

Agent Transfer Form

Date: _____

Agent Name: _____

Insurance Carrier Name: _____

License Number: _____
(or SS# if license # is not known)

Please change my managing general agency to American Benefits Corporation. Please make this change effective immediately, and notify me when the transfer has been completed.

Thank you for your prompt attention.

Sincerely,

(Signature of Agent)

I authorize the above transfer.

Clay Mize, American Benefits Corporation

Please fax this completed form to 256-764-5145.