

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, Form 25671**
 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 Semi-Monthly Monthly
 Payment Frequency Weekly Semi-Monthly Monthly
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 H I J
 Renewal K L
Annualization Yes No If yes, indicate limit _____
 Only available if the General Agent is annualized and the agent is company paid.

Short Term & Student Select **Schedule Option** First Year H I J
 Renewal(Student Select) H I J

Small Group **Schedule Option** First Year H I J M
 Renewal J K L

VoluntaryMart **Schedule Option** 3 = Commission Level 1-3 based on production
 2 = Commission Level 1-2 based on production
 1 = Commission Level 1 only regardless of production
See producer chart for levels, rates and production requirements. Checking one of these boxes does not select the Writing Agent's/ Producers starting rate.

Commission Advance Yes No Only available if agent is company paid.
 If "Yes", signed VoluntaryMart Commission Advance Addendum must be attached.
 If "No", others in the hierarchy will not receive advances for business written by the Producer.

Compensation Type Non Level Compensation= 1st year higher, lower renewal
 Level Compensation = 1st year and renewal equal
If Level is selected, others in the hierarchy will receive Level commissions for business written by the Writing Agent / Producer.

Newly Authorized Special Compensation Yes No

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

Time
Insurance