

Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, TX • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

Compensation Hierarchy Schedule

Fax # (800) 395-9238

INTERNAL USE ONLY			
<input type="checkbox"/> New IMO		Contract Type _____	
		Region Code _____	
<input type="checkbox"/> NEW AGENT	Name of Agent to be Contracted		Agent Code
<input type="checkbox"/> CHANGE*			
Corporate Name (if any)		Social Security Number / Tax ID Number	
Address			
City		State	Zip
1. *This change is for: <input type="checkbox"/> Americo Only <input type="checkbox"/> GSL (NJ Only)			
2. Mail policies to: <input type="checkbox"/> Client <input type="checkbox"/> Agent			
3. Has new business been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes:			
Application Date		Name of Applicant	
_____		_____	
_____		_____	
4. How will commissions be paid?			
<input type="checkbox"/> As Earned		FEDD/Military Allotment	
<input type="checkbox"/> 3 months advance (must include advance addendum)		_____ Submit advance months	
<input type="checkbox"/> 6 months advance (must include advance addendum)		_____ Paid advance months	
<input type="checkbox"/> 9 months advance (must include advance addendum)			
Name and Agent Code		Life Hierarchy Level	Final Expense Hierarchy Level
Please appoint this agent with commissions VESTED		Please appoint this agent with commissions NON-VESTED	
_____		_____	
Authorized signature of approval		Authorized signature of approval	
_____		_____	
Date		Date	