

**BROKER/CONSULTANT**

**The Broker/Consultant (if applicable) indicated below is hereby designated Broker of Record by the above signed employer or to write future business with The Infinity Trust..**

**(Please type or clearly print)**

**Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Broker Assistant Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Taxpayer ID Number:** \_\_\_\_\_

**Commission Checks Payable to:** \_\_\_\_\_ **Firm Name** \_\_\_\_\_ **Contact Name** \_\_\_\_\_ **Not Paid**

**Administration Kit and Enrollee IDs mailed to:**

\_\_\_\_\_ **Broker/Consultant or Contact**

\_\_\_\_\_ **Employer or Contact**

**The application signed this** \_\_\_\_\_ **day of** \_\_\_\_\_ **in the year** \_\_\_\_\_.

**By State Licensed Agent:** \_\_\_\_\_ **Title** \_\_\_\_\_