



Personal Information

All Information MUST Be Filled Out

Full Legal Name: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell/Other _____

Email Address: _____

Spouse: _____

Social Security # _____

Birth Date (MM/DD/YYYY) _____

Current License # _____ Expire Date _____

For Office Use Only:

RHL Hire Date _____

UDS # _____

All information, above, must be completed & returned to RHL



Commission Agreement

Please indicate **one choice** for your commission plan by signing the acceptance line below the **chosen plan**.

Prime Plan:

Annual Fee to be paid to RHL Referral Company, LLC, is \$250.00 and payable at the beginning of each anniversary year. The agent will be paid the referral commission received at RHL Referral Company, LLC, less \$99.00 [per transaction].

Acceptance of Prime Plan:

Print Agent Name

Agent Signature

Date

OR

Standard Plan:

Agent will be paid 70% of the referral commission received at RHL Referral Company, LLC. There is no annual fee.

Acceptance of Standard Plan:

Print Agent Name

Agent Signature

Date

All required information, above, must be completed & returned to RHL