Override

Commission Agreement

03-107-4 (06/15)

AMERICO

I wish to collect override commissions in those state(s) where insurance laws or regulations allow such commissions to be paid to individuals who do not participate in the sale of insurance policies. I request that the Licensing and Contracting Department at Americo Financial Life and Annuity Insurance Company (Americo) initiate the necessary recordkeeping to provide such commission payments to me in the following states:

As of February 9, 2006, the states that allow overrides to be paid without a producer holding an active license or appointment in the state are listed below. I have checked those states in which I intend to collect overrides:

☐ AK	☐ DC	☐ IN	☐ MN	☐ NV	☐ TN
☐ AR	☐ DE	☐ KS	☐ MO	☐ OH	☐ TX
☐ AZ	☐ HI	☐ LA	☐ NC	☐ OK	☐ WA
☐ CA	☐ IA	☐ MD	☐ NE	☐ OR	☐ WY
☐ CO	☐ ID	☐ ME	☐ NH	☐ RI	
☐ CT	☐ IL	☐ MI	☐ NJ	☐ SC	

In order to collect these override commissions I agree to be bound by the following terms of this agreement:

1. I will not sell, solicit, or negotiate insurance business in the above-named states.
2. I will not be connected to the actual sale of any insurance policy in the above named states.
3. I will be responsible for notifying Americo staff thirty days in advance of a change in my circumstances whereby I plan to obtain a producer's license in any of the above named states.
4. I will provide Americo staff a copy of the actual producer's license I obtain in any of the above named states prior to soliciting any business in any such state.
5. I understand that a failure to notify Americo of a change in my licensing status in any of the above-mentioned states could result in fines or administrative actions from the Department (s) of Insurance in the respective states.
6. I agree to indemnify Americo should such fines or administrative actions be taken which result in Americo incurring legal fees or other damages.

_____ _____

Agent Name and Agent Code Date

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Agent Name Signature