## COMMISSION SPLIT AUTHORIZATION -IRREVOCABLE

Writing Agent 1 Name\*

## **EquiTrust Insurance Marketing Services™**

This form should be used for EACH annuity application where the commission earned is to be split with one or more agents who did not participate in the sale with the client. Each agent listed must be actively appointed with EquiTrust and should refer to their individual agent contract and commission schedule. EquiTrust reserves the right to deny requests to split commissions. The instructions set out below will apply to all commission payments for this annuity application and cannot be changed. Commissions will be paid to all agents designated on this form.

Contract Number (if known)	Expected Premium
Contract Owner	Social Security Number
Joint Owner (if applicable)	Social Security Number

## IMPORTANT: PLEASE READ TO ENSURE COMMISSION AND AGENT TYPE ARE APPLIED CORRECTLY

- **Writing Agent(s)** is any agent who conducted the sale, sold the annuity to the client and signed the application. The first Writing Agent listed will be the only agent that will receive copies of all Contract Owner Correspondence.
- Commission Only is an agent who did NOT participate in the sale, but who is getting a split of the commission.

Commission Percentage

Writing agent must be in compliance with all applicable state and federal training requirements.

a.g. gem . reme					
Writing Agent 1 Number	Agent Phone Num	ber	Writing Agent 1 Signature		
*Writing agent attests that he/she was present at the sale and signing of this annuity application.					
Writing Agent 2 Name*	ent 2 Name*		Commission Percentage		
Writing Agent 2 Number	Agent Phone Num	ber	Writing Agent 2 Signature		
*Writing agent attests that he/she was present at the sale and signing of this annuity application.					
Commission Only Agent 1 Name		Commission Percentage			
Commission Only Agent 1 Number		Agent Phone	Number		
Commission Only Agent 2 Name		Commission F	Percentage		
Commission Only Agent 2 Number		Agent Phone Number			

