

ASSURITY LIFE INSURANCE COMPANY

1526 K Street • PO Box 82533

Lincoln, NE 68501-2533

Toll Free 866-276-7619

**Assurity Life Insurance Company
Contracting Transmittal**

Please include this form when submitting paperwork to Assurity

Date: _____

New Agent/Agency Name: _____

Rank: _____

Reports to: _____

Documents Attached:

- Appointment Application
- W-9 form
- Agent Agreement
- Authorization for Automatic Deposit
- Authorization for Release of Information
- Credit Card Authorization form
- Agent/Agency Licenses
- E&O Coverage Certificate
- Annualization Agreements

- Check for \$_____, non-resident appointment fee(s)