



Agent Transfer/Recontracting Request (please complete all applicable sections)

Agent Name _____ Agent Annuity #55000 _____ Life # _____
 Email _____ Phone _____ Recontracting Yes No
 Transfer from _____ agent number _____
 Transfer to _____ agent number _____
 Reason for request to transfer from current hierarchy: _____

Do you have business ready to write under the new hierarchy? _____ If not, when do you anticipate to write business? _____

How much business are you committed to writing in the next six months? _____

Agent Transfer/Recontracting Rules [applicable to all agents of NLIC/LSW's*]:

- Guiding Principals — National Life Group and its member companies generally believe the contractual relationship between the party recruiting an agent to National Life Group and the recruited agent deserves deference and should be maintained unless the parties jointly agree otherwise.
- Active Agents — No active contracted agent of either or both of National Life Insurance Company or Life Insurance Company of the Southwest will be allowed to change commission hierarchies without the prior written agreement of the top upline party in such agent's commission hierarchy, the approval of National Life Group, and the satisfaction of the requirement of Section 4 hereof.
- Terminated Agents — Agents who, at the time of termination are in good standing will be eligible for the consideration to be recontracted after they have been terminated for at least six months, subject to meeting the terms of Section 4 hereof.
- Recontracting/Transfer Requirements — If recontracting/transfer does occur: (a) National Life Group will assign such agent to the commission hierarchy it deems appropriate; (b) the contract level of said agent will not be higher than that existed at the time of termination/transfer; and (c) prior to recontracting/transfer: (1) any debt owed to National Life Group must be satisfied and "paid-in-full"; (2) any commission/chargeback debts, whether now existing or arising in the future, from policies issued prior to the transfer/recontracting requested hereunder must be repaid or assumed by the new parties in a manner satisfactory to the party so owed; (3) the agent shall have completed and submitted this Agent Transfer/Recontracting Request form to National Life Group and National Life Group shall approved same; and (4) the subject agent must meet such other conditions as National Life Group sets from time to time.
- If transfer/recontracting is approved, the new reporting\hierarchy structure will be effective on and after the date the transfer is approved and signed by National Life Group, and will only apply to new commissions on policy application dates signed after the approval date. Heirarchy will not be backdated to pay new structure\hierarchy for policy applications signed prior to acceptance date.
- All transfers and commission payments are subject to Agent's agreement with NLIC/LSW and are subject to change by NL/LSW without prior notice. I understand the above Agent Transfer/Recontracting Rules and acknowledge that my request for transfer/recontracting shall not be effective until I receive written confirmation from National Life Group. I acknowledge that I will be notified by email if and when my request has been approved.

Agent Signature: _____ Date: _____

Release from current hierarchy:

I hereby release the above agent from my hierarchy. I acknowledge this change will not be made until all requirements from the agent, if any, are met; and the transfer is accepted by National Life Group.

Printed Name: _____ Signature: _____ Date: _____

Acceptance from new hierarchy:

I hereby accept responsibility for the above agent as outlined in my NLIC/LSW agreement and the above transfer/recontracting rules. I specifically acknowledge responsibility for any indebtedness of agent now existing or arising in the future from policies issued prior to the transfer/recontracting requested hereunder. I acknowledge the requested change will not be made until all requirements from the agent, if any, are met; and approved by National Life Group. I acknowledge that I will be notified by email if and when the requested change has been approved.

Printed Name: _____ Signature: _____ Date: _____

Home Office: Transfer/Recontracting has been authorized Yes No Effective Date of change _____

Signature: _____ Date: _____