

AGENT CONTRACT

MEMORANDUM OF AGREEMENT between

(Sales Agent Name or Business Name if business applicant) _____ (hereinafter referred to as the "Agent")

AND

Olympia Benefits Inc., hereinafter referred to as the "Company"

In this contract the following terms are defined as follows:

Agent: One who has been assigned to act on behalf of the Company;
PHSP: Private Health Services Plan, also referred to as the Olympia Benefits Inc. Health and Dental Plan;
Set-up Fees: The initial fee paid by a PHSP customer to establish a PHSP, excluding GST and any other taxes; and
Claims Experience Commissions: Commissions paid to agents with respect to administrative fees earned by the Company.

1. AUTHORITY The Company appoints the Agent to solicit applications for PHSP and insurance products that the Company will administer and to remit to the Company such money as the Agent shall from time to time collect on behalf of the Company. The Agent shall have no authority to:

- Bind the Company in any way,
- Incur liability or debt on behalf of the Company, or
- Waive or alter the terms or conditions of any documents issued or contracts made by the Company.

2. COLLECTIONS AND REMITTANCES All money received by the Agent on behalf of the Company shall be treated by the Agent as trust funds in such form. The Agent shall immediately remit all such money to the Company. The Agent shall render full and true accounts as the Company may prescribe from time to time.

3. RECORDS All books of account, letters and other books and documents used in connection with the business of the Company are the property of the Company, whether paid for by the Company or not, and at all times shall be delivered to the Company or its representatives immediately at the request of the Company or on the termination of this contract.

4. STATE OF ACCOUNT The books of the Company shall be accepted by the Agent as conclusive evidence of the state of account between the Agent and the Company.

5. OFFSETS TO COMPENSATION Any indebtedness or other obligation of the Agent to the Company shall be a first charge and lien against any amount payable under this contract and the Company shall be entitled to off-set any amount owed to the Agent against any amount owed by the Agent to the Company.

6. ASSIGNMENT No rights or interests of the Agent in or under or by virtue of this contract shall be sold or assigned or be subject to sale or assignment without the written consent of the Company.

7. ADVERTISING No advertising in any manner shall be instituted by the Agent unless the Company has given written approval of the advertising.

8. ENUREMENT This contract is for the benefit of and is binding upon the parties to this contract, their heirs, executors, administrators, and assigns.

9. REMUNERATION The Company agrees to pay, and the Agent agrees to accept as compensation for the Agent's services, commissions according to the Schedule of Commissions attached hereto and subject to the conditions stipulated herein and therein. Such commissions will be paid within a reasonable period following cash being received by the Company, during the continuance of this contract, on properly completed applications for PHSP and insurance products being delivered by the Agent pursuant to this contract. Notwithstanding any other provision set out herein or in any schedule attached hereto, in the event that a PHSP customer does not submit a claim under its PHSP within eighteen (18) months from the effective date of the PHSP contract, the Agent agrees to relinquish all rights to receive remuneration or commissions with respect to that non-claiming PHSP customer.

10. REFUNDS AND CHARGE-BACKS For the purpose of this contract, Olympia Benefits Inc., at its sole discretion, will determine whether or not the set up fees for a PHSP and insurance premiums will be refunded to the purchaser. If Olympia Benefits Inc. refunds the set-up fees to a purchaser for a PHSP or insurance products, then the Agent agrees to refund to Olympia Benefits Inc. any commissions, advances or bonuses received. The Agent further agrees that Olympia Benefits Inc. may withhold any money earned by the Agent, including but not limited to commissions, overrides, or bonuses from any sources, until this indebtedness is repaid and Olympia Benefits Inc. may off-set such money earned against the indebtedness. Olympia Benefits Inc. has the sole right to determine compensation payable and may change the compensation at any time without notice.

11. VESTING Claims experience will be vested with the Agent when a minimum of fifty (50) of the agent's groups or 250 active employees have made eligible claims which have been processed by Olympia Benefits Inc. in any calendar year. Should the Agent cease to be contracted by the Company, the Company will continue to pay Claims Experience Commission to the Agent.

12. TERMINATION Either party may terminate this contract at any time by giving written notice to the other party. Such termination shall not, however, release the Agent from any indebtedness by the Agent to the Company. Upon termination and subject to vesting the Agent will forfeit all rights and interest contained in this agreement. In addition, the Agent and the Company agree that this agreement will be deemed terminated without any further action by the Agent or the Company in the event the Agent does not source at least one PHSP customer within any twenty-four (24) month period, wherein the Agent shall cease to be an Agent hereunder and shall relinquish any and all rights to receive remuneration or commissions hereunder (provided the Agent will not relinquish vested commissions as set out in Section 11 above).

13. RE-CONTRACTING Re-contracting of terminated agents may be established at the sole discretion of the Company. Upon re-contracting, commissions payable relate solely to those PHSP customers sourced under the new contract.

14. PROVISIO This agreement, together with the attached Schedules, constitutes the entire contract between the Agent and the Company.

Date: _____ / _____ / _____
Month Day Year Signature of Sales Agent Print Name

Date: _____ / _____ / _____
Month Day Year Signature of OBI Manager Print Name

Jagdeep Kang

Application for Registration

IF YOU ARE LICENSED TO SELL ACCIDENT AND SICKNESS INSURANCE, PLEASE PROCEED TO NEXT PAGE. IF LICENSED, A CURRENT COPY OF YOUR ACCIDENT AND SICKNESS LICENSE AND ERRORS AND OMISSIONS INSURANCE MUST ACCOMPANY THIS CONTRACT.

If you are not licensed, please answer the following questions. If you answer "yes", complete details must be attached.

1. Have you ever had, used, operated under, or carried on business under any name other than the name mentioned on page 1 of this contract, or have you ever been known under any other name? yes no
Offences under the Income Tax Act (Canada) and the Immigration Act (Canada) and pleas or findings of guilt for impaired driving are Criminal Code (Canada) matters and must be disclosed even if an absolute or conditional discharge was subsequently granted.
2. Have you ever pleaded guilty or been found guilty under any law of any province, territory, state or country of any offence relating to or involved in securities or commodities by way of theft, fraud or advice relating to securities, commodities contracts, or other financial instruments? yes no
3. Have you ever pleaded guilty or been found guilty under any law of any province, territory, state or country for contraventions or criminal offences not noted in question #2? yes no
4. Are you currently the subject of a charge or indictment under any law of any province, territory, state or country for contraventions, criminal offences or other conduct of the type described in question #2 or #3? yes no
5. Has any partnership or company of which you are or were at the time of the event a partner, officer or director ever plead guilty or been found guilty of, or is any such partnership or company currently the subject of a charge or indictment under any law of any province, territory, state or country for, contraventions, criminal offences or other conduct of the type described in question #2 or #3? yes no
6. Has any claim been made successfully or, to your knowledge, is any claim pending in any civil proceedings before a court or other tribunal in any province, territory, state or country, that was or is based in whole or in part on fraud, theft, deceit, misrepresentation, or similar conduct:
Against you? yes no
Against any partnership or company of which you are or were at the time of the event or at the time the proceedings were commenced a partner, director or officer? yes no
7. Under the law of any province, territory, state or country have you ever:
Been declared bankrupt or made a voluntary assignment in bankruptcy? yes no
Made a proposal under any legislation relating to bankruptcy or insolvency? yes no
If either answer is yes, and if applicable, attach a copy of any discharge, release or document having similar effect.
8. Has any judgment or garnishment ever been rendered against you or is any judgment or garnishment outstanding against you in any civil court in any province, territory, state or country for damages or other relief in respect of a fraud or for any reason whatsoever? yes no

Agent Commission Schedule



Trailer Commission Structure

Set-up Fee Commission and Subsequent Employee Registrant Commission are paid on a weekly basis. Claims Experience, Travel Insurance and Exceptional Expense Insurance Commission are paid on a monthly basis.

Agents who are paid by Direct Deposit must accumulate more than \$30.00 in payable commission to receive payment.

Agents who are paid by cheque must accumulate more than \$300.00 in payable commission to receive payment.

A copy of the commission schedule can be obtained by accessing your agent account online at www.olympiabenefits.com.

COMMISSION ON SET-UP FEES:

Set-up Fee Commission	Employee Enrolment Commission	Subsequent Employee Registrant Commission
\$260	\$30 for each employee	\$30 for each employee

COMMISSION ON CLAIMS EXPERIENCE:

The Agent receives monthly commission, as outlined below, providing the conditions of this contract are met.

- **Claims Experience Commission** is based on the **Administration Fee** billed on eligible claims received and processed by Olympia Benefits Inc. for each Agent's clients enrolled in the Olympia Benefits Inc. PHSP.

Type of Plan	Administration Fee	Claim Commission
PLAN 1, 2, or 3	10%	3%
Customized PHSP Plan Structure	15%	3%

COMMISSION ON TRAVEL INSURANCE:

Agent receives commission in the percentage indicated below for each employee enrolled in Travel Insurance:

Group Size	Age	First Year Commission	Second and Subsequent Years Commission
1-10	0-54	20%	10%
1-10	55-70	20%	10%
11+	0-54	10%	7.5%
11+	55-70	10%	7.5%

COMMISSION ON EXCEPTIONAL EXPENSE INSURANCE:

Agent receives commission in the percentage indicated below for each employee enrolled in the Exceptional Expense Insurance:

Group Size	Age	First Year Commission	Second and Subsequent Years Commission
Any	0-70	20%	10%

Sales Agent Information and Contract Acceptance

IF LICENSED, A CURRENT COPY OF YOUR ACCIDENT AND SICKNESS LICENSE AND ERRORS AND OMISSIONS INSURANCE MUST ACCOMPANY THIS CONTRACT.

<input checked="" type="checkbox"/> Business Applicant A completed page 5 and a void cheque in the name of the business must be attached for direct deposit of commissions. When a business applicant has a sub agent(s) or employees contracted by Olympia Benefits Inc. and acting on behalf of the Business Applicant all vested commissions will remain with the Business Applicant unless expressly stated otherwise by both parties.	<input type="checkbox"/> Individual Applicant A completed page 5 and a void cheque in the name of the individual must be attached for direct deposit of commissions.		
Business Name: National Best Financial Network	Sales Agent's Given Name(s):		
Principle Officer: Jagdeep Kang	Sales Agent's Surname:		
Email Address: admin@nbbn.ca	Email Address:		
Business Identification Number:	Social Insurance Number:		
Sales Agent's Name:	Office Use Only		
Sales Agent's Email Address:	Agent ID# _____ Reviewed by: _____ Audited by: _____		
Mailing Address: 102A, 221 - 18 Street SE	City: Calgary	Prov.: AB	Postal Code: T2E-6J5
Business Phone: (800) 503 -6140	Residence Phone: () -	Fax: (877) 904 -7715	Cell: () -

All Sales Agents must complete the Agreement Terms, Application for Registration, and Agent Information and Contract Acceptance sections of this contract. This contract is effective when dated and signed by the applicant and Olympia Benefits Inc. management.

Date: _____ / _____ / _____
 Month Day Year Signature of Sales Agent Print Name

Date: _____ / _____ / _____
 Month Day Year Signature of Principle Officer (if applicable) Print Name

Date: _____ / _____ / _____
 Month Day Year Signature of OBI Manager Print Name

Olympia Benefits Inc

To Whom It May Concern:

By this letter I, _____ am assigning all of my Olympia Benefits Inc
(Print Broker/ Agent Name)
compensation, F.Y.C. and Bonus, to National Best Inc.

All business written under my code will be owned by myself.

Signature of Broker /Agent

Date

By this letter National Best Inc, as assignee, accepts all the compensation, F.Y.C. and Bonus, for the above broker.

Signature of Assignee

Date