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| Financial Horizons Incorporated |
| Name of the organization |

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| SFINA |
| Branch code |

|  |  |
| --- | --- |
| {{ broker\_name }} | {{ corporation\_name }} |
| Producer name |  |

|  |  |
| --- | --- |
| {{ broker\_personal\_code }} | {{ broker\_corporate\_code }} |
| 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:

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| **Life** | = | {{ life\_rate }}% |
|  |  | (Specify percentage of first-year commission within range of 0.00% and 200%) |
| **Health** | = | {{ life\_rate }}% |
|  |  | (Specify percentage of first-year commission within range of 0.00% and 200%) |
| **Individual Health** | = | 0% |
|  |  | (Specify percentage of first-year commission within range of 0.00% and 125%) |
| **Annuity** | = | {{ annuity\_rate }}% |
|  |  | (Specify percentage of first-year commission within range of 0.00% and 50%) |
| **Equity** | = | {{ equity\_rate }}% |
|  |  | (Specify percentage of first-year commission within range of 0.00% and 42.86%) |

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| Financial Horizons Incorporated |
| Primary contract holder |

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| --- |
| {{ date }} |
| Date of this agreement |

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| I have the authority to bind the corporation |