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## AGENT AND AGENCY CHANGE REQUEST FORM

Date of Change:	P	Person Requesting Change:
AGENCY ENTITY CHANGE		
Current Name:		Agency No.:
New Name:		Agency No.:
Reason for Change (purchas	e, merger, o	wnership change, other):
Tax ID No.:		
		Subproducer Limited Appointment Application, Form W-9 e, E&O declarations, and entity change explanation
Change of Address: ☐ Ye	s □ No	If YES, complete ADDRESS CHANGE section below.
ADDRESS CHANGE / PHON	IE & FAX C	HANGE
Current Address:		POB:
		POB:
		New Fax:
PRODUCER APPOINTMENT	Γ CHANGE	
Remove (Agent):		
Add New Agent:		DOB:
Home Address:		
Phone:	SSN:	Position:

Submit: copy of individual license