

By signing below, I hereby agree to, acknowledge, and represent the following:

1. I have carefully reviewed and understand all of the content and product information in this training module;
2. I will carefully review any future notices that I may receive from Guggenheim Life in order to attain the highest competency of all features and benefits being offered in conjunction with this product;
3. I have reviewed, understand and agree to comply with Guggenheim Life's policies and procedures as set-forth in the Guggenheim Life Business Guidelines and this training module.

Agent Signature

Date

Agent Name (Please Print)

Agent Number (if applicable)

Agent Email Address

Please sign and return this course completion page to Guggenheim Life via
Fax: 317 574 6253 or Email: Agency@GuggenheimInsurance.com