

NEW BUSINESS TRANSMITTAL FORM



GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

POST OFFICE BOX 8080 • MCKINNEY, TEXAS 75070

Date: _____

Agent Number: _____

Agent Name: _____ Phone: (_____) _____

Agent Address: _____ E-mail Address: _____

Record of New Business:

- (1) List only new business applications.
- (2) Include new business under this Agent only.
- (3) Use a separate check for new business. Do not include any other type of remittance in the same check

#	Salesperson		Policy Form	Applicant Name	Face Amount If Life	Premium Mode	Amount Collected		
	Agent Name	Agent Number					Premium	Reg. Fee if any	DFR Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

IMPORTANT: Show total amount remitted \$ _____

Totals				
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