

HOW TO DO BUSINESS WITH ASSURITY LIFE

Agents now have two submission choices when working with ASSURITY Life. You can use OAKTREE's Brokerage Service Team or use ASSURITY Life's direct access option.

OAKTREE Brokerage Service:

Submission:

- All new business applications should be faxed to 703-995-0813, emailed to brokerageservices@otfc.com or mailed to the address below.
- Please use the New Business Transmittal attached.
- If you do not receive an acknowledgement phone call and email with a policy number within 1 business day, please call for receipt confirmation. A team member can be reached at 800-842-9124 ext. 444.

Checking Case Status:

- You will receive regular case status emails and phone calls from Brokerage Services.

Requirements and Premium:

- Fax requirements to 703-995-0813 with a cover sheet indicating the client name/policy number.
- Mailing address is:

OAKTREE Life & Annuity Brokerage
4227 Lafayette Center Drive, Suite A
Chantilly, VA 20151
Attn: Brokerage Services

Assurity Life's Direct Access:

Submission:

- New business applications should be submitted via fax directly to 877-864-6630 or mailed to the address below.
- Fax requirements to 402-437-4606.

Assurity Life
1526 K Street
Lincoln, NE 68501-2553
Attention: New Business

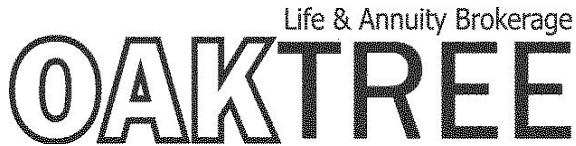
Checking Case Status:

- Agents can register to track cases on line at <https://assurelink.assurity.com/>
- Agents can call Assurity Life at 866-276-7619 ext 4264 or email them at underwriting@assurity.com

Please mail premiums to the address above.

Illustrations and Marketing Support:

- Agents contracted directly with OAKTREE Life and Annuity can call a member of the agent services team at 800-842-9124 ext. 406 or email them at agentservices@otfc.com
- Please call 866-276-7619 ext. 4333 or email helpdesk@assurity.com for software support.



Brokerage Services
Fax Number: 703-995-0813

Oaktree Life and Annuity Brokerage
4227 Lafayette Center Drive, Suite A
Chantilly, VA 20151
Attn: Brokerage Services-800-842-9124 ext. 444

Please fill in fields below.

TRANSMITTAL

DATE:

AGENT:

AGENT CODE:

AGENT FAX NUMBER:

AGENTPHONE NUMBER:

PROPOSED INSURED:

CARRIER:

SSN OR POLICY # (IF AVAILABLE):

ORDER EXAM YES NO

TOTAL # OF PAGES (WITH COVER SHEET):

NEW APPLICATION REQUIREMENT LICENSING INFORMAL APPLICATION

Comments:

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