

## Fax Cover Sheet

Please indicate intended recipient below.

## Pages

(Including cover)

Change Request / Additional Documentation Fax: 855.571.3847

Attn: \_\_\_\_\_

Please indicate requested change:

- |   |  |
|---|--|
| <input type="radio"/> Hierarchy change          | <input type="radio"/> Change to Commission Advancing |
| <input type="radio"/> Demographic / EFT changes | <input type="radio"/> Commission Level Changes       |
| <input type="radio"/> Adding appointment        | <input type="radio"/> Other _____                    |
| <input type="radio"/> Agent Termination         |  |

Use if you have submitted an Agent Appointment Application and are sending additional information / pages as requested

I have included the following:

- |   |   |
|---|---|
| <input type="radio"/> License copies              | <input type="radio"/> EFT Change                                |
| <input type="radio"/> Contract                    | <input type="radio"/> Form W9                                   |
| <input type="radio"/> Commission schedule         | <input type="radio"/> Producer Information and Appointment form |
| <input type="radio"/> Commission Advance Addendum | <input type="radio"/> Other _____                               |

From: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of agent: \_\_\_\_\_

Writing number: \_\_\_\_\_

Comments:

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