



**BEST VALUE  
INSURANCE  
AGENCY, INC.**

1700 S. Campbell, Suite C  
Springfield, MO 65807  
Office: (417) 863-1096  
Fax: (417) 863-8640  
*contracting@bviai.com*

www.bviai.com

# MEMORANDUM

To: \_\_\_\_\_ (hereinafter referred to as the "Agent")  
From: Best Value Insurance Agency, Inc. (hereinafter referred to as the "Company")  
Subject: Agent Group Insurance Product Marketing Agreement (Per Group)  
Date: Friday, October 13, 2006

---

The company will agree to pay the agent \_\_\_\_ of the agent level commissions on group coverage for the group stated below for insurance products he assisted in writing through the company.

Vesting will be shared as the company's group contracts extend to the company, and will be paid for the duration of the existing account.

\_\_\_\_\_  
Brokerage General Agent  
Best Value Insurance Agency, Inc.

\_\_\_\_\_  
Agent Signature  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Group Name



**HEALTH • LIFE • SENIOR PRODUCTS  
ANNUITIES • RETIREMENT ACCOUNTS**

