



P.O. Box 370 • Onalaska, WI 54650 • 1 (800) 554-7213 • (608) 781-2159

Agent Information

Please complete the following questions and return this form to Sue Sieger, CFCI, at the above address, as soon as possible. (If Agent and Payee are the same, record "same" under Payee portion below.)

Agent Name: _____

SSN: _____

Business Address: _____

Phone: _____

Fax: _____

E-mail: _____

Payee Name: _____

Payee Address: _____

Fed ID or SSN: _____

Upon receipt of this completed form, you will be set up as a "marketing representative", and a contract will be forwarded to you for signature. Upon receipt of the signed contract, you will begin receiving a percentage of the fees collected from groups that you have set up and/or referred. **Please feel free to contact us at the above toll-free number if you have questions or concerns.**

You may fax this form to (608) 781-4576 or e-mail to ssieger@bdgflex.com if you prefer.

For Office Use Only: Contract Effective Date: _____ Contracts Sent: _____

Contract Returned: _____ Agent Database _____

E-mail Distribution List _____

Cases sold/pending: _____