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: