

Agent Contract Transmittal

To: Aviva Life and Annuity Company  
 Agency Administration  
 PO Box 14590  
 Des Moines IA 50306-3590  
**Fax Number 888-329-1329**

From:

\_\_\_\_\_ Agent Name

AIMCO  
 IMO

Date Sent: \_\_\_\_\_ Date Received at HO: \_\_\_\_\_  
 (Completed by IMO) (Completed by HO)

Compensation Level	Name of Agent or Organization	Code #
Agent10- 40		
Agent9- 45		
Agent8 - 50		
Agent7 - 55		
Agent6 - 60		
Agent5 - 65		
Agent4 - 70		
Agent3 - 75		
Agent2 - 80		
Agent1 - 85		
Agent - 90		
MGA3 - 95		
MGA2 - 100		
MGA - 105		
IMO3 - 110		
IMO2 - 115		
IMO - 120	Jean Yerrington/NBA	AIM45/AIM4C
BGA1	AIMCO	AIM00