



AGENT CONTRACT TRANSMITTAL FORM

This form should be completed for:

- Any new agents being contracted by you, or
- Any changes you are requesting to an existing agent's commission level.
- Agents requesting a transfer to a new Marketing Organization

This form must be included with each new agent contract or to request change of existing level.

NEW AGENT/PRODUCER

Full Name of Agent being contracted: _____

Business Name (if different than Producer): _____

Contract Level (e.g. MGA, GA, A10): _____

Reports to: _____ Agent # _____

TRANSFER / CHANGE IN CONTRACT LEVEL

Full Name of Agent: _____ Agent # _____

Business Name (if different than Producer): _____ Agent # _____

New Contract Level (e.g. MGA, GA, A10): _____

Reports to: _____ Agent # _____

Agent's Signature (**Required for Transfers**)

Date

Marketing Organization Name (Please Print)

Authorized Signature

Date

Mail to:
EQUITRUST LIFE INSURANCE COMPANY
ATTN: Agency Administration
P.O. Box 14500
Des Moines, IA 50306-3500

Fax to:
515-453-3362

FOR INTERNAL HOME OFFICE USE ONLY
