

**AMERICAN FIDELITY ASSURANCE COMPANY
ALTERNATE COMMISSION AGREEMENT**

Date: _____

Name of Agent: _____ Agent Number: _____

Name of Case: _____

Division: Worksite _____ AGD (Associations) _____ AFES (Education) _____

Product Sold: (Please Circle) 1. Short Term Disability 4. Long Term Disability 7. Group Life
2. GAP 5. Accident 8. Other Life
3. Cancer 6. Life 9. Other

Split Commission? Yes ___ No ___ (If the split per product is different, please use a separate form for each product.)

Reduced Commission
Special Instructions: _____

Commission Allocation:

<u>Agent Name/Number</u>	<u>Signature</u>	(Actual Percentages)		
		<u>1st Yr.</u>	<u>Renewal</u>	<u>Renewal</u>
1. _____	_____	%	%	%
2. _____	_____		%	%
3. _____	_____	%	%	%
4. _____	_____	%	%	%
5. _____	_____	%	%	%
6. _____	_____	%	%	%

Total Compensation must not exceed authorizing Agent's contract.

This compensation will govern all payable commissions while this case remains active unless:

- a) An Authorized Agent of Record has been filed with American Fidelity regarding this case;
- b) We receive written authorization from all compensated agents notifying American Fidelity of any commission change while this case and its policies remain active.

Authorized by: _____
(Agent of Record)

Date: _____

Agreed to by: _____
(Home Office Approval) Title

Date: _____

Home Office Use Only: Plan Code/Kind Series _____

MCP/MCH# _____