

Mengisi, Mengirim dan Melampirkan Certifying Letter

Production Credit harus dalam
U.S. Dollars (USD)
Lihat Tabel Production Credit
di www.mdrtdonesia.org

Untuk tujuan ilustrasi, anggaplah bahwa Anda sedang mengurus aplikasi untuk keanggotaan MDRT tahun 2006.

■ MENGISI

Isilah nama, perusahaan, alamat, nomor keanggotaan dan nomor telepon Anda serta jumlah kredit yang Anda peroleh dalam tahun sebelumnya.

Periode kualifikasi tidak dapat dimulai sebelum 1 Januari 2005, atau tidak dapat berakhir sebelum 31 Oktober 2005, atau sesudah 31 Desember 2005.

Apabila Anda memerlukan lebih dari 1 lembar Certifying Letter, Anda dapat men-download dari situs web MDRT (<http://www.mdrtd.org/company/certifying/index.cfm>).

■ MENGIKIRIM

Kirimlah Certifying Letter yang sudah lengkap ke **staf resmi perusahaan** yang membayar premi/komisi Anda. Staf tersebut akan memeriksa *production credit* (MDRT Credit) Anda, dan jika benar, akan menandatangani dan mengembalikannya kepada Anda.

■ MELAMPIRKAN

Ketika Anda menerima Certifying Letter yang telah ditandatangani, periksalah kembali semua informasinya.

Kemudian, lampirkanlah pada formulir aplikasi dan kirimkan ke Kantor Pusat MDRT **dalam satu paket (dalam amplop yang telah disediakan)**. Simpanlah satu lembar salinan untuk catatan Anda sendiri.

THIS IS NOT A MEMBERSHIP APPLICATION!

2006 CERTIFYING LETTER

MILLION DOLLAR ROUNDTABLE

325 West Touhy Avenue, Park Ridge, IL 60068-4265 USA
Phone: 847.692.6378 Web site: www.mdrtd.org

This certifying letter is a part of your application and is to be submitted with your Membership Application on or before March 1, 2006, to avoid a late filing fee.

INSTRUCTIONS	<p>APPLICANT'S INSTRUCTIONS Send completed Certifying Letter to the appropriate official of the company that paid the MDRT credit. The official checks and verifies your production and, if it is correct, will sign the Certifying Letter and return it to you. When you receive the signed copy, attach it to your application and forward to MDRT in one complete package. Retain a copy for your records. Applicants for Qualifying (Q) or Qualifying and Life (QL) status must submit a Certifying Letter(s).</p> <p>COMPANY OFFICIAL'S INSTRUCTIONS Verify the production credits. This Certifying Letter must be signed by the official who can verify the MDRT credit paid to the applicant and should be returned to the applicant. CREDIT MUST BE REPORTED IN U.S. DOLLARS (USD). See the reverse side of this form or visit www.mdrtd.org/join/production_credit.cfm for eligible credits.</p>	MDRT CREDIT
THIS IS TO CERTIFY THAT	<p>Applicant's Name _____</p> <p>Agency/Partnership/Corporation Name (if applicable) _____</p> <p>Address _____</p> <p>City _____ State/Country _____ ZIP/Postal Code _____</p> <p>SS / SI / MDRT ID Number: _____</p> <p>Country/City Code or Area Code _____ Tel. # _____</p> <p>Country/City Code or Area Code _____ Fax # _____</p> <p>Is entitled to the credits indicated, calculated in accordance with MDRT policies and procedures.</p>	<p>MUST be converted to U.S. dollars (USD) rounded to the nearest whole dollar based on the official MDRT conversion factor. (Divide local currency by the conversion factors), (see www.mdrtd.org/join/memreq.cfm for the conversion factors)</p> <p>UNLIMITED CREDIT Life insurance, annuities, disability income, pensions, accidental death and dismemberment, long-term care, critical illness and endowments</p> <p>LIMITED CREDIT Health insurance, pensions from non-life insurance companies, mutual funds, securities, wrap accounts/asset management accounts</p>
QUALIFICATION PERIOD CANNOT BEGIN BEFORE JANUARY 1, 2005, OR CANNOT END BEFORE OCTOBER 31, 2005, OR AFTER DECEMBER 31, 2005	<p>The undersigned affirms the above MDRT credits and lives/cases are true and correct to the best of his/her knowledge and belief, and that this business was in force as of December 31, 2005. Further, it does not include business resulting from the cancellation or surrender of any existing policy, except for that portion of any such MDRT credit which exceeds the MDRT credit of such cancelled or surrendered policy or policies.</p>	<p>COMMISSION CREDIT</p> <p>UNLIMITED _____ USD # of Lives/Cases _____</p> <p>LIMITED _____ USD # of Lives/Cases _____ See reverse for eligible credits</p>
Check your application status online at www.mdrtd.org	<p>Print or Type Name of the Company Official _____ Signature of Company Official _____</p> <p>Company Name _____ Country/City Code or Area Code _____ Telephone _____ Ext. _____</p> <p>Street Address _____ Country/City Code or Area Code _____ Fax _____</p> <p>City / State or Prov. / ZIP or Postal Code / Country _____ E-mail _____ Date _____</p>	<p>PREMIUM CREDIT</p> <p>UNLIMITED _____ USD # of Lives/Cases _____</p> <p>LIMITED _____ USD # of Lives/Cases _____ See reverse for eligible credits</p>