

Referral Data Sheet

We are excited for this opportunity to create a successful business relationship with you as a broker, for "The Universal Group". When completing all of the below information, please type or print so that we may prepare a Referral Agreement on your behalf.

1. Full name (include if a limited liability company or an incorporated company) of Company or Individual the Referral Agreement will be in the name of. (This is also the name the checks will be made out to)

2. If an LLC or Inc, in what state did this business organize or incorporate?

3. Name **and** title of designated executor of this Referral Agreement.

Name: _____

Title: _____

4. Tax I.D. # of business, or social security # of the individual for which the Agreement is in place. This is for tax reporting purposes.

5. Address for mailing all correspondence and remittance.

Address: _____

City/State/Zip: _____

6. Email Address:

7. Phone Number:

*Once this form has been completed, please submit by fax
to Compliance/Jim Lóser
Fax: (816) 817-0887*