

# THIS IS NOT A MEMBERSHIP APPLICATION!

## 2025 COMMISSION AND PREMIUM CERTIFYING LETTER

### MILLION DOLLAR ROUND TABLE

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This certifying letter is part of your application and is to be submitted with your membership application on or before March 1, 2025, to avoid paying an additional required fee of USD 200. First-time applicants may apply using **ONLY** the commission or premium methods with certifying letter(s).

**ALL APPLICATIONS ARE SUBJECT TO PRODUCTION VERIFICATION.**

|  |   |  |   |
|--|---|--|---|
| <b>INSTRUCTIONS</b>  | <b>APPLICANT INSTRUCTIONS</b><br>Send certifying letter with your contact information completed to the appropriate official of the company that paid the MDRT credit. The official will enter your production, 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 & Life (QL) not using the Attest Method must submit a certifying letter(s). | <b>MDRT CREDIT</b>   | <b>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).</b><br><small>(See <a href="https://www.mdrt.org/join/member-requirements/">https://www.mdrt.org/join/member-requirements/</a> for conversion factors.)</small> |
|  | <b>COMPANY OFFICIAL INSTRUCTIONS</b><br>Verify the production credits and enter them in the sections to the right. 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. <b>CREDIT MUST BE REPORTED IN U.S. DOLLARS (USD).</b> See the reverse side of this form or visit <a href="https://www.mdrt.org/join/member-requirements/">https://www.mdrt.org/join/member-requirements/</a> for eligible credits.                             |  | <b>RISK-PROTECTION CREDIT</b><br>Life insurance, annuities, disability income, accidental death and dismemberment, long-term care, critical illness and endowments  |
| <b>THIS IS TO CERTIFY THAT</b>   | (Please complete all information requested) <b>All returned certifying letters must be completed in English.</b>  | <b>COMMISSION CREDIT</b>   | <b>RISK-PROTECTION COMMISSION</b><br>USD _____ <small>⊙ No Decimals</small>   |
|  | MDRT ID Number: _____   |  | <b>OTHER COMMISSION</b><br>USD _____ <small>⊙ No Decimals</small>   |
|  | Applicant's Name _____  | <b>LIVES</b>   | # of Risk-Protection Policies _____   |
|  | Agency/Partnership/Corporation Name (if applicable) _____   |  | # of Other Policies _____   |
| Address _____  | <b>PREMIUM CREDIT</b>   | <b>RISK-PROTECTION PREMIUM</b><br>USD _____ <small>⊙ No Decimals</small> |   |
| City _____ State/Country _____ ZIP/Postal Code _____   |   | <b>OTHER PREMIUM</b><br>USD _____ <small>⊙ No Decimals</small>           |   |
| Country/City Code or Area Code _____ Tel # _____   |   |  |   |
| E-mail _____   |   |  |   |
| <b>Is entitled to the credits indicated, calculated in accordance with MDRT policies and procedures.</b>                             |   |  |   |
| <b>QUALIFICATION PERIOD CANNOT BEGIN BEFORE JANUARY 1, 2024, AND CANNOT END BEFORE OCTOBER 31, 2024, OR AFTER DECEMBER 31, 2024.</b> |   |  |   |
| <b>COMPLETED BY COMPANY OFFICIAL</b>   | <b>All returned certifying letters must be completed in English</b>   |  |   |
|  | 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, 2024. 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. <b>(*Required field)</b>  |  |   |
|  | _____   | _____  |   |
|  | *Print or Type Name of the Company Official   | *Signature of Company Official   |   |
|  | _____   | _____  |   |
|  | *Title  | Country/City 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  |  |   |
| _____  | _____   |  |   |

# 2025 ELIGIBLE PRODUCTION CREDIT FOR MDRT

| 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 |
|                        | 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 in excess of 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 Insurance (individual)           | 100% of first-year commission            | 100% of first-year premium |
|              | Health Insurance (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

2025 MDRT membership will be based on a minimum of USD 81,000 of eligible commissions paid or USD 162,000 of eligible paid premium credited to the agent's account. The requirement for applicants outside the United States can be found on page 6. **Applicants must qualify exclusively with either commission credit OR premium credit; the two types of credit cannot be combined.**

## COURT OF THE TABLE – Commission and Premium

The production requirement to qualify for the 2025 Court of the Table is USD 243,000 of eligible commissions paid or USD 486,000 of eligible paid premium. The requirement for applicants outside the United States can be found on page 6.

## TOP OF THE TABLE – Commission and Premium

The production requirement to qualify for the 2025 Top of the Table is USD 486,000 of eligible commissions paid or USD 972,000 of eligible paid premium. The requirement for applicants outside the United States can be found on page 6.

Top of the Table members with a minimum of 10 years of prior Top of the Table membership may apply without production under the Top of the Table waiver provision, but must submit required Top of the Table dues.

## POLICY DEFINITION

A policy is defined as an individual contract covering one or more persons. A contract covering an individual should be credited and reported to MDRT as one policy. Similarly, a contract covering a group of people should also be counted as one policy, regardless of the number of people covered under the policy.

## DISABILITY WAIVER

Current Life members who have been declared totally disabled for six consecutive months during 2024 may petition for a waiver of payment of dues for 2025 membership. A disability petition form and doctor's statement must be submitted by March 1, 2025, with the membership application. Each petition will be judged on its own merit. Those approved for the disability waiver are not required to be members of an MDRT-recognized professional association. Any applicable back dues would need to be satisfied prior to approval under the disability waiver.

**For more detailed information on membership requirements, go to <https://www.mdr.org/join/member-requirements/>**