
Underwritten by Liberty National Life Insurance Company, a Globe Life company

Video Distribution/Release Authorization Procedures

1. Request the policyholder's signature on the authorization release form to allow for video distribution.
2. Record the customer's testimonial.
3. Submit a photo of the signed release form and the video to testimonials@Globe.Life for review, editing and approval by the Marketing Department.

Globe Life Liberty National Division ("Liberty National Division") will retain complete control of the video once it is sent to the Marketing Department. The agent may not use the video in any way unless specifically approved by Marketing.

Video Tips

1. Choose a well-lit area. **Do not** place policyholder next to a lamp or in front of a window.
2. Clean your lens. If using a phone, the lens will probably be dirty.
3. Turn phone to landscape so the video is wide instead of tall.
4. Hold your phone with both hands and keep camera close to your body to reduce shaky video; use a tripod if available.
5. **Do not** use the digital zoom. Instead, get closer to the policyholder.
6. Try to be just a few feet away from the policyholder to capture better audio.

Testimonial Questions to Ask the Policyholder

1. Please state your name and spell it.
2. Why did you choose the product?
3. How did the claim check support or help you in your time of need?
4. What particular aspect of Liberty National Division met or exceeded your expectations?
5. What would you relay to other families considering Liberty National Division for their insurance needs?

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Name _____ Date _____

Address _____

You have recently received a benefit payment from Liberty National Life Insurance Company, a Globe Life company ("Liberty National Division"). We are pleased that you saw the importance of providing your family with supplemental financial protection.

The best way to get our message to others is on the recommendation of those who have benefited from our insurance policies. We ask your permission to tell others that a benefit was paid to you and share the information below.

Whether you decide to grant us permission or not will have no effect on the payment or eligibility for benefits of your policy/certificate, its terms or conditions. Thank you for your consideration in helping us help others.

Total Paid _____ Agent Name _____

Coverage Type _____

I hereby give Liberty National Division and its insurance representatives my permission to use the facts shown above, together with any writings and comments made by me on the second page of this document, in connection with sales presentations to prospective customers and in educational and advertising programs.

Optional: I have included a photo and/or video to use with my comments.

Optional: I am willing to share my comments on video.

In the event your comments are used, they will appear as recorded – whether in part or entirety. Your comments may be used to promote Liberty National Division as it relates to recruiting of agents, training field personnel, sales and/or advertising of Liberty National Division products, services, financial stability, or otherwise. Your comments, video, photograph and/or audio may appear in any printed, electronic, or other format. To confirm your understanding of the conditions and matters set forth herein, please sign and date below.

I hereby grant to Liberty National Division and its respective successors, assigns and affiliates the right in perpetuity to use, publish, and disseminate the aforementioned comments, video, or my physical likeness and/or voice in any way contained therein ("Likeness"), in all known or future print, electronic or other media formats, for the purposes of recruiting and/or training agents or employees, and advertising and marketing Liberty National Division and/or its products, whether such likeness is used in part or entirety. In connection therewith, I hereby release Liberty National Division and its officers, directors, affiliates, employees, and agents from any and all claims and causes of action, known and unknown, at law or in equity, anticipated or unanticipated, which I now have, may have had or may have in the future arising from such use of my information and/or Likeness.

This Authorization may be revoked by written request to Liberty National Division, except to the extent that Liberty National Division has taken action in reliance on the authorization. The information that is used or disclosed pursuant to this Authorization may be redisclosed by its recipients and may not retain any legal protections. This Authorization may be used for marketing insurance to prospective customers and if those customers purchase insurance, Liberty National Division will receive remuneration in the form of premium payments.

Printed Name

Signature

Date

