

STRUCTURED SETTLEMENT

FIRM AFFILIATION/PAYMENT FORM



INDIVIDUAL PRODUCER INFORMATION:

Name: _____

Please circle which applies: Home Business

Street Address: _____

City, State, Zip: _____

Business Phone #: _____ Cell Phone #: _____

Email Address: _____

PAY COMMISSIONS TO:
(affiliated firm)

Firm Name: _____

I hereby direct my commissions to be paid to the above referenced firm.

Producer Signature

Date

For questions or to submit documents please contact:

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