

**GROUP'S LETTERHEAD**

**CHANGE OF BROKER LETTER**

This serves to confirm that I, \_\_\_\_\_  
Authorized Representative of Group

am changing our broker from: \_\_\_\_\_  
Previous Broker Name

to: \_\_\_\_\_  
New Broker/New Agent/GA/SS# or Tax ID #

Effective \_\_\_\_\_, commissions should be paid to: \_\_\_\_\_  
New Broker/New Agent/GA

on all group numbers listed below.

Group Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kindly furnish \_\_\_\_\_ with any information that they may require,  
New Broker/New Agent/GA  
as long it falls within HIPAA guidelines.

Sincerely,

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title