

PFA Commission Split Agreement

PURPOSE OF THE FORM

This form is used for licensed and appointed associates, when commission split(s) is necessary (for situations like training sales, supervised sales, and referral sales), to agree on commission split percentages.

ASSOCIATES ENTERING THIS AGREEMENT (MAXIMUM 3)

Associate #1

Associate's Name: Associate's PFA Code:

Associate's Email: Associate Phone Number:

Upline QFD: Associate's Split Percentage: %

I'm entering this agreement as the (check one only)

CFT ☐ Trainee ☐ Trainee's Upline Licensed Associate ☐ Referral Associate ☐ Other ☐ (please explain):

Associate Signature: Date:

Associate #2

Associate's Name: Associate's PFA Code:

Associate's Email: Associate's Phone Number:

Upline QFD: Associate's Split Percentage: %

I'm entering this agreement as the (check one only)

CFT ☐ Trainee ☐ Trainee's Upline Licensed Associate ☐ Referral Associate ☐ Other ☐ (please explain):

Associate Signature: Date:

Associate #3

Associate's Name: Associate's PFA Code:

Associate's Email: Associate's Phone Number:

Upline's QFD: Associate's Split Percentage: %

I'm entering this agreement as the (check one only)

CFT ☐ Trainee ☐ Trainee's Upline Licensed Associate ☐ Referral Associate ☐ Other ☐ (please explain):

Associate Signature: Date:

THE ABOVE SPLIT AGREEMENT APPLIES TO (CHECK ONE)

All Training Sales ☐ All Supervised Sales ☐ All Referral Sales ☐

Specific Sale(s) Only ☐ (If this box is checked please specify below which policy should the split agreement applies to):

Client's Name Policy #: Carrier:

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MUST HAVE AT LEAST ONE (1) CFT ON THIS AGREEMENT AND PERCENTAGES MUST ADD UP TO 100%

Home Office Approval By: