



PRODUCER INFORMATION

Is producer licensed in state where group is headquartered? Yes No (If No, group cannot be submitted)

Is producer appointed by Fort Dearborn Life Insurance Company in state where group is headquartered: Yes No
 If No, please submit appointment paperwork with submission.

Who receives commissions?

Writing Agent #1 Information: (Main writing agent)			Writing Agent #2 Information: (only fill in if commissions are split)		
Agent Number and/or TIN*:			Agent Number and/or TIN*:		
Name associated with TIN:			Name associated with TIN:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Commission Split: % (if no split, indicate 100)			Commission Split: % (if no split, indicate 100)		
Other agent or GA to receive override: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, contact your FDL Sales representative.)			Other agent or GA to receive override: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, contact your FDL Sales representative.)		

* Agent #/Tax Identification Number inserted in this field

GENERAL COMMENTS:

Signature of Producer

Date