

HBW Insurance & Financial Services, Inc., Independent Agent Commission Agreement

I _____, hereinafter known as the "Agent," have read and agreed with the terms specified in the Heritage Independent Contractors Agreement. I understand that any commissions due and payable to me from the sales of Heritage Living Trust/Heritage Estate Services products under the Independent Contractors Agreement will be paid directly to HBW Insurance & Financial Services, Inc. I also understand that my commission will be based upon my level of commission as determined by HBW Insurance & Financial Services, Inc, without recourse against Heritage Living Trust/Heritage Estate Services.

This assignment shall be revocable by the Agent, HBW Insurance & Financial Services, Inc, or Heritage Estate Services/ Heritage Living Trust upon thirty days written notice to any parties last known mailing address. This contract is valid only after execution of Independent Contractor and by acceptance of an authorized officer of Heritage Living Trust/Heritage Estate Services. Executed as of the date set forth below.

PLEASE PRINT LEGIBLY

Today's Date _____ Agent Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Agent Signature X. _____

HBW AGENT CODE # _____

FAX THIS COMPLETED FORM TO: 1-888-742-7634