

Producer Transmittal

To be submitted with the Group Application

| Is the producer licensed in the state where this group is headquartered? Yes No If NO, this group cannot be submitted. Is the producer appointed by Dearborn Life Insurance Company in the state where the group is? Yes No If NO, please submit appointment paperwork with the sold case submission. Payout Information | Policyholder | Group |
|---|--|--|
| If NO, this group cannot be submitted. Is the producer appointed by Dearborn Life Insurance Company in the state where the group is? | Producer Information | |
| Is the producer appointed by Dearborn Life Insurance Company in the state where the group is? | , | headquartered? |
| ### Producer #1 - Main Writing Agent Producer #1 - Main Writing Agent This section must be completed Producer #2 - Second Writing Agent Conly complete if commissions are to be split Name: | • , | ompany in the state where the group is? 	☐ Yes 	☐ No |
| Producer #1 - Main Writing Agent This section must be completed Name: | | |
| Name: | Payout Information | |
| Agent Number or TIN: | Producer #1 - Main Writing Agent | |
| NPN Number: Producers Corner Number (BG Number): | Name: | Name: |
| NPN Number: Producers Corner Number (BG Number): | Agent Number or TIN: | Agent Number or TIN: |
| Address: City: State: Zip City: State: Zip Split commissions must equal 100% between all Agents. Commission Split: % If Commissions are not split, indicate 100% Commission Split: % Will another agent or GA receive an override? Yes No If YES, contact your Blue Cross and Blue Shield of Montana sales representative. Special Requests Signature | | |
| Split commissions must equal 100% between all Agents. Commission Split:% If Commissions are not split, indicate 100% Will another agent or GA receive an override? Yes No If YES, contact your Blue Cross and Blue Shield of Montana sales representative. Special Requests Signature | Producers Corner Number (BG Number): | Producers Corner Number (BG Number): |
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| Commission Split:% If Commissions are not split, indicate 100% Will another agent or GA receive an override? □ Yes □ No If YES, contact your Blue Cross and Blue Shield of Montana sales representative. Special Requests Signature | | |
| Will another agent or GA receive an override? No If YES, contact your Blue Cross and Blue Shield of Montana sales representative. Special Requests Signature | Split commissions must e | qual 100% between all Agents. |
| . Special Requests . Signature | Commission Split:% If Commissions are not split, indicate 100 | Commission Split:% |
| S. Special Requests S. Signature Producer's Signature Date | Will another agent or GA receive an override? Yes No If YES, contact your Blue Cross and Blue Shield of Montana sales representative | Will another agent or GA receive an override? Yes No No No No No No No No No No |
| · | . Special Requests | |
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| Producer's Signature Date | . Signature | |
| | Producer's Signature | |
| | Typed or Printed Name | |

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Montana is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.