



Payment Instructions (Firm to Representative)

Firm name: _____

Firm number:

Individual insurance: _____ Financial Services: _____

Representative name: _____

Representative number:

Individual insurance: _____ Financial Services: _____

I, _____, declare that I am duly authorized to act on behalf of the above-mentioned firm and hereby authorize Beneva Inc. to pay the attached representative hereby-named all sales, trailer fee and renewal commissions that would be paid to the firm under these representative numbers.

Signature of the authorized signatory

Date