



**APPOINTMENT REQUEST
DAVIS VISION**

Please print in blue or black ink.

Appointment State(s)	Date
Company to be appointed under: HM Life Insurance Company	

INDIVIDUAL APPOINTMENT	
Individual Name	E-mail
Complete Residential Address	
Complete Business Address	
Business Telephone Number	Business Fax Number
Social Security Number	Date of Birth

CORPORATION APPOINTMENT	
Corporation Name	E-mail
Complete Business Address	
Tax ID Number	
Business Telephone Number	Business Fax Number

Note: Be sure to provide individual appointment information for active producers of the corporation.

REMARKS

Note: Appointments must be processed prior to a sold case effective date.

Return this completed form along with a copy of your state license(s) to:
 HM Life Insurance Company
 Commissions Department
 111 Founders Plaza, Suite 1805
 East Hartford, CT 06108
 Fax: (860) 289-8551
 Telephone: (800) 443-3221
 E-mail: commissions@hminsurancegroup.com

I hereby certify that I have disclosed to the Commissioner of Insurance of the state(s) in which I am licensed, all prior felonious convictions, if any. I further certify that I have been granted permission to procure/solicit insurance by the Commissioner of Insurance of the state(s) in which I am licensed, upon such disclosure, if applicable.

Signature

Date



**COMMISSION DIRECT DEPOSIT
AUTHORIZATION FORM
DAVISVISION**

INSTRUCTIONS

Complete this form to enroll in or change banking information for HM Life Insurance Company's Direct Deposit option. After signing and dating this form, send it to HM Life Insurance Company at the address below. If requesting the depositing of commissions to a checking account, include a voided check. If requesting the depositing of commissions to a savings account, include a deposit slip.

ACTION REQUESTED

- BEGIN direct deposit of commission earnings
- UPDATE the information in regards to direct deposit of commissions
- CANCEL direct deposit of commission earnings

PRODUCER/AGENCY INFORMATION

Producer Name	Agency Name
Producer Number	Social Security/EIN Number
E-mail	Telephone Number

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name	Routing/Transit Number
Type of Account (select one)	
<input type="checkbox"/> Checking	Account Number _____
<input type="checkbox"/> Savings	Account Number _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the direct deposit of my commission payment to the account and financial institution indicated above. Such direct deposit will be made each commission's paydate, unless I chose to terminate this agreement. Any such notification to HM Life Insurance Company must be in writing and shall become effective upon receipt, after a reasonable opportunity to act on it.

In the event that funds are deposited erroneously into my account, I authorize HM Life Insurance Company to debit (charge) my account for an amount not to exceed the original amount of the deposit.

_____ Producer or Agency Officer's Signature	_____ Title
_____ Printed Name	_____ Date

Return the completed form and attachments to:

HM Life Insurance Company
111 Founders Plaza, Suite 1805
East Hartford, CT 06108
Phone: (800) 443-3221
Fax: (860) 289-8551
e-mail: commissions@hminsurancegroup.com