## The Comprehensive Financial Planning System™ T & M Financial, Inc. Associate Planner Contract Selection Form

☐ Brokers Personal History Form completed and enclosed					
If you wish to submit insurance or securities business through companies which list us as your general agent instead of paying our monthly users fee, please complete the enclosed Broker's Personal History Form and indicate below which companies you wish to use.					
Our \$10,000 minimum annual commission listed below. Contract kits for the compar you when you complete and return the re-	nies you select will be sent to yo				
to receive contract kit					
Company	Primary Products Used in the CFPS	First Year Commission	Rates*	Eligible for ** T & M Bonus?	
Assurity Life/Security Financial (Requires insurance license)  Do you prefer annualized commission? Yes/No	Whole life Universal life Term insurance Disability insurance Fixed annuities Long Term Care	90% of base p 90% of target 90% excluding 60% of total p 5.5% under a 40% to 85%	premium g policy fee remium	Yes	
☐ Tandem Securities, Inc.	Variable Annuities Variable Life Mutual Funds	Last 12 <u>Months GDC</u> \$0-50,000 50,001-75,000 75,001-100,00 100,001 and u	60% 0 65% 00 70%	Yes	
* Commission rates above resources with one and one subject to above					
<ul> <li>* Commission rates shown may vary with age and are subject to change.</li> <li>** T &amp; M Financial, Inc. currently pays an annual bonus of up to 20% on first year commissions over \$10,000 per year per associate for all planners in your group. This bonus program may be changed or modified at any time without notice.</li> </ul>					
☐ Material		Cost Per Item C	Quantity Desired	Total Cost	
Please send me the CFPS 26 hour DVD training videos and the CFPS Training Workbook		\$240		\$	
☐ Please send me the CFPS Recruiting Kit		\$40		\$	
Total Cost  Enclosed is my check payable to <b>T &amp;M Financial</b> , <b>Inc.</b> for the material selected  or  Please charge my credit card listed below for the material selected					
Mastercard Name on Card			Billing Addres	ss	
☐ Visa					
☐ Discover Expiration Date//  ☐ Am. Express Signature/		<b>.</b>	City Zip		
Your Name					
Company Name			State	_	
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