



COMMISSION ADDENDUM

DATE _____
AGENT SIGNATURE _____

MANAGER SIGNATURE _____

	1ST YEAR	RENEWAL	3RD YEAR
MEDICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL ILLNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADVANCED OR AS-EARNED _____

THIS COMMISSION ADDENDUM MUST BE SIGNED BY THE AGENT, THE MANAGER,
AND UNIVERSAL MARKETING BEFORE ANY COMMISSIONS WILL BE PAID.

UNIVERSAL MARKETING OF AMERICA/

BY _____
UNIVERSAL AUTHORIZED SIGNATURE