Dearborn National®

Producer Transmittal

To be submitted with the Group Application

Policyholder _____ Group _____

1. Producer Information

Is the producer licensed in the state where this group is headquartered? ❑ Yes ❑ No

If NO, this group cannot be submitted.

Is the producer appointed by FDL in the state where the group is headquartered? ❑ Yes ❑ No

If NO, please go to **www.dearbornnational.com/producers** and click on the "Become a Producer" link.

2. Payout Information

Producer #1 - Main Writing Agent *This section must be completed*	**Producer # 2 - Second Writing Agent** *Only complete if commissions are to be split*
Name: _____	Name: _____
Agent Number or TIN: _____	Agent Number or TIN: _____
Address: _____	Address: _____
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip _____
Split commissions must equal 100% between all Agents.	
Commission Split: _____% *If Commissions are not split, indicate 100%*	Commission Split: _____%
Will another agent or GA receive an override? ❑ Yes ❑ No *If YES, contact your Dearborn National sales representative.*	Will another agent or GA receive an override? ❑ Yes ❑ No *If YES, contact your Dearborn National sales representative.*

3. Special Requests

_____

_____

_____

_____

_____

_____

_____

4. Signature

Producer's Signature _____ Date _____

Typed or Printed Name _____

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Fort Dearborn Life Insurance Company® (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.