

## Agent Transfer Request

Agent Name: \_\_\_\_\_ Agent Annuity #55000 \_\_\_\_\_ Life # \_\_\_\_\_

Transfer from \_\_\_\_\_ agent number \_\_\_\_\_

Transfer to \_\_\_\_\_ agent number \_\_\_\_\_

Reason for request to transfer from current hierarchy: \_\_\_\_\_

Do you have business ready to write under the new hierarchy? \_\_\_\_\_ If not, when do you anticipate to write business? \_\_\_\_\_

How much business are you committed to writing in the next six months? \_\_\_\_\_

### Agent Transfer Rules [applicable to NLIC/LSW's (Insurers) Independent Agents\*]:

1. Active agents who have produced business in the last 6 months may be considered for transfer if released from current recruiting party.
2. Active agents who meet the following criteria are eligible for consideration by the Insurer to be transferred (if they so request) to another person/entity without a release from the original recruiting party:
  - a. Agent has not submitted any business during the last 6 months;
  - b. Agent is in good standing with no debt; and
  - c. Agent has been contracted for at least six months.
3. Agent cannot transfer to a new hierarchy at a higher commission level and may even be considered by Home Office to lower commission level via this transfer. Furthermore, agents will not be eligible for commission level increase for one year after transfer and would be subject to production review before being considered for the increase.
4. If approved by Insurer, the new reporting\hierarchy structure will be effective on and after the date approved and signed by Insurer, and will only apply to new commissions on policy application dates signed after that date. Changes will not be backdated to pay new structure\hierarchy for policy applications signed prior to acceptance date.
5. All transfers, assignments and commission payments are subject to the Insurer's Policy regarding such and to the Producer\Agent's agreement with the Insurer. Policy and Rules are subject to change as determined by Insurer without prior notice.

I understand the above Agent Transfer Rules and that it is not considered executed unless or until I receive written confirmation from an authorized employee of the Insurer. I acknowledge that I will be notified by email if and when the change has been finalized and executed.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*These rules do not apply to National Life Insurance Company career agents. Contact NLIC for transfer rules.

### Release from current hierarchy (if applicable):

I hereby release the above agent from my hierarchy. I acknowledge this change will not be made until all requirements from the agent, if any, are met; and the transfer is accepted by the Insurer. I also understand that I am responsible for any debt incurred by the agent for business written while under me.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Acceptance from new hierarchy:

I hereby accept responsibility for the above agent as outlined in my NLIC/LSW agreement. I acknowledge this change will not be made until all requirements from the agent, if any, are met; and approved by Insurer. I understand the above Agent Transfer Rules and that the transfer is not in effect unless or until I receive confirmation from an authorized employee of the Insurer. I acknowledge that I will be notified by email if and when the change has been finalized and executed.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Home Office:

Transfer has been authorized  Yes  No Effective Date of change \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_