

North Ranch Benefits Trust

Agent Agreement



1. THE PURPOSE OF THIS FORM IS:	2. CHECKLIST - ITEMS TO RETURN WITH THIS FORM:
<input checked="" type="checkbox"/> Obtain an Agent Appointment with North Ranch Benefits Trust	<input type="checkbox"/> Voided Check <input type="checkbox"/> W-9 for Agent or Agency to be paid <input type="checkbox"/> Direct Deposit Form for Agent or Agency to be paid (recommended) <input type="checkbox"/> Copy of License for Agent or Agency to be paid

3. AGENT INFORMATION:		
Agent's Full Name (Exact name as on license):		
Agency Name (if applicable):		
Physical Address :		
City:	State:	Zip:
Phone:	Fax:	
Email:		

4. ASSIGNMENT OF COMMISSION (CHOOSE ONE OPTION BELOW):			
<input type="checkbox"/> OPTION 1 / COMMISSION PAID TO AGENT			
I wish to receive commission via: <input type="checkbox"/> Mail check to address below <input type="checkbox"/> Direct Deposit (form and voided check attached)			
Agent Name (Exact name as on license):			
Agent Tax ID #:	Agent License #:	Phone:	Fax:
Mailing Address:			
City:	State:	Zip:	
Email:			
<input type="checkbox"/> OPTION 2 / COMMISSION PAID TO AGENCY			
I wish to receive commission via: <input type="checkbox"/> Mail check to address below <input type="checkbox"/> Direct Deposit (form and voided check attached)			
Agency's Name (Exact name as on license):			
Agency Tax ID #:	Agency License #:	Phone:	Fax:
Mailing Address:			
City:	State:	Zip:	
Email:			

5. LICENSE INFORMATION (License must match Agent or Agency that the commission is being paid to and in the same state as the client is headquartered.)			
License Type:	Agency License #:	State of Issue:	Issue Date:

6. COMMISSION:
The commission for Inshore Benefits Trust products (Ameritas, Delta, Humana, and/or Vision Service Plan) is 8% and paid by our Third Party Administrator.

Signature (x): _____ **Print Name:** _____

Date: _____ **Existing HealthSmart Broker #:** _____