

**EXHIBIT 6**  
**INDEPENDENT PRODUCER INFORMATION FORM**

---

Date

FMO Name

---

Tax ID Number/Social Security Number (SSN)

Agent Name

---

**General Information**

---

---

Office Phone

Cell Phone

National Producer No.

---

Business Address

---

City

State

ZIP Code

---

Email Address

---

Agent License Number (CA License#)

Additional Language

**Commission Payout:**

**Pay to FMO**

**Pay to Agent**

I confirm the information provided is accurate to the best of my knowledge.

---

Signature of Applicant/Authorized Officer

Date