

# Agent Contract Release & Transfer Authorization



## Recruiter may mail, e-mail or fax completed forms to:

PO Box 30245, Salt Lake City, Utah 84130-0245

Email: Annuity.AgencyServices@silacins.com

Contact us: Agency Services: Tel: 888-352-5120 Fax: 888-352-5126

## RELEASE INFORMATION

This Contract Release & Transfer Authorization Form ("Transfer Form") permits appointed SILAC® Agents to transfer from one IMO hierarchy to another. By completing this Transfer Form, the Agent and IMO acknowledge:

- The Effective Date of any transfer to a new IMO will be based on the latest signature date on this Transfer Form.
- Completed Transfer Forms must be submitted to Agency Services within 7 days of the last signature date.
- New business applications dated prior to the Effective Date will be processed under the current IMO hierarchy.
- Agents with a debt balance are not eligible for transfer until the debit balance is paid in full.
- Once the Transfer Form has been approved and implemented, any future commission charge backs will be the responsibility of the Agent and current IMO regardless of the date business is issued.
- Acquisitions will be processed within 15 business days after being received by Agency Services. Commissions will be paid out to the appropriate IMO hierarchy based on the application signed date.
- Newly contracted agents may not request an Agent transfer within the first 3 months of their initial contract date.
- Agents that have not submitted any business within the prior 6 months are still eligible for transfer.
- IMOs may not recruit existing Agents within the first 6 months of the new Agent/IMOs contract date.
- IMOs may not recruit an existing Agent that has written \$1 million in annuity premium during the 12 months following the new Agent/IMOs contract date.

**By signing the agreement below, the Agent and IMO agree to the terms and conditions related to the transfer of an Agent contract.**

## AGENT REQUESTING RELEASE INFORMATION

Current compensation level is: \_\_\_\_\_

(This level CANNOT be increased for a minimum of 6 months.)

YTD Production \$ \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CURRENT DIRECT UPLINE MARKETING ORGANIZATION

Printed Name: \_\_\_\_\_

Printed Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REQUESTING MARKETING ORGANIZATION

IMOs Printed Name \_\_\_\_\_

IMOs Number \_\_\_\_\_

IMOs Signature \_\_\_\_\_

Date \_\_\_\_\_

## The following forms are required for all Transfers:

Copy of legal Acquisition agreement

EFT Form

W-9 Form