exclusion shall, without limitation, apply to any Claim based upon, arising out of, in consequence or in any way involving, in whole or in part, investments, offerings, purported loans, advances, income streams, products, contracts and/or agreements of any type or nature issued or provided by FIP, and, in whole or in part, the solicitation, sale or servicing of life insurance or any other insurance products, as well as financial planning, advice and consultation with respect to the foregoing, and/or the rendering of any other Professional Services.



Freedom Financial Solutions, LLC

Agents E&O Enrollment Form



Policy Period: September 1, 2019 to September 1, 2020

By purchasing this insurance, agents become members of the Financial Sales Professionals Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). There is no additional charge for membership.

City State Zip Code City	nstructions Complete All sections of this form and include your sig	Inature at the bottom.
Agents with Expiring Coverage: Must enroll within 30 Days of Expiration. Agents with Expiring Coverage: Must enroll within 30 Days of Expiration. Section 1 - Your Information (Please Print Clearly)	• • •	
Agents with Expiring Coverage: Must enroll within 30 Days of Expiration. Newly Contracted Agents: Must enroll within 30 Days of Contract D. Section 1 - Your Information (Please Print Clearly) Section 3 - Payment Options (Please select one)	,	
Section 1 - Your Information (Please Print Clearly) Section 3 - Payment Options (Please select one)	·	
Check or Money Order: Payment in Full Only. Additional payment options available only when enrolling online: Www.calsurance.com/ffs Mailing Address (if different than street address) Www.calsurance.com/ffs Vi Section 4 - Auto-Renew Notice Information regarding the September 1, 2019 program renewal will be made available on the program website prior to expiration. This may be adulted an offer of automatic overage of automatic overage and the denial of claims. It is insured's responsibility to verify renewal of coverage prior to expiration. NOTICE: I must be a currently affiliated agent with Freedom Fina Solutions in order to be eligible for this program and no claims and again will be covered. I warrant that I am currently affiliated with Freedom Financial Solution Nov. 2019 \$345.00 \$762.00 Dec. 2019 \$315.00 \$893.00 Nov. 2019 \$345.00 \$762.00 Dec. 2019 \$315.00 \$690.00 Jan. 2020 \$285.00 \$475.00 April 2020 \$195.00 \$475.00 April 2020 \$195.00 \$332.00 June 2020 \$155.00 \$332.00 June 2020 \$155.00 \$333.00 Nov. 2020 \$155.00 \$333.00 Nov. 2020 \$155.00 \$117.00 I warrant and represent that the above statements are true and that In warrant that the above statements are true and that In suppressed or morisistated any material facts and lagree that this ap too shall be the basis of the contract with the company issuing the paylury 2020 \$155.00 \$188.00 Aug. 2020 \$75.00 \$117.00 I acknowledge that the above statements are true and that In warrant and represent that the above statements are true and that In su ourselve the contract with the company issuing the paylury 2020 \$155.00 \$188.00 Aug. 2020 \$75.00 \$117.00 I acknowledge that the above statements are true and that In su ourselve the contract with the company issuing the paylury 2020 \$155.00 \$188.00 Aug. 2020 \$155.00 \$117.00 I acknowledge of the contract with the company issuing the paylury 2020 \$1	Agents with Expiring Coverage: Must enroll within 30 Days of Expiratio	n. Newly Contracted Agents: Must enroll within 30 Days of Contract Date
First Name Last Name Additional payment options available only when enrolling online: www.calsurance.com/ffs Section 4 - Auto-Renew Notice	Section 1 - Your Information (Please Print Clearly)	Section 3 - Payment Options (Please select one)
Street Address Mailing Address (if different than street address)		Check or Money Order: Payment in Full Only.
Mailing Address (if different than street address) Section 4 - Auto-Renew Notice Information regarding the September 1, 2019 program renewal will be made available on the program website prior to expiration. This may include an offer of automatic coverage renewal based upon your eligibility and selected payment method. Failure to take appropriate action may lead to a lapse of coverage enewal based upon your eligibility and selected payment method. Failure to take appropriate action may lead to a lapse of coverage and the denial of claims. It is insured's responsibility to verify renewal of coverage prior to expiration may lead to a lapse of coverage and the denial of claims. It is insured's responsibility to verify renewal of coverage prior to expiration may lead to a lapse of coverage and the denial of claims. It is insured's responsibility to verify renewal of coverage prior to expiration may lead to a lapse of coverage and the denial of claims. It is insured's responsibility to verify renewal of coverage entities action may lead to a lapse of coverage and the denial of claims. It is insured's responsibility to verify renewal of coverage entities action may lead to a lapse of coverage and the denial of claims. It is insured's responsibility to verify renewal of coverage entities to expiration may lead to a lapse of coverage and the denial of claims. It is insured's responsibility to verify renewal of coverage entities to expiration may lead to a lapse of coverage entities. It is insured's renewal and the denial of coverage entities action may lead to a lapse of coverage entities and new leafure Require NOTICE: I must be a currently affiliated with Freedom Financial Solutions in order to be eligible for this program. Otherwise, I will reconsidered an Insured under this program. Otherwise, I will reconsidered an Insured under this program and no colaims made again will be covered. I warrant that I am currently affiliated with Freedom Financial Solutions in order to be eligible in order to be eligible to	First Name Last Name	
City State Zip Code	Street Address	<u>www.calsurance.com/ffs</u>
City State Zip Code		
City Slate Zip Code City	Mailing Address (if different than street address)	Section 4 - Auto-Renew Notice
E-mail Section 2 - Effective Date & Coverage Option (Please Select One) Effective Date of Coverage		
Section 2 - Effective Date & Coverage Option (Please Select One) Effective Date of Coverage	Contact Friorie Number Fax Number	
Section 2 - Effective Date & Coverage Option (Please Select One) Effective Date of Coverage	E-mail	Section 5 - NOTICES AND WARRANTIES - Signature Required
Effective Month Sept. 2019 \$405.00 \$905.00 Oct. 2019 \$375.00 \$833.00 Nov. 2019 \$345.00 \$762.00 Dec. 2019 \$315.00 \$690.00 Jan. 2020 \$285.00 \$618.00 Feb. 2020 \$255.00 \$547.00 Mar. 2020 \$225.00 \$4475.00 April 2020 \$195.00 \$403.00 May 2020 \$165.00 \$332.00 June 2020 \$135.00 \$260.00 July 2020 \$105.00 \$188.00 Aug. 2020 \$75.00 \$117.00 * P&C coverage applies only to products placed through The Alliance P&C, LLC. There is a \$5,000 deductible applicable to this coverage.	Section 2 - Effective Date & Coverage Option (Please Select One)	NOTICE: I must be a currently affiliated agent with Freedom Financial Solutions in order to be eligible for this program. Otherwise, I will not be considered an Insured under this program and no claims made against me will be covered.
Effective Month Life Only Sept. 2019 \$405.00 Oct. 2019 \$375.00 \$833.00 Nov. 2019 \$345.00 Dec. 2019 \$315.00 \$690.00 Jan. 2020 \$285.00 April 2020 \$195.00 April 2020 \$195.00 May 2020 \$105.00 July 2020 \$105.00 Aug. 2020 \$75.00 \$117.00 * P&C coverage applies only to products placed through The Alliance P&C, LLC. There is a \$5,000 deductible applicable to this coverage. NOTICE: This is a claims made and reported policy. If I have know of any claim or incident that could give rise to a claim under the propolicy and any claim or action arises therefrom, it is excluded from the age for which this form applies. A potential gap in coverage may occupied policy. If I have know of any claim or incident that could give rise to a claim under the propolicy and prior expiration and may result in the denial of a claim. I warrant that I have no knowledge of any pending claim or incident could give rise to a claim under the proposed policy. I warrant that I have no knowledge of any pending claim or incident to could give rise to a claim under the proposed policy. I warrant that I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy. I warrant that I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy. I warrant that I have no knowledge that the specimen policy and program materials have delivered to me via www.calsurance.com/ffs. I have reviewed documents prior to enrolling in the program. I warrant and represent that the above statements are true and that I not suppressed or misstated any material facts and I agree that this application does not bin company to issue or the applicant to purchase the insurance. I have read the above notices and warranties and agree.	Effective Date of Coverage	I warrant that I am currently affiliated with Freedom Financial Solutions.
Dec. 2019 \$315.00 \$690.00 Jan. 2020 \$285.00 \$618.00 Feb. 2020 \$255.00 \$547.00 Mar. 2020 \$225.00 \$475.00 April 2020 \$195.00 \$403.00 May 2020 \$165.00 \$332.00 June 2020 \$135.00 \$260.00 July 2020 \$105.00 \$188.00 Aug. 2020 \$75.00 \$117.00 * P&C coverage applies only to products placed through The Alliance P&C, LLC. There is a \$5,000 deductible applicable to this coverage.	Month Life Only Life & P&C Sept. 2019 \$405.00 \$905.00 Oct. 2019 \$375.00 \$833.00	NOTICE: This is a claims made and reported policy. If I have knowledge of any claim or incident that could give rise to a claim under the proposed policy and any claim or action arises therefrom, it is excluded from coverage for which this form applies. A potential gap in coverage may occur if I elect an effective date that is not continuous with my prior expiration date,
Feb. 2020 \$255.00 \$547.00 Mar. 2020 \$225.00 \$475.00 April 2020 \$195.00 \$403.00 May 2020 \$165.00 \$332.00 June 2020 \$135.00 \$260.00 July 2020 \$105.00 \$188.00 Aug. 2020 \$75.00 \$117.00 * P&C coverage applies only to products placed through The Alliance P&C, LLC. There is a \$5,000 deductible applicable to this coverage. I acknowledge that the specimen policy and program materials have delivered to me via www.calsurance.com/ffs. . I have reviewed documents prior to enrolling in the program. I warrant and represent that the above statements are true and that I not suppressed or misstated any material facts and I agree that this ap tion shall be the basis of the contract with the company issuing the place of the contract with the company issuing the place of the contract with the company to issue or the applicant to purchase the insurance. I have read the above notices and warranties and agree.	Dec. 2019 \$315.00 \$690.00	I warrant that I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy.
May 2020 \$165.00 \$332.00 June 2020 \$135.00 \$260.00 July 2020 \$105.00 \$188.00 Aug. 2020 \$75.00 \$117.00 * P&C coverage applies only to products placed through The Alliance P&C, LLC. There is a \$5,000 deductible applicable to this coverage. I warrant and represent that the above statements are true and that I not suppressed or misstated any material facts and I agree that this ap tion shall be the basis of the contract with the company issuing the plication does not bin company to issue or the applicant to purchase the insurance. I have read the above notices and warranties and agree.	Feb. 2020 \$255.00 \$547.00 Mar. 2020 \$225.00 \$475.00	I acknowledge that the specimen policy and program materials have been delivered to me via www.calsurance.com/ffs . I have reviewed these documents prior to enrolling in the program.
* P&C coverage applies only to products placed through The Alliance P&C, LLC. There is a \$5,000 deductible applicable to this coverage.	May 2020 \$165.00 \$332.00 June 2020 \$135.00 \$260.00 July 2020 \$105.00 \$188.00	I warrant and represent that the above statements are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the company issuing the policy. It is understood that completion of this application does not bind the company to issue or the applicant to purchase the insurance.
	* P&C coverage applies only to products placed through The Alliance	I have read the above notices and warranties and agree.
Please refer to the "Outline of Coverage" for a description of coverage 1 1 Oighataro (Nequirea) 100ay 5 Date	P&C, LLC. There is a \$5,000 deductible applicable to this coverage.	Signature (Required) Today's Date
and limits. (Rates are inclusive of a non-refundable \$25 sponsor affiliation fee and a non-refundable \$20 administrative fee.)	and limits. (Rates are inclusive of a non-refundable \$25 sponsor	Organizatio (noquinou)



Agents Affiliated with Freedom Financial Solutions, LLC

Policy Period: September 1, 2019 to September 1, 2020

Premium Schedule

Enrollment Month	Payment In Full		4-Pay (Only Available Online)		10-Pay (Only Available Online)	
		Initial*	Thereafter**	Initial*	Thereafter***	
September 2019	\$405.00	\$142.50	3 x \$ 97.50	\$115.29	9 x \$ 40.52	
October 2019	\$375.00	\$135.00	3 x \$ 90.00	\$113.22	8 x \$ 41.16	
November 2019	\$345.00	\$152.50	2 x \$107.50	\$109.62	7 x \$ 42.20	
December 2019	\$315.00	\$142.50	2 x \$ 97.50	\$107.71	6 x \$ 43.30	
January 2020	\$285.00	\$132.50	2 x \$ 87.50	\$104.13	5 x \$ 45.17	
February 2020	\$255.00	\$157.50	1 x \$112.50	\$ 98.70	4 x \$ 48.45	
March 2020	\$225.00	\$142.50	1 x \$ 97.50	\$ 97.96	3 x \$ 52.35	
April 2020	\$195.00	\$127.50	1 x \$82.50	\$ 94.37	2 x \$ 61.56	
May 2020	\$165.00		Pay in Full Only		1 x \$ 87.65	
June 2020	\$135.00					
July 2020	\$105.00	Pay in			Pay in Full Only	
August 2020	\$ 75.00			ay iii i uli Oiliy		
		*Initial pa	*Initial payment will occur at the time the enrollment is processed.			
		**After the initial payment, installments thereafter will be due o November 1, 2019, February 1, 202		m4		

NOTE: If enrollment is processed after the date the next installment is due, the amount remaining will be divided into the remaining installments.

Rates are inclusive of a non-refundable \$25 sponsor affiliation fee and a non-refundable \$25.00 administrative fee

and May 1, 2020.

inception through June 1, 2020.