



LIFELINE SALES REPRESENTATIVE CONFIDENTIALITY AGREEMENT AND TRAINING ACKNOWLEDGEMENT

I acknowledge and agree that by assisting applicants with signing up for lifeline plans, I will become privy to confidential applicant information (“Lifeline Customer Confidential Information”). Such information includes but is not limited to the following:

- Names; Addresses; Last 4 of Social Security Numbers; Verification documents, including proof of government program participation or income; and, any other information that can be reasonably identified as confidential information of potential lifeline subscribers.

In connection Lifeline Customer Confidential Information, I agree as follows:

- Lifeline Customer Confidential Information is highly confidential, and I will not disclose Lifeline Customer Confidential Information to any other person or entity
- I will not retain any originals or copies of the Lifeline Customer Confidential Information (including any applications).
- I agree that all Lifeline Customer Confidential Information collected by me, if any, will be forwarded in its entirety to PayGo Distributors.
- I may only retain the name and tracking orders for commission tracking purposes.
- I will be liable for any breach of the confidentiality requirements set forth in this Agreement.

In addition, I hereby certify that I have read and reviewed the following documents:

- Lifeline Program Training _____ (Initial)
- Lifeline Test _____ (Initial)

Furthermore, as an independent contractor, I understand and agree that I am not an employee of PayGo Distributor

LIFELINE SALES REPRESENTATIVE

Print Name: _____

Signature: _____

Address: _____

Date: _____