

HOW TO DO BUSINESS WITH SBLI:

Submission:

- ALL new business applications may be faxed to 800-448-9356 or emailed holly@ogletreefinancial.com
- Please be sure to use the NEW BUSINESS TRANSMITTAL attached. (Be sure to include your email address, this will be how you are notified that the application has been received.)
- If you do not receive an acknowledgement memo via email within 1 business day, please call holly at 334-209-0541.
- **DO NOT SEND NEW APPLICATIONS DIRECTLY TO SBLI!**

Checking Case Status:

- Agents are **REQUIRED** to register at www.sbliagent.com from here you will be able to see any updates and status on each case. This is your **ONLY** direct access with SBLI.
- Please be sure to have the policy number and client name available during all correspondence.

Requirements and Monies:

- **ALL** requirements **MUST** be faxed to 800-448-9356 c/o holly with a cover sheet indicating the client name and policy number.
- There is NO BINDING or CONDITIONAL COVERAGE with any new business application.
- Please wait for the processing center to email you the policy number assigned and write the policy number in the MEMO section of the check.

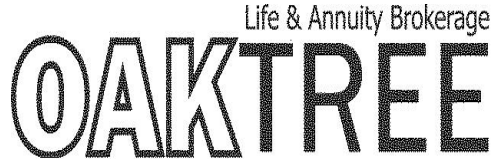
Checks should be sent to:

SBLI
Attn: Payment Center
1 Linscott Road
Woburn, MA 01888

- **DO NOT send checks without a policy number. This could delay issue!**

Illustrations and Marketing Support:

- Please contact your immediate up line or Marketing Representative.
- Agents contracted directly with Ogletree Financial Services can call Doug Mitchell at 800-466-8186 or email him at doug@ogletreefinancial.com.



FAX NUMBER: 540-301-1749 Attn~ Katie Bull

Overnight Mail: Processing Center
4227 Lafayette Center Drive, Suite A
Chantilly, VA 20151

Please be sure to fill out all fields below:

AGENT INFORMATION

Agency Name:	Agent Name and #:
Producer Code:	Mailing Address:
Contact Person and Email:	Additional Email for Contact:
Phone #:	Fax #:

PROPOSED INSURED INFORMATION

Name:	DOB:	SSN:
Face Amount:	Mode:	Plan:
Additional App: <input type="radio"/> Spouse:	Premium Submitted:	CWA: \$_____ Comp \$_____ COD: \$_____ Comp \$_____
<input type="radio"/> Other:	<input type="radio"/> Check <input type="radio"/> Credit Card Auth	<input type="radio"/> Check <input type="radio"/> Credit Card Auth
	<input type="radio"/> EFT	<input type="radio"/> EFT

REQUIREMENTS/POLICY NUMBER (if applicable) _____

New App Additional Underwriting Licensing Final Underwriting Delivery Requirement

Enclosed Requirements:

<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
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Outstanding Requirements:

<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
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2009 Commission Cut-Off Dates

January 2
January 16
January 30

February 13
February 27

March 13
March 27

April 10
April 24

May 8
May 22

June 5
June 19

July 3
July 17
July 31

August 14
August 28

September 11
September 25

October 9
October 23

November 6
November 20

December 4
December 18



Savings Bank Life Insurance Company of Massachusetts
One Linscott Road, Woburn, MA 01801
781-938-3500