Date:

Carrier Name:

To: Whom it may concern

**Policy Name:**

**Policy #:**

Effective**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** we wish to appoint **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Group Force Benefits Inc.** as our Agent of Record for the above- mentioned plan.

Please provide them with any information they may require; they are also entitled to any commissions or service fees that may be forthcoming from our account.

Sincerely,

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