

PLEASE RETURN ALL DOCUMENTS TO:
Joe Moore, Regional Marketing Director
PO Box 1954
Morristown, TN 37816
Fax 915-990-8550

CONTRACTING TRANSMITTAL

This form must accompany the Contract

IMO Name: Joe Moore IMO Signature: _____

IMO Office Contact Person: _____ Date: _____

Phone: _____ Fax: _____

Type of Request: ___ New ___ Reinstatement ___ Hierarchy Change

Agent/Appointee Name: _____

Checklist for Required Forms: Do not submit contract unless these forms are enclosed.

- () Producer Data Sheet #4330
- () Signed Contract(s)
- () E&O Enrollment Form or Proof of Coverage (Minimum \$1,000,000 liability)
- () EFT Direct Deposit Authorization #4854 and Voided Check
- () Resident License (Non-Resident if applicable)
- () Agent's Declaration and Authorization #5058
- () Signed Commission Schedule #4944

Checklist for Optional Forms:

- Yes () No () Commission Advancement Form #4842
- () Beneficiary Designation Form #4843
- () Assignment of Commissions Form

Golden Promise & Mortgage Protector Term

Agent will deliver policies () GP () MPT
 Home Office will mail policies () GP () MPT
 Company reserves the right to require Home Office mailing.
 If box is not marked policies will be sent to agent for delivery.
 NOTE: PA, LA and foreign language policies must be delivered by agent.

REQUEST FOR APPOINTMENT

Resident License State _____ **(GA state form must be submitted with signature)**

Agent is currently licensed and needs a non-resident appointment(s) in _____, _____, _____, _____ (send copy of current license and fees)

Agent will need a first time non-resident license(s) in _____, _____, _____

NOTE: Unless the state(s) in which an agent is licensed and appointed with Shenandoah Life issues perpetual licenses, the agent is required to furnish a current copy of each license for the states in which the agent represents Shenandoah Life.

COMMISSION HIERARCHY SCHEDULE

IMO hereby directs a portion of its commissions payable under its contract with Shenandoah Life; such commissions shall be payable in accordance with the contract between the writing agent and Shenandoah Life

Writing Agent _____ Schedule _____ Agent # _____

Reports to _____ Schedule _____ Agent # _____

Resident License _____ Non-Resident License(s) _____

Reports to _____ Schedule _____ Agent # _____

Resident License _____ Non-Resident License(s) _____

Reports to _____ Schedule _____ Agent # _____

Resident License _____ Non-Resident License(s) _____