Compensation

Hierarchy Schedule 03-093-1-KC (08/20)

AMERICO

Fax # (800) 395-9238

☐ NEW AGENT ☐ CHANGE	Individual Producer Name	Social Security Number	Agent Code
Business Entity Name (For Entity Contract Only)		Tax ID Number	Agent Code

Has new business been submitted? ☐ Yes* ☐ No

If Yes:

Application Date _____ Name of Applicant _____

_____ _____

*Outstanding contracting requirements such as: E&O, AML Training, Continuing Education, missing signatures, forms or information may delay new business processing.

Please contract this agent with commissions: ☐ Vested ☐ Non-Vested

	Name and Agent Code (This may not reflect the entire hierarchy)	Annuity Hierarchy Level	Life Hierarchy Level	Final Expense Hierarchy Level
IMO				
Direct Upline				
Producer / Entity				
	Please mark the number of months the agent should be advanced[1]. If nothing is marked, the agent will be paid As Earned. [1]Must include a completed Advance Addendum if placing an agent on advance.		☐ 3 Months ☐ 6 Months ☐ 9 Months	☐ 3 Months ☐ 6 Months ☐ 9 Months

I, the undersigned, hereby authorize the foregoing changes and understand that any changes are subject to Americo's Agent Agreement.

Signature of IMO:_____ Date:_____