

2026 MDRT CULTURE OF EXCELLENCE AWARDS: COMPANY VERIFICATION FORM

This company verification form is part of the award application and must be uploaded with the award application on or before **March 13, 2026**

MDRT CENTER FOR FIELD LEADERSHIP

325 West Touhy Avenue, Park Ridge, IL 60068 USA

Phone: +1 847 692 6378 Website: mdrtcenter.org

ALL APPLICATIONS ARE SUBJECT TO VERIFICATION

INSTRUCTIONS	APPLICANT INSTRUCTIONS Send this company verification form with your contact information completed to the appropriate official of the company that paid the MDRT credit. The official will verify the applicable data, sign the form, and return it to you. When you receive the signed copy, upload it to your award application ensuring the data matches the data provided in your application. Retain a copy for your records.
	COMPANY OFFICIAL INSTRUCTIONS Verify the production, retention, recruitment, persistency and/or membership criteria for the applicant's agency prepopulated in the sections to the right are accurate. This company verification form must be signed by the official who can verify the MDRT credit attributed to the applicant's agency and should be submitted with the application. CREDIT MUST BE REPORTED IN U.S. DOLLARS (USD) . See the second page of this form for eligible credits.

THIS IS TO CERTIFY THAT	(Complete <u>all</u> information below) <u>This form must be completed in English.</u> MDRT ID Number: _____
	_____ Applicant's Name
	_____ Agency/Partnership/Corporation Name (if applicable)
	_____ Address
	City _____ State/Country/Market _____ ZIP/Postal Code _____
	Country/City Code or Area Code _____ Tel # _____
	Email _____
	Is entitled to the data indicated, calculated in accordance with MDRT policies and procedures.

QUALIFICATION CRITERIA PERIODS ARE BASED ON CALENDAR YEARS, BEGINNING ON JANUARY 1 AND ENDING ON DECEMBER 31 OF THE RESPECTIVE YEAR.

PRODUCTION CRITERIA	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 factor). Ø No decimals <small>See MDRT Conversion Factor Document</small> AGENCY COMMISSION 2024 (USD) _____ 2025 (USD) _____ -OR- AGENCY PREMIUM 2024 (USD) _____ 2025 (USD) _____
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RETENTION CRITERIA	NUMBER OF AGENTS IN APPLICANT'S AGENCY AS OF DECEMBER 31, 2024: TOTAL: _____
	NUMBER OF THE SAME AGENTS RETAINED IN THE APPLICANT'S AGENCY FROM DECEMBER 31, 2024 UNTIL DECEMBER 31, 2025: TOTAL RETAINED: _____
	<i>Any agents maintained within the company but moved into another agency due to "spin off" may be counted toward a leader's annual agent retention.</i>

RECRUITMENT CRITERIA	TOTAL NUMBER OF AGENTS IN APPLICANT'S AGENCY AS OF DECEMBER 31, 2024: TOTAL: _____
	TOTAL NUMBER OF NEW AGENTS HIRED IN THE APPLICANT'S AGENCY IN 2025: TOTAL HIRED: _____

PERSISTENCY CRITERIA	TOTAL NUMBER OF POLICIES IN THE APPLICANT'S AGENCY THAT REACHED THE 13TH MONTH IN 2025: TOTAL: _____
	TOTAL NUMBER OF POLICIES REACHING THE 13TH MONTH IN 2025 THAT WERE <u>RETAINED</u>: TOTAL RETAINED: _____

MEMBERSHIP CRITERIA	TOTAL NUMBER OF AGENTS IN THE APPLICANT'S AGENCY AS OF DECEMBER 31, 2025: TOTAL: _____
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COMPLETED BY COMPANY OFFICIAL	<u>All company verification forms must be completed in English.</u>	
	The undersigned affirms the above agency production, retention, recruitment, persistency and membership data are true and correct to the best of his/her knowledge and belief, and that this business was in force in the stated years. (*Required field)	
	*Print or Type Name of the Company Official _____	*Signature of Company Official _____
	*Title _____	Country/Cide Code or Area Code _____ Telephone _____ Ext. _____
	*Company Name _____	Country/City Code or Area Code _____ Fax _____
	*Street Address _____	*Email _____
	*City/State or Prov./ZIP or Postal Code/Country _____	*Date _____

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MDRT-ELIGIBLE PRODUCTION CREDIT

RISK-PROTECTION CREDIT	Products From Life Insurance Companies	Commission/Fee Credit	Premium Credit
	Accidental death and dismemberment (individual)	100% of first-year commission	100% of first-year premium
RISK-PROTECTION CREDIT	Critical illness (individual)	100% of first-year commission	100% of first-year premium
	Disability income contracts (individual)	100% of first-year commission	100% of first-year premium
	Life (individual)		
	Up to annual premium/target premium	100% of first-year commission	100% of first-year premium
	Deposits <u>in excess of</u> annual/target premium	100% of commission paid	6% of excess premium
	Single premium (whole life and investment)	100% of first-year commission	6% of first-year premium
	Short-term endowment rider (max. 15 yrs)	100% of first-year commission	6% of first-year premium
	Long-term care (individual)	100% of first-year commission	100% of first-year premium
	Accidental death and dismemberment (group)	100% of first-year commission	10% of first-year premium
	Critical illness (group)	100% of first-year commission	10% of first-year premium
	Disability income contracts (group)	100% of first-year commission	10% of first-year premium
	Life (group)	100% of first-year commission	10% of first-year premium
	Long-term care (group)	100% of first-year commission	10% of first-year premium
	Annuities (individual and group)	100% of all commissions	6% of new money invested
	Single premium and/or short-term endowment (max. 15 yrs)	100% of first-year commission	6% of first-year premium
OTHER CREDIT	Products	Commission/Fee Credit	Premium Credit
	Health care (individual)	100% of first-year commission	100% of first-year premium
	Health care (group)	100% of first-year commission	10% of first-year premium
	Mutual funds	100% of all commissions	6% of new money invested
	Securities	100% of commission on new money invested	6% of new money invested
	Wrap accounts/asset management accounts	100% of all commissions	6% of new money invested
	Financial planning fees/fees for advice	100% of the net fee	100% of the gross fee

PRODUCTION REQUIREMENT – Commission and Premium

Award applicants must qualify exclusively with either commission credit OR premium credit; the two types of credit cannot be combined.