North Ranch Benefits Trust
Agent Agreement

North Ranch Benefits Trust
inshore

1. THE PURPOSE OF THIS FORM IS:	2. CHECKLIST - ITEMS TO RETURN WITH THIS FORM:
☒ Obtain an Agent Appointment with North Ranch Benefits Trust	☐ Voided Check ☐ W-9 for Agent or Agency to be paid ☐ Direct Deposit Form for Agent or Agency to be paid (recommended) ☐ Copy of License for Agent or Agency to be paid ☐ Copy of active Errors & Ommissions (E&O) declaration page

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):			
☐ **OPTION 1** / COMMISSION PAID TO **AGENT**			
☐ **I understand that commissions are paid via direct deposit only (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:			
☐ **OPTION 2** / COMMISSION PAID TO **AGENCY**			
☐ **I understand that commissions are paid via direct deposit only (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:
Commission rates may vary by effective date, see appendix on page 2 for current rates.

Signature (x): _____ **Date Signed:** _____

Print Name: _____

APPENDIX	
Commissions are for plans with effective dates 1/1/2023 through 12/31/2023.	
Ameritas*	8%
Delta Dental CA	8%
Delta Dental CO	10%
Guardian	10%
Humana*	8%
NortonLifeLock*	20%
VSP*	8%

*For all eligible states where plan is available.