



## Override rate form

Financial Horizons Incorporated

Name of organization

SFINA

Branch code

Producer name

Producer code

We hereby request that Canada Life™ pay the above-stated producer first-year override on the four lines of business at the following rates:

<b>Life</b>	= _____ %	(Specify percentage of first-year commission within range of 0.00% and 200%)
<b>Health</b>	= _____ %	(Specify percentage of first-year commission within range of 0.00% and 200%)
<b>Annuity</b>	= _____ %	(Specify percentage of first-year commission within range of 0.00% and 50%)
<b>Equity</b>	= _____ %	(Specify percentage of first-year commission within range of 0.00% and 42.86%)

Financial Horizons Incorporated

Primary contract holder

Date of this agreement

*[Signature]*  
SIGNED