

DATE:

TO:

RE: CHANGE AGENT OF RECORD

I, _____ OWNER OF HEALTH INSURANCE POLICY NUMBER
_____ THROUGH _____ REQUEST THAT,
Michele Powell at MSA Marketing Inc. # 524829, BECOME MY NEW
AGENT OF RECORD ON SAID POLICY FROM THIS DATE FORWARD.

CLIENT SIGNATURE: _____

DATE: _____

NEW AGENT SIGNATURE: _____

AGENT # _____

AGENTS STATE LIC. # _____

IF AVAILABLE:

PREVIOUS AGENT'S ACKNOWLEDGEMENT AND AGREEMENT OF SAID CHANGE.

AGENT NAME: _____

AGENT #: _____

SIGNATURE: _____