

**ADDITIONAL COMMISSION “OPT OUT”**

Attn: General Counsel  
Alliant Insurance Services, Inc.  
701 B Street, 6<sup>th</sup> Floor  
San Diego, CA 92101

RE: Additional Commission “Opt Out”

Please be advised that \_\_\_\_\_ has elected to have the premium associated with the following policy(s) specified below for the indicated policy period(s) excluded from consideration in any and all:

- Contingent income agreements
- Supplemental income agreements

<u>Policy #</u>	<u>Policy Period</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Sincerely,

\_\_\_\_\_  
Company Name

By: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_