BannerLife®

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AGENT/AGENCY COMMISSION PAYMENT PROFILE

Section I - AGENT/AGENCY INFORMATION

Agent/Agency Name_____

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

Section II - INSTRUCTIONS

Please complete this form to select your commission payment options including direct deposit electronic funds transfer (EFT), then return it to the Commission 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 III - 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 IV - 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 III above, then I agree to the following:

I authorize Legal & General America, Inc. and 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 Banner Life Insurance Company has received written notice from me of its cancellation in such time and manner as to afford Banner Life Insurance Company 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, Inc. and subsidiaries is not responsible, in any way, for these service charges.

Signature _____ Date _____