



ASSIGNMENT OF COMMISSION / AGENT OF RECORD

This form must be completed by each Agent to process Commission Payment.

Producer Name: _____ **Producer Email Address:** _____
(Please Print)
Social Security Number: _____
New Group Name: _____

ONLY complete this section if commissions are payable to an AGENCY

Agency Name: _____
(Please Print)
Federal Tax ID Number: _____
Address: _____
Street City State Zip
Telephone: _____ **Facsimile:** _____

ONLY complete this section if commissions are payable to an AGENT(S)

➤ If commission is to be split between agents, the percentage split MUST BE INDICATED in the Commissions Payable category.

Agent's Name: _____
(Please Print)
Social Security Number: _____
Address: _____
Street City State Zip
Telephone: _____ **Facsimile:** _____
Commissions Payable: _____% (i.e. 100% or if split, percentage split amount)

Agent's Name: _____
(Please Print)
Social Security Number: _____
Address: _____
Street City State Zip
Telephone: _____ **Facsimile:** _____
Commissions Payable: _____% (i.e. 100% or if split, percentage split amount)

ONLY complete this section if commissions are payable to an AGENT(S)

➤ The NEW agent must also complete commission information.

Group Representative Name: _____
(Please Print)
Group Representative Signature: _____
Group Representative Title: _____
Effective Date of Change: _____ **Date:** _____
New Agent's Signature: _____