

For General Agent Use Only

ASSURANT HEALTH/TIME INSURANCE COMPANY AGENT APPOINTMENT AND COMPENSATION INSTRUCTIONS

General Agents should use these instructions for all new Writing Agents. If you have any questions, or need assistance in completing these forms, please call Agent License & Contract Support at (888) 575-3421, enter 4 and dial ext. 8327

Please mail or fax completed forms to:

**Mail: Agent Licensing
P.O. Box 3183
Milwaukee, WI 53201-3183**

Fax: (414) 299-7516

Appointment Checklist

- ✓ Writing Agent/Producer Appointment Application
- ✓ Legible copy of Producer's Insurance License
- ✓ Producer Sales Agreement (for agents paid directly by the company)
- ✓ Writing Agent/Producer Appointment and Compensation Worksheet
- ✓ Approvals required by General Agent and Regional Sales Director

ADDING NEW AGENTS

APPOINTMENT APPLICATION

Complete all questions for a new Agent requesting an appointment in their resident state. Signatures are required by the Writing Agent/Producer and General Agent. Approval required by the Regional Sales Director.

APPOINTMENT FEES - The General Agent is responsible for all Writing Agent/Producer appointment fees. All Writing Agent/Producer fees will be charged to the General Agent's commission account.

Ohio or Massachusetts - These states require the agent to complete and sign a state specific appointment form for EACH company. Signatures must be original in Ohio and Massachusetts, so do not FAX.

LICENSE COPY

Enclose a legible copy of the applicant's resident individual state insurance license. Corporate Members - If applicable in your state, agency members are automatically appointed with the insurance company under a Corporate or Agency appointment. Follow state specific rules on appointing agents associated with a corporation. Provide proof of agency membership along with the Writing Agent/Producer Appointment Application.

NON-RESIDENT appointments require the appropriate state license copies to be attached. Non-resident appointment requirements vary by state. **General Agents must meet the appointment requirements for each state in which they have Agents to receive over-ride compensation.** Call Agent License & Contract Support 7:30-4:30 Central Time at 1-888-575-3421, Enter 4 and dial ext. 8327 to verify specific state requirements.

WRITING AGENT/PRODUCER APPOINTMENT AND COMPENSATION WORKSHEET

This worksheet is required with every new Writing Agent/Producer Appointment Application. To complete the worksheet, follow these steps.

AGENT COMPENSATION OPTIONS - Select one option on the Writing Agent/Producer Appointment and Compensation Worksheet. **An Agent can only be set up with one payment option for ALL product lines.**

- **OPTION 1: GENERAL AGENT PAYS WRITING AGENT**
Optional Writing Agent Accounting - No Company contract

The General Agent is provided with commission information at the Writing Agent level. The commission check is made payable and sent to the General Agent.

A. Indicate the letter code which represents the desired commission schedule option for each Product Line on the Writing Agent Appointment and Compensation Worksheet.

- **OPTION 2: COMPANY PAYS PRODUCER DIRECTLY**

Commissions paid direct by Company - MUST have a Producer Contract

Commissions are split between the Producer and General Agent based on schedule options. A separate check is generated for the Producer's portion of the commission.

A. Indicate the letter code which represents the desired commission schedule option for each Product Line on the Producer Appointment and Compensation Worksheet.

B. Indicate the mailing address to be used for sending statements and checks directly to the Agent's residence or business. Please make sure this address is listed on the Agent's application. If the checks are to be mailed to the General Agent, this address must be listed as the Agent's business address.

C. Completed **Producer Sales Agreement**, signed by the Producer.

D. Annualization- The General Agent has the option to choose to have a Producer annualized. It is only available if the General Agent is annualized and the Producer is paid direct. Annualization is only available for Individual Medical. Minimum limit is \$100.00. The maximum limit is equal to the General Agent's limit. Producer notification of a change in annualization is the responsibility of the General Agent.

PRODUCT SELECTION

Select the products you are authorizing the Agent to sell by checking the appropriate box on the Writing Agent/Producer Appointment and Compensation Worksheet, Form 25587. The worksheet is required with all new Agent applications to facilitate proper product and compensation setup. **The General Agent must be authorized and appointed for a product to appoint an Agent for that line.**



AGENCY INFORMATION

1. Agency Name:

2. Assurant Agency Business No. / Tax ID No.:

3. RSD Name:

INDIVIDUAL AGENT INFORMATION

4. Agent's Name (Full legal name):

Nickname (Optional):

5. Social Security Number:

6. Date of Birth:

7. Resident Address: (Required)

STREET

CITY / STATE / ZIP (9 DIGIT)

PHONE

8. Business Address: (Optional)

STREET or P.O. BOX

CITY / STATE / ZIP (9 DIGIT)

PHONE

FAX

E-MAIL

9. License Requirements – We require a copy of your personal health and life license for your resident state and each non-resident state in which you intend to operate. Fees associated with these appointments will be charged to your General Agency's commission account where permitted. Please send copies of the appropriate licenses with this application.

10. Are you now or have you ever used any name other than shown above? Yes No If yes, list names, dates and reason used: _____

11. Have you ever been appointed with Time Insurance Company (previously known as Fortis Insurance Company?) Yes No If yes, list agent numbers: _____

12. Name of Errors and Omissions Carrier: _____

Provide details to any "YES" answers for questions 13 – 15 on an attached sheet.

13. Have you ever had a professional license refused, revoked or suspended; or, has disciplinary action been taken against you by a regulatory agency? Yes No

14. Are you currently indebted to any insurance company or agency, or is there any dispute regarding your insurance accounts? Yes No

15. Have you ever pled guilty or no contest or been convicted of any violation of law other than minor traffic violations? Yes No

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201



16. List your residence address for past five years up to and including present date:

FROM (MO / YR)	TO (MO / YR)	ADDRESS	CITY / STATE / ZIP	PHONE

17. List all employers for past five years up to and including present date. Include dates, addresses, and positions:

FROM (MO / YR)	TO (MO / YR)	NAME /ADDRESS	CITY / STATE / ZIP	PHONE

IMPORTANT INFORMATION

Fair Credit Act -- I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment as an insurance agent. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including any affiliated or import companies with which Assurant Health has a relationship, and products I may sell through that application.

Taxpayer Identification --Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

Please Note:

This application cannot be processed unless all questions have been answered and appropriate license copies are attached. Fees associated with appointments will be charged to your commission account where permitted.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Time Insurance Company, Assurant Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the numbers/address I have provided herein or at any number/address I subsequently provide to Time Insurance Company. I understand that such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by Time Insurance Company.

AGENT'S SIGNATURE _____ DATE _____ GENERAL AGENT'S SIGNATURE _____

Completed application can be faxed to Agent License and Contract Support at (414) 299-7516 or send to MKELicensing@assurant.com

Company Use Only

RSD's SIGNATURE / HOME OFFICE AUTHORIZATION	
Appointment Date	Agent Business No.

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201



Time Insurance Company Producer Sales Agreement

This Producer Sales Agreement is between Time Insurance Company, by its current name or any new name or legal identity it may hold in the future, its subsidiaries and associated organizations (hereinafter referred to as the "Company" or "We" or "Us" or "Our") and

, "Producer" or "You" or "Your" or "Yours".

(Please print or type name)

The Producer agrees to comply with the following terms and conditions.

Producer

For Time Insurance Company

Signature

Signature

(Please print or type name)

Effective Date of Agreement
(To be completed by Home Office.)

Date

Producer #:

General Agent

GA Name (Please print)

GA Number

BENEFICIARY DESIGNATION:

Name

Present Address

if living, otherwise to:

Name

Present Address

DEFINITIONS

AGREEMENT. For the purposes of this Agreement, "Agreement" shall mean this Producer Sales Agreement, together with the Appointment Application, Commission and Product Schedules and any attachments, exhibits or schedules hereto.

ASSOCIATED ORGANIZATION. For the purposes of this Agreement, an "Associated Organization," shall mean a

This Addendum shall be attached to and made part of a Time Insurance Company ("Company") Managing General Agent, General Agent or Producer Sales Agreement and applies only to commissions payable from the sale of VoluntaryMartsm products.

ADVANCE PAYMENT OF VoluntaryMartsm COMMISSIONS. Company may, at its option, advance all or part of first year commissions to Agent in anticipation of commissions to be earned by Agent on VoluntaryMartsm products.

In the event of a lapse of a policy or rider during the first year of coverage, all commission will be charged to Agent's account as detailed in the commission schedule and will represent a commission debit balance owed Company. Company may, at any time, apply any and all commissions earned by Agent to the repayment of any commission debit balance that has been incurred.

Agent hereby agrees that any and all amounts so advanced by Company will for all purposes be deemed direct loans to Agent for the repayment of which Agent is personally liable. At the request of Company, Agent agrees to execute and deliver to Company such promissory notes as Company may request to evidence Agent's indebtedness to Company.

Agent also agrees that when there has been any indebtedness that Agent has refused to pay completely within 30 days of written demand, Company shall be entitled to interest on the unpaid balance payable at the legal rate from the date written demand for payment was made by Company.

Print Agent Name ("Agent")

Date (completed by Home Office)

Agent Signature

Time Insurance Company Officer & Title

Print Corporate Name (if applicable)

Print Corporate Officer & Title (if applicable)

Agent Number



Agent Name

SSN

General Agent's Name

GA Agent Number

List the states in which you are requesting appointment for this applicant. Note: A

legible copy of each state insurance license must be attached for each state. Fees associated with these appointments will be charged to the GA's commission account where permitted.

SELECT HOW AGENT IS TO BE PAID - Selection applies to ALL product lines.

General Agent pays Writing Agent No Company Contract - do not complete Time Insurance Producer Sales Agreement. Check box to request Writing Agent Accounting and complete schedule options below.

Company Pays Producer directly Must complete Time Insurance Company Producer Sales Agreement. Select mailing address to be used for mailing statements and checks directly to agent. This address must be specified on Agent's application. Resident Business Commission Statement Frequency Payment Frequency Electronic Funds Transfer is available by completing the EFT form (required for weekly payment).

PRODUCT & COMPENSATION AUTHORIZATION - Select the products you are authorizing the Agent to sell by checking the appropriate box. You, the General Agent, must be authorized for the same products and be appointed in the same states where required by state law. Select the box which represents the desired commission schedule option for paid direct agents or if you requested writing agent accounting.

Individual Medical Schedule Option First Year Renewal Annualization Only available if the General Agent is annualized and the agent is company paid.

Short Term & Student Select Schedule Option First Year Renewal(Student Select)

Small Group Schedule Option First Year Renewal I (*A) J (*B) K * Real Choices Portfolio Equivalent

VoluntaryMart Newly Authorized Special Compensation (Starting Comp Tier) Yes; No; Other Starting Tier

Compensation Level (Maximum Comp Tier) 1 = Commission Level 1 only regardless of production 2 = Commission Level 1-2 based on production 3 = Commission Level 1-3 based on production See producer chart for levels, rates and production requirements.

Commission Advance (Only available if agent is company paid) Yes; No

Compensation Type Level Compensation = 1st year and renewal equal Non Level Compensation = 1st year higher, lower renewal

A Writing Agent/Producer Appointment Application must be attached to process new agents/producers. I recommend appointing this agent per the above noted instructions.

General Agent's Signature

Date

Completed forms can be faxed to Agent License and Contract Support at 414-299-7516, email MKELicensing@assurant.com

Products are underwritten and issued by: Time Insurance Company 501 W Michigan Milwaukee, WI 53201

INDIVIDUAL MEDICAL

General Agents: There are 3 First Year and 2 Second Year Plus options to choose from. You may combine them to suit your needs. For example, once you pick the appropriate First Year Rate (Option H, I or J), you can then combine it with either Option K or L for the Second Year Plus. Subtract the Producer rates from your General Agent rate to calculate your override.

Policy Type	Comp. Level	1 st Year			Comp. Level	2 nd Year Renewal	3 rd – 5 th Year Renewal	6 th + Renewal
		Life Rider	Issue Age 62+					
Major Medical, Dental & Vision Card	H	10%	20%	5%	K	4%	3%	2%
	I	15%	30%	8%	Age 62+	7%	7%	0
	J	20%	40%	10%	L	3%	3%	2%
Minnesota & Kentucky: Major Medical, Dental & Vision Card	H	8%	16%	3%	K	4%	3%	2%
	I	12%	24%	4%	Age 62+	3%	3%	0
	J	15%	30%	5%	L	3%	3%	2%
Major Medical Conversion	All		0		All	0	0	0
Riders	Same as policy to which attached.							
Health Advocates Alliance SuiteSolutions	SuiteSolutions fees at the same percentage rate as major medical.							

NOTES:

- Not all forms or products are available in all states. This schedule may not apply in cases where the Company is required by state law to offer mandated coverage. Other schedules may apply in certain other circumstances, such as where state mandates, special plans or agreements are in effect. Commission in healthcare reform states and commission on state issued plans may be revised to comply with state regulations. Please contact the Home Office for the latest schedules, including schedules applying to specific states, mandated plans, special plans or agreements.
- Commission will be payable only for premium which is received from the insured and retained by Time Insurance Company. Base commission will be calculated by multiplying the amount of original premium received, times the commission rate. Original premium is defined as the annual premium charged at policy issue. Commission will not be payable on any application, processing or administration fees or similar charges.

Products are underwritten and issued by:

Time Insurance Company
501 W Michigan
Milwaukee, WI 53201



3. The Company reserves the right to determine the commission rate and/or compensation level on replacement business. For purposes of this Commission Schedule, "replacement" shall mean the substitution of insurance or other coverage under one certificate or policy for insurance or other coverage under another certificate or policy.
4. The Dental & Vision Discount Card and the Health Advocates Alliance Suites Solutions are not insurance products. Any compensation paid on a Dental & Vision Discount Card or any Health Advocates Alliance Suite Solution is a marketing fee and will be paid in addition to any applicable commission. Commission Statements may include non-commission items such as marketing fees, percentage of premium commissions or other funds.
5. The Life Rider pays First Year Compensation only.
6. The Company may set commission rates for a form number or product not shown in the Commission Schedule.
7. Disputes respecting commissions shall be subject to decision and settlement by the Company and the Company's decision shall be final and binding upon the parties involved.
8. **Commission Chargeback** - If a policy, rider or Health Advocates Alliance membership lapses or terminates before the 4th monthly premium is paid, a full chargeback of earned commission will result.
9. **Policy Transfers** - On policies being transferred from one Agent to another, renewals will be paid to the Agent of Record based on the rate of commission in force as of the effective date of the transfer as outlined on the most current Commission Schedule and the duration of the policy.

INDIVIDUAL MEDICAL - STATE SPECIFIC OR SPECIAL PLANS

State	Compensation Level	First Year	Compensation Level	2 nd Year + Renewal
Georgia	H	1%	K	1%
	I	2%	L	1%
	J	3%		
Arizona, California, Delaware, District of Columbia, Iowa, Missouri, North Carolina, Tennessee, Utah, Virginia, West Virginia	H	1%	K	1%
	I	1%	L	1%
	J	2%		
Florida, Nevada	H	2%	K	1%
	I	4%	L	1%
	J	5%		
Idaho	H	2%	K	3%
	I	4%	L	2%
	J	5%		
Ohio	H	2%	K	2%
	I	4%	L	2%
	J	5%		

NOTES: Please refer to the Notes in the Individual Medical section that start on Page 1. They also apply to the state specific or special plans.

SPECIALTY PRODUCTS

General Agents need to tell Writing Agents their applicable Commission Rate Level because it depends on the GA Tier Level.

Short Term Medical Producer Commission Schedule Options						
WA Schedule Options	GA Tier Level 0		GA Tier Level 1		GA Tier Level 2	
	Other States	MN, SD & ND	Other States	MN, SD & ND	Other States	MN, SD & ND
H	8%	5%	10%	8%	10%	8%
I	11%	8%	15%	11%	15%	11%
J	15%	10%	20%	15%	20%	15%
	Commission Rate Level 0		Commission Rate Level 1		Commission Rate Level 2	
	Other States	MN, SD & ND	Other States	MN, SD & ND	Other States	MN, SD & ND

Policy Type	Comp. Level	1 st Year	Renewal
Student Select	H	8%	4%
	I	11%	6%
	J	15%	8%



NOTES:

1. Commission is not payable on optional state mandated riders which require additional premium or on the application fee.
2. A change in the GA Tier Level, will result in an automatic change in rate payable to the Writing Agent without a change in the WA Schedule Option.
3. General Agents may not pay a Writing Agent more than 20%.
4. Writing Agents will need to contact the General Agent for their applicable Commission Rate Level.
5. The Company reserves the right to amend or supplement Commission Schedules or change the production requirements on all products or plans without prior notice.
6. Commission will be payable only for premium which is received from the insured and retained by the Company. Base commission will be calculated by multiplying the amount of premium received, times the commission rate determined under this schedule.
7. The Company may set commission rates for a form number or product not shown in the Commission Schedule.
8. Disputes respecting commissions shall be subject to decision and settlement by the Company and the Company's decision shall be final and binding upon the parties involved.
9. The Company reserves the right to determine the commission rate and/or compensation level on replacement business. For purposes of this Commission Schedule, "replacement" shall mean the substitution of insurance or other coverage under one certificate or policy for insurance or other coverage under another certificate or policy.

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201

Time
Insurance

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Compensation Level	Cancer, Heart/Stroke				Accident, STD - Industry Class A*				Dental			
	Non - Level			Level	Non - Level			Level	Non - Level			Level
	<u>Yr 1</u>	<u>Yrs 2-10</u>	<u>Yrs 11+</u>	<u>All Durations</u>	<u>Yr 1</u>	<u>Yrs 2-10</u>	<u>Yrs 11+</u>	<u>All Durations</u>	<u>Yr 1</u>	<u>Yrs 2-10</u>	<u>Yrs 11+</u>	<u>All Durations</u>
1	40.0%	6.0%	2.0%	11.0%	35.0%	5.0%	2.0%	9.5%	30.0%	5.0%	5.0%	10.0%
2	45.0%	7.0%	2.0%	12.5%	37.5%	5.5%	2.0%	10.25%	32.5%	5.5%	5.5%	10.5%

*To get the actual percentage for other Industry Classes, multiply the percentage for Industry Class A by: 0.90 for Class B; 0.75 for Class C; 0.60 for Class D; and 0.80 for Class E.

Replacements: Only the Level option is allowed. Orthodontic riders: Only 5% is paid for all durations.

Compensation Level	Hospital Indemnity				Life w/ CI Rider				Sickness Indemnity - Ages 30-59*			
	Non - Level			Level	Non - Level			Level	Non - Level			Level
	<u>Yr 1</u>	<u>Yrs 2-10</u>	<u>Yrs 11+</u>	<u>All Durations</u>	<u>Yr 1</u>	<u>Yrs 2-10</u>	<u>Yrs 11+</u>	<u>All Durations</u>	<u>Yr 1</u>	<u>Yrs 2-10</u>	<u>Yrs 11+</u>	<u>All Durations</u>
1	35.0%	5.0%	2.0%	9.5%	50.0%	5.0%	2.0%	11.5%	30.0%	5.0%	2.0%	8.75%
2	37.5%	5.5%	2.0%	10.25%	55.0%	5.5%	2.0%	13.00%	32.5%	5.5%	2.0%	9.50%

* Multiply the percentage for issue Ages 30-59 by 0.90 for issue Ages 18 - 29 and by 0.60 for issue Ages 60 -70 to get the actual percentage paid.

NOTES:

1. Not all forms or products are available in all states. This schedule may not apply in certain circumstances, such as where state mandates, special plans or agreements are in effect. Please contact the Home Office for the latest schedules, including schedules applying to specific states, mandated plans, special plans or agreements.
2. Non-Level and Level commission options exist for all the VoluntaryMartSM products. The option you have selected will apply to all VoluntaryMartSM products and may not be changed once a policy is issued. You may change your selected option, however the new option will apply only to policies issued after the date we process the change.
3. Except as noted, riders pay the same commission as the base policy. Return of Premium riders do not pay renewal commissions.
4. Any agent initiated changes in existing policies that result in an increase in annualized premium will cause the increased portion of the annualized premium to be commissioned at the same percentage and Compensation Level as a newly issued policy issued on that same date. In all other cases, commission will be based on the percentage and the Compensation Level in effect as of the date of policy issue.
5. When selling VoluntaryMartSM products to 500+ lives groups at a premium discount the commission paid will be reduced using the factors in the following chart. The factors apply to commissions in all years. The normal commission will be multiplied by the factor to calculate the reduced commission amount.

Premium Discount	Commission Factor
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5% discount	75%
10% discount	50%
15% discount	25%
20% discount	0%

6. Commission will be payable only for premium that is received from the insured and retained by the Company. Base commission will be calculated by multiplying the amount of premium received, times the commission percentage determined under this schedule.
7. The Company reserves the right to determine the commission rate and/or compensation level on replacement business. For purposes of this Commission Schedule, "replacement" shall mean the substitution of insurance or other coverage under one certificate or policy for insurance or other coverage under another certificate or policy.
8. Any compensation on a non-insurance product is considered a marketing fee and will be paid in addition to base commission. Compensation may be a combination of fees, percentage of premium or other funds.
9. The Company may set commission rates for a form number or product not shown in the Commission Schedule.
10. Disputes respecting commissions shall be subject to decision and settlement by the Company and the Company's decision shall be final and binding upon the parties involved.
11. You will not be paid more than the current VoluntaryMartsm production based schedule would dictate considering production from all Assurant Health sources.
12. VoluntaryMartsm Production Credit is total annualized first year VoluntaryMartsm premium issued during a compensation period, minus a deduction for lapses and terminations processed during the compensation period (any policy lapsed or terminated prior to 4 months of premium being paid). This deduction is equal to the annualized premium for the lapsed and terminated policies processed during a compensation period, regardless of when the policies were issued.
13. Annual Compensation Level Adjustment - Your Compensation Level will be determined annually as of February 1st of each calendar year. You qualify for a Compensation Level based on the Production Credit of new VoluntaryMartsm business issued by you during the previous calendar year. The following chart summarizes the production needed to earn each Compensation Level. These production requirements go into effect starting with calendar year 2004.
14. Weekly Compensation Level Adjustment - You may qualify for a higher Compensation Level during the calendar year based on the Production Credit of new VoluntaryMartsm business issued by your agency. At the end of the week, the Production Credit issued by you year-to-date through that week will be compared to the production requirement in the chart shown below. The Compensation Level will be increased accordingly. The higher Compensation Level will apply to policies we process after completing the weekly calculation.

COMPENSATION LEVEL	VoluntaryMart sm Production Credit
1	\$0 - \$14,999
2	\$15,000 +



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COMMISSION CHARGEBACK

If a VoluntaryMartSM policy or rider lapses or terminates before the 4th monthly premium is paid, a full chargeback of all commission and Production Credit will result.

NON-REPLACEMENT

You may not replace any VoluntaryMartSM policies or any other policy with the Company with similar coverages from another insurer. The Termination for Cause provision in your Sales Agreement allows the Company to impose sanctions for the replacement of any Company policy including forfeiture of all compensation due under the Sales Agreement.

POLICY TRANSFERS

On policies being transferred from one Agent to another, any compensation paid to the new Agent of Record will be based only on new premium generated from new sales of VoluntaryMartSM business.

By: *Laura B. Helling*
Sr. Vice President –Assurant Health



Agent Commission Electronic Funds Transfer Form

Agent/Agency Name: _____

Agent/Agency Number: _____

Daytime Phone Number: _____ Area Code _____ Fax Number: _____ Area Code _____

Payment Frequency (Please check one): Weekly Semi-monthly Monthly

Statement Frequency (Please check one): Semi-monthly Monthly

Account Type (Please check one): Checking Account (22) Savings Account (32)

If you currently receive commission by electronic fund transfer, want to change frequencies and are not changing accounts, please check the following box:

Please make payments to my current depository.

If you are authorizing electronic fund transfer either for the first time or to a different account:

1. For checking account, please void a pre-printed blank check and attach here.
2. For savings account, please void a pre-printed deposit slip and attach here.

We cannot accept voided checks or deposit slips with a handwritten name & address

3. Please transfer the numbers at the bottom of the check or deposit slip into the fields below.

Your Bank's 9-Digit Routing Number
↓

and

Your Account Number
↓

Bank Routing Number

Account Number

Authorization

I hereby authorize Time Insurance Company to initiate credit entries and, if necessary, adjustments for any credit entries made in error to the checking or savings account indicated above, hereinafter called depository.

Agent Signature _____

Please submit an updated authorization any time you change depositories.

Month Day Year

For Time Insurance Company Use Only

Commission Vendor# _____ CC _____

Verified By _____ Date _____

Cash Management Keyed By _____ Verified By _____