

Submissions

Agent's Name: _____

Branch Mailing Code: _____

Agent's Number: _____

Week Ending Date: _____

- New Client**
- ROP Client**

Policy # _____

- Association Business
- New Business
- Deliveries
- Reinstatements
- Increases
- Conversions
- Plan Changes
- Service Calls
- Investments
- Premium Collections
- Gift Rop
- Other

1) Client's Name: _____

Application / Policy No.: _____

Base Plan: _____

Riders: _____

Riders: _____

Riders: _____

Annual Premiums	Amount Collected	Comm. Rate	Annual Commission
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2) Client's Name: _____

Application / Policy No.: _____

Base Plan: _____

Riders: _____

Riders: _____

Riders: _____

3) Client's Name: _____

Application / Policy No.: _____

Base Plan: _____

Riders: _____

Riders: _____

Riders: _____

All monies collected must accompany the transmittal.

Total Annual Premiums \$

Total Collected \$

Total Annual Commission \$

Advanced Commissions \$

Send all **LIFE DELIVERIES, LIFE APPLICATIONS and SAVINGS AND INVESTMENTS** to:

La Capitale Office in Quebec City
625 Rue Jacques-Parizeau Street,
Quebec QC G1R 2G5

Notes