FEDERAL LIFE INSURANCE COMPANY

AML CERTIFICATION FORM

Instructions:
Please complete either section I or section II. Then sign, date and note your insurance license number in section III and return to the Home Office.

I. I, _____, an agent of Federal Life Insurance Company, do hereby certify that I have completed Federal Life's Anti-Money Laundering Training Program. I further certify that I understand from this training my role in detecting and reporting "suspicious activities". I also understand that if I have any questions I can contact Federal Life's AML Compliance Officer for further training.

II. I, _____, an agent of Federal Life Insurance Company, do hereby certify that I have completed either another financial institution's or a third-party vendor's Anti-Money Laundering Training Program. I understand that I should contact Federal Life's AML Compliance Officer if I have questions specific to Federal Life's AML policies and procedures.

III. Acknowledged:_____ Date: _____
(agent signature)

Insurance License # _____