Physicians Mutual
Transfer Request and Release Form

Transfer Request

Agent or Agency Corp Name: _____ **Agent Paid or LOA** (Circle one)

NPN: _____ **Email:** _____ **Phone:** _____

I hereby request a transfer and release. I understand it may take up to 60 days to process the request and effect hierarchy changes.

From:

_____ _____
Name of Immediate Upline or Manager Principal's Name (if applicable)

To:
The Brokerage Resource Samuel C Corey III
_____ _____
Name of Immediate Upline or Manager Principal's Name (if applicable)

Agent Signature: _____ **Date:** _____

Transfer Release

Current Immediate Upline or Manager:

I acknowledge the request and hereby release the Agent.

Agency Corp or Manager Name: _____ **Date:** _____

Principal/Manager Signature: _____ N**PN (if applicable):** _____

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Home Office Use Only and Approval (NSD)

Name: _____ **Date:** _____

Signature: _____

Systems/Hierarchy Change Date: _____

By: _____