

Date: _____

Check One: Contract Level Change Hierarchy Change

AGENT INFORMATION:

Agent's Name: _____

Agent's EF Number: _____

Agent's Direct Upline Name: _____

Agent's Direct Upline EF Number: _____

CONTRACT LEVEL CHANGE:

Agent's Current Contract Level (Circle One):

70% (CL1) 75% (CL2) 80% (CL3) 85% (CL4) 90% (CL5) 95% (CL6) 100% (CL7) 105% (CL8) 110% (CL9) 115% (CL10) 120% (CL11)

Agent's New Contract Level (Circle One):

70% (CL1) 75% (CL2) 80% (CL3) 85% (CL4) 90% (CL5) 95% (CL6) 100% (CL7) 105% (CL8) 110% (CL9) 115% (CL10) 120% (CL11)

HIERARCHY CHANGE:

New Direct Upline Agent Name: _____

New Direct Upline EF Number: _____

Reason for change: _____

AUTHORIZATION:

By signing below you acknowledge that you have discussed any changes with the effected parties.

Current/Releasing Direct Upline Signature: _____

Current RM Signature: _____

Receiving Direct Upline Signature*: _____

Receiving RM Signature*: _____

**Submit ALL contract level/hierarchy change forms to agentadmin@equisfinancial.com

** Once the form has been submitted to Equis Financial, it can take up to 5-10 business days for Equis to process Contract Level and Hierarchy Changes. Once the carrier receives the request, it will be processed according to their processing procedures.

**Agents are eligible for a comp increase every 60 days based on The Equis System.