



MOUNTAIN LIFE INSURANCE COMPANY
NEW ACCOUNT REPORT

ACCOUNT NUMBER

HOME OFFICE USE ONLY

Credit Insurance

ACCOUNT NAME _____ EFFECTIVE DATE _____

ADDRESS (P.O. BOX) _____ ZIP CODE _____

ADDRESS (STREET) _____ ZIP CODE _____

CITY _____ STATE _____

PHONE NUMBER _____ FAX NUMBER _____

EXPECTED PRODUCTION \$ _____ /PER MONTH \ BANK WEBSITE _____

NAME OF LICENSED AGENT FOR AGENCY AGREEMENT CONTRACT & EMAIL ADDRESS _____

(MUST BE AN OFFICER OF THE FIRM OR OWNER OF DEALERSHIP)

(COPY OF LICENSE OR APPLICATION FOR LICENSE MUST ACCOMPANY THIS REPORT)

OTHER LICENSED INDIVIDUALS _____

PRINCIPAL CONTACT & EMAIL ADDRESS _____

MONTHLY REPORT CONTACT & EMAIL ADDRESS _____

CLAIMS CONTACT & EMAIL ADDRESS _____

F & I MANAGER & EMAIL ADDRESS _____

A & H PLAN	<input type="checkbox"/> 7 DAY RETRO	COVERAGES	<input type="checkbox"/> CREDIT LIFE	<input type="checkbox"/> ACCIDENTAL DEATH (INDIVIDUAL)
	<input type="checkbox"/> 14 DAY RETRO		<input type="checkbox"/> CREDIT A & H	<input type="checkbox"/> OUTSTANDING BALANCE (ONLY IN STATES APPROVED)
			<input type="checkbox"/> BANK CLUB ACCIDENTAL DEATH	

COMMISSION TO BE PAID _____ % PAID TO _____

(Name of firm or individual)

FEDERAL TAX ID # _____ SOCIAL SECURITY # _____

(Applicable only if commissions are to be paid to an individual)

TYPE OF ACCOUNT

<input type="checkbox"/> DIRECT
<input type="checkbox"/> REINSURANCE
<input type="checkbox"/> WAREHOUSING

REINSURANCE CO. NAME _____

REINS REPORT CONTACT & EMAIL ADDRESS _____

LOAN OFFICER REPORT (YES/NO)? _____ (If yes, attach a Loan Officer Report Data Sheet*)

REPORT BY LOAN TYPES (YES/NO)? _____ (If yes, also include loan types to be used on Report)

LOAN OFFICER INCENTIVE REPORT (YES/NO)? _____ / _____ % NET OR GROSS _____

LOAN OFFICER PENETRATION REPORT (YES/NO)? _____ *FORM MLIC-LOR-0608-CR

PROVIDE LOAN OFFICER & LOAN TYPES REPORT RECIPIENT'S NAME & EMAIL ADDRESS _____

COMMENTS _____

FIELD REPRESENTATIVE

GENERAL AGENT

HOME OFFICE USE ONLY

CHECKING ACCT # _____ GROUP # _____ ROLL UP # _____

APPROVED (YES/NO)? _____ DATE _____ AUTHORIZED SIGNATURE _____

COMMENTS _____

MAILED	<input type="checkbox"/>
HAND DELIVER	<input type="checkbox"/>

DATE PROCESSED _____ SIGNATURE _____

MLIC-NAR-0608-CR