



MOUNTAIN LIFE INSURANCE COMPANY
NEW ACCOUNT REPORT

ACCOUNT NUMBER
HOME OFFICE USE ONLY

Term Insurance

ACCOUNT NAME _____ EFFECTIVE DATE _____

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

ADDRESS (STREET) _____ ZIP CODE _____

CITY _____ STATE _____

PHONE NUMBER _____ FAX NUMBER _____

BANK WEBSITE _____

NAME OF LICENSED AGENT(S) FOR INDEPENDENT AGENT CONTRACT(S) & EMAIL ADDRESS(ES) _____

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

PRINCIPAL CONTACT FOR CORRESPONDENCE & EMAIL ADDRESS _____

COMMISSION SCHEDULE (CHECK ONE): _____ 1 (FIRST YEAR AND RENEWAL COMMISSIONS)
_____ 2 (FIRST YEAR COMMISSION ONLY)

COMMISSIONS TO BE PAID TO _____
(IF COMMISSIONS TO BE PAID BY DIRECT DEPOSIT, COMPLETE AND ATTACH FORM MLIC-ACCT-0608-DDF)

ACCOUNT'S FEDERAL TAX IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER _____
(APPLICABLE ONLY IF COMMISSIONS ARE TO BE PAID TO AN INDIVIDUAL)

LOAN OFFICER\ SECRETARY INCENTIVE REPORTS (YES/NO) _____ IF YES, ATTACH FORM MLIC-LOR-0608-TL

COMMENTS _____

GENERAL AGENT REPRESENTATIVE

NEW ACCOUNT REPRESENTATIVE

HOME OFFICE USE ONLY

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

COMMENTS _____

MAILED	
HAND DELIVER	

DATE CONTRACT PROCESSED _____ SIGNATURE _____