National Life Group®
Experience Life®

Hierarchy Transmittal Approval Worksheet

Please check one of the following: ☒ **New** ☐ **Change** ☐ **Reinstate**

Please note that our service turn-around standard for processing hierarchy changes is 10 business days and we are unable to backdate the change. All hierarchy changes are effective the date processed.

Agent Name: _____ **Business Entity Name:** _____

Agent Life Number: (5 Digit) _____ **Agent Annuity Number:** (10 Digit) _____

	Life			Annuity		
Agent Name	**Contract & Compensation Level**	**Agent Life #**	**Suffix**	**Contract Type**	**Agent Annuity #**	**Suffix**
Domingo Herrera	MGF 120%	0251E	11	M03	5500056886	09
Pro Financial Group, Corp	MGF 120%	7PQ	21	M03	5500211566	03
Click Green Lines below to select your Life Level				**Click Green Lines below to select your Annuity Level**		
AGENT NAME	**GAA 40**			**A05**		
Annualization	**75 @ issue**					
Cap	**$5,000.00**					
NL Expense Allowance	**Click for Expense Allowance Level**					
If non-selected 100% to GA						

MGA / Agency Name: **Domingo Herrera/ Pro Financial Group** **Agency Number: (3 Digit)** **7PQ**

Remarks: _____

MGA / Agency Authorized Signature: _____ **Date:** _____