



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251
888-724-4267

Hierarchy Compensation Authorization And Appointment Checklist

HIERARCHY COMPENSATION AUTHORIZATION

Name of Up-Line: _____ Producer Number of Up-Line : _____

Name of New Producer: _____ Initial Hierarchy Change

New Producer Compensation Level: _____

Signature of Authorized Up-Line Date

Signature of Sagicor Regional Sales Manager (if applicable) Date

APPOINTMENT CHECKLIST

PLEASE COMPLETE AND RETURN THIS PAGE WITH YOUR CONTRACT

We welcome you to Sagicor Life Insurance Company! Checking each item will help to ensure that we have all the information necessary to process your appointment in an expedient manner.

- Completed **Hierarchy Compensation Authorization**.
- Completed **Producer Appointment Application**. *(Please complete each question, sign and date)*. We must have your complete 3 year employment and address history.
- Please provide a copy of your current **Errors & Omissions** policy declaration page *(Required for Appointment)*.
- Producer Agreement for Individual and Agency (if applicable)** – Signed and Dated.
- Authorization to Obtain Consumer Reports** – Signed and Dated.
- Request for Taxpayer Identification Number Form** – Completed, Signed and Dated.
- Copy of your license** for your resident state. Copies of all **NON-RESIDENT LICENSES FOR STATES IN WHICH YOU WILL BE PRODUCING**. You must provide applicable non-resident state appointment fees.
- If commissions are being assigned/paid to a different entity, the **Assignment of Commissions** form must be completed before we can pay commissions to the assigned party. If required by law, we may require a **copy of the agency/corporation insurance license** for each state in which you are requesting appointment.
- Commissions** are paid via electronic fund transfer on the next business day following the occurrence of any daily commission transaction (settled new business, renewals, earned commission and bonuses). Please complete the **Direct Deposit Authorization** information needed to receive compensation in this manner, if not already on file with Sagicor.
- Provider Name and Completion Date of the **Anti-Money Laundering training course** *(Required for Appointment)*.

Mail to: Sagicor Life Insurance Company
Producer Appointment Department
4010 W. Boy Scout Blvd., Suite 800
Tampa, Florida 33607

Fax to: 866-463-0397
Questions?
Call Producer Appointment at
1-888-724-4267



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