

_____	_____
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 Dearborn National in the state where the group is Yes No
 If NO, please submit appointment paperwork with the sold case submission.

2. Payout Information

Producer #1 - Main Writing Agent <i>This section must be completed</i>	Producer # 2 - Second Writing Agent <i>Only complete if commissions are to be split</i>
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: _____% <i>If Commissions are not split, indicate 100%</i>	Commission Split: _____%
Will another agent or GA receive an override? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, contact your Dearborn National sales representative.</i>	Will another agent or GA receive an override? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, contact your Dearborn National sales representative.</i>

3. Special Requests

4. Signature

_____	_____
Producer's Signature	Date

Typed or Printed Name	