

**WHF / OAS INC  
DOWNLINE COMMISSION FORM**

**DATE:** \_\_\_\_\_

**MANAGER :** \_\_\_\_\_

**AGENT :** \_\_\_\_\_

**CLIENT :** \_\_\_\_\_

**CARRIER :** \_\_\_\_\_

**PLAN :** \_\_\_\_\_

**MONTHLY PREMIUM \$ :** \_\_\_\_\_

**ANNUALIZED \$ :** \_\_\_\_\_

**SPLIT PERCENTAGE** \_\_\_\_\_% **AMOUNT \$** \_\_\_\_\_

**AGENT COMP PERCENTAGE :** \_\_\_\_\_% **AMOUNT \$ :** \_\_\_\_\_

**75% (9 OF 12 MONTHS) ADVANCED AMOUNT \$** \_\_\_\_\_

- CHECK #
- CASH
- OTHER

**AGENT SIGNATURE:** \_\_\_\_\_