



Agent Hierarchy Set-up Sheet

NGL Insurance Group

 New

 Change existing

 Add additional

Agent Name: _____

Agent/Agency Name	Agent/Agency #	Hier Name	Contract Level	
			Senior Level Pay	Essential Single Pay

(Please list in descending order from top level, with writing agent on bottom line)

Special Address: Mailing Commission

Commissions Assigned: Yes No Pay Assign Code: _____

Special Requests _____

Signature: _____ Date: _____

Please return this sheet with other NGL Contracting Forms to:

NGL Traditional Life Division
Attn: Marketing Department
30 East State Street
Sharon, PA 16146
Questions? Please call (800) 762-9883, ext. 2219