



Sharing of Cases

We hereby understand that by signing below, we are agree that the compensation for the policy number, _____ which the policyholder is _____ will granted as table below.

Compensation	Name	Production Count	Standard Comm.	Remarks
Agent 1		100%	50%	
Agent 2			50%	

Note:

1. Agent 1 is the agent who submit the above policy under his/ her account.
2. Commission will be shared through the entire policy commissionable period.
3. Overriding Commission will payout to above 2 agents' BDM/ GAM respectively.
4. The sharing will cease when one of the agent resigned/ terminated. The policy will then transfer to the surviving agent and the surviving agent shall enjoy all the balance standard commission if any.
5. The transfer cannot be reversed in the event the terminated/ resigned agent is subsequently reinstated/ re-joined.
6. Kindly email this agreement to grace@greatvision.com.my for execution. Submission after the deadline will not be entertained.
 - i. Policy inforce from 1st – 15th, this agreement have to email latest by 16th of the same month
 - ii. Policy inforce from 16th – 31st, this agreement have to email latest by 1st of the following month

Agreed by,

Agreed by,

Witnessed by,

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Agent 1

Agent 2

GAM/ BU Head

Name:

Name:

Name:

IC:

IC:

IC: