



# FARMERS LIFE INSURANCE COMPANY

## Transmittal Form

This form should be completed for:

- Any new agents being contracted by you, or
- Any changes you are requesting to an existing agent's commission level

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### New Agent/Producer

Full name of agent being contracted

Business name *(if different than agent's name)*

Contract level

Recruiting agency name

Recruiting agency number

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### Change in Contract Level

Full name of agent

Agent number

Business name *(if different than agent's name)*

New contract level

Recruiting agency name

Recruiting agency number

Agent signature

Date signed

Recruiting agency authorized signature

Date signed