The Comprehensive Financial Planning System™ T & M Financial, Inc. Associate Planner Contract Selection Form

☐ Brokers Personal History Form completed and enclosed

If you wish to submit insurance or securities business through companies which list us as your general agent instead of paying our monthly users fee, please complete the enclosed Broker's Personal History Form and indicate below which companies you wish to use.

Our \$10,000 minimum annual commission requirement may be met by combining production from any of the companies listed below. Contract kits for the companies you select will be sent to you by return mail. CFPS initial supplies will be sent to you when you complete and return the required paperwork to us.

✓ to receive contract kit						
Company	Primary Products Used in the CFPS	First Year Commission Rates*	Eligible for ** T & M Bonus?			
 Assurity Life/Security Financial (Requires insurance license) Do you prefer annualized commission? <u>Yes/No</u> 	Whole life Universal life Term insurance Disability insurance Fixed annuities Long Term Care	90% of base premium 90% of target premium 90% excluding policy fee 60% of total premium 5.5% under age 71 40% to 85%	Yes			
Tandem Securities, Inc.	Variable Annuities Variable Life Mutual Funds	Last 12 Payout <u>Months GDC</u> <u>Percent</u> \$0-50,000 60% 50,001-75,000 65% 75,001-100,000 70% 100,001 and up 75%	Yes			
 * Commission rates shown may vary with age and are subject to change. ** T & M Financial, Inc. currently pays an annual bonus of up to 20% on first year commissions over \$10,000 per year per associate for all planners in your group. This bonus program may be changed or modified at any time without notice. 						
□ Material	Cos	t Per Item Quantity Desired	Total Cost			

				Quantity Desired	10101 0051		
	ease send me the CFPS 26 hour DVD tra d the CFPS Training Workbook	ining videos	\$240		\$		
🗌 Ple	ease send me the CFPS Recruiting Kit		\$40		\$		
	my check payable to T &M Einancial	c for the ma	torial selected	Total Cost	\$		
Enclosed is my check payable to T &M Financial, Inc. for the material selected or							
Please charge my credit card listed below for the material selected							
Mastercard Name on Card			Billing Address				
🗌 Visa	Card No		Street		· · · · · · · · · · · · · · · · · · ·		
Discover	Expiration Date//		City				
Am. Express	Signature		State _	Zip)		
Your Name		Mailing Addr	ess				
Company Name		City		State	Zip		