

## New Agent Information

For Internal Use Only  
Agent Number: \_\_\_\_\_  
Entry Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

### **Company Information**

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Contact Information**

Main Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Additional Contact Information**

Please send Renewals to:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please send Client Monthly Financial Reports (if applicable) to:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please send Commission Statements to:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

### Electronic Funds Transfer Authorization

I authorize The Benefits Trust to deposit all commissions payable according to the Broker Compensation Agreement directly to the account shown on the attached "void" cheque.

Signature: \_\_\_\_\_ Name: (Print) \_\_\_\_\_

### **To be forwarded to The Benefits Trust**

- |                          |                       |                          |                           |
|--------------------------|-----------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Company Void Cheque   | <input type="checkbox"/> | Broker Authorization Form |
| <input type="checkbox"/> | Current Agent License | <input type="checkbox"/> | Current E&O / Insurance   |