

North Ranch Benefits Trust

2025-2026 Agent Agreement



1. THE PURPOSE OF THIS FORM IS:

Obtain an Agent Appointment with North Ranch Benefits Trust

2. CHECKLIST - ITEMS TO RETURN WITH THIS FORM:

- W-9 for Agent or Agency to be paid
- Copy of License for Agent or Agency to be paid
- Copy of active Errors & Omissions (E&O) declaration page
- Direct Deposit Form for Agent or Agency to be paid (required)
- Voided Check

3. COMMISSION SCHEDULE

Commissions are for plans with effective dates 1/1/2025 through 12/31/2025. * For all eligible states where plan is available.

Ameritas*	8%	Globe Life	10%
Delta Dental CA	8%	Guardian*	10%
Delta Dental CO	10%	NortonLifeLock*	20%
Delta Dental TX	8%	VSP*	8%

4. ASSIGNMENT OF COMMISSION (CHOOSE ONE OPTION BELOW):

OPTION 1 / COMMISSION PAID TO **AGENT** — Commissions are paid via direct deposit only.

Agent Name (as on license):

Agent Tax ID #:

Email:

Phone:

Mailing Address:

City:

State:

Zip:

License Type:

Agent License #

Expiration Date:

State of Issue:

OPTION 2 / COMMISSION PAID TO **AGENCY** — Commissions are paid via direct deposit only.

Agency Name (as on license):

Agency Tax ID #:

Email:

Phone:

Mailing Address:

City:

State:

Zip:

License Type:

Agency License #

Expiration Date:

State of Issue:

Signature (x): _____

Date Signed: _____

Print Name: _____

To enroll in Direct Deposit, send this completed form with a voided check (not a deposit slip) from the account you have selected.

MAIL TO: 32110 Agoura Road, Westlake Village, CA 91361

FAX TO: (818) 960-0141 • **EMAIL TO:** inshore@pathianadministrators.com

I hereby authorize Pathian, LLC (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received a written notice from me of its termination in such manner as to afford Company and Bank reasonable opportunity to act on it.

Payee Name: _____

Tax ID: _____ **Phone:** _____

Commission Email: _____

Bank Name: _____

Bank City: _____ **Bank State:** _____

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

All information must be completed correctly and we must receive a voided check (no deposit slips) with your application. Incomplete information will result in a delay in processing your request.

IMPORTANT

YOUR DIRECT DEPOSIT AGREEMENT IS SUBJECT TO THE FOLLOWING RESTRICTIONS AND LIMITATIONS:

Direct Deposit is available for one bank account only. Your commission payments cannot be split into multiple bank accounts. All commission payments distributed by Pathian Administrators will be deposited into the account you select.



Please check one: Checking Savings

Bank Routing #: 

 The routing # is the nine-digit number on the lower left of your check. The routing code appears between the  symbols.

Account #: 

 Your account number can be found between the  symbol and the  symbol. Do not include the check number (the digits to the right of the  symbol.)