Agent Transaction Information Form

Producer/Agency Name:_____ **ID #**_____

New Contract: ☐ Hierarchy Change**: ☐ Commission Change**: ☐ Add State : ☐

Commissioned Producer: ☐ License Only Producer: ☐

Product: _____ Comm Level: _____

Product: _____ Comm Level: _____

Product: _____ Comm Level: _____

Appointment State:_____

Advance Commissions:
Life Insurance: ☐ Yes ☐ No
☐ 50% (6 months) ☐ 75% (9 months)

Medicare Supplement: : ☐ Yes ☐ No
☐ 75% (9 months)

AML Date:_____AML Training Provider_____

New Business Submitted? ☐ *Yes* ☐ *No*

The Immediate Upline signature indicates acceptance of responsibility and liability for this agent/agency to the extent outlined in the Producer Agreement currently in effect with Oxford Life Insurance Company.

Immediate Upline: _____ _____
Signature Date

Immediate Upline Name:_____ ID#_____

Additional Uplines

Upline:_____ ID#_____

Upline:_____ ID#_____

Upline:_____ ID#_____

Upline:_____ ID#_____

Upline:_____ ID#_____

Submitting Agent/Agency_____ID#_____

Agent/Agency Signature_____

*****All changes are effective the date the request is processed*****