Legal & General AMERICA

**Banner Life Insurance Company**
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

# AGENT / AGENCY / INSTITUTION COMMISSION PAYMENT PROFILE

Please print or type all information in **BLACK ink only**.

## Section 1 - IDENTIFICATION INFORMATION

Agent/Agency/Institution Name _____

S.S.N. and/or Tax ID # _____

## Section 2 - INSTRUCTIONS

**Please complete this form to select your commission payment options including direct deposit electronic funds transfer (EFT), then return it to the Licensing Department.**

**Commission Payment Frequency**
- ☐ Daily (EFT required)
- ☐ Weekly (EFT required)
- ☐ Standard Method (three times each month)
- ☐ Bi-Weekly (26 times per year)
- ☐ Monthly

**Minimum Transaction Amount** $ _____ (Note: Minimum must be at least $50.)

**Commission Reporting Options** ☐ E-mail ☐ Website

**E-mail Address** _____

**Commission Payment Method** ☐ Direct Deposit (EFT) ☐ Check

**PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FOR THE CHECKING ACCOUNT REFERENCED BELOW**

## Section 3 - BANK INFORMATION

☐ Please begin the deposit of my NET EARNINGS to the below account.

PLEASE ALLOW 30 DAYS TO START NEW DEPOSITS

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

TRANSIT ROUTING NUMBER ☐☐☐☐☐☐☐☐☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## Section 4 - AUTHORIZATION

I understand all earnings for all agent numbers associated with the above S.S.N. and/or Tax I.D. number will be processed according to these instructions.

If I have selected direct deposit of net earnings in Section 3 above, then I agree to the following:

I authorize Legal & General America and its subsidiaries to deposit commission earnings automatically to the account specified above as they become due and payable, by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named above to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize the financial institution to debit the same to my account. This authority will remain in effect until Legal & General America and its subsidiaries has received written notice from me of its cancellation in such time and manner as to afford Legal & General America and its subsidiaries and the financial institution reasonable opportunity to act on it.

Further, I understand a statement of funds deposited will be sent to my e-mail address of record if e-mail commission reporting option is selected above. Otherwise, commission statements will only be available at the LGAmerica website.

Further, I understand service charges may be associated with my account and I should contact my financial institution to determine these charges. I also understand that Legal & General America and its subsidiaries is not responsible, in any way, for these service charges.

Signature _____ Date _____