

Book of Business Transfer Form

Please select one of the following Book of Business transfer types:

- Type 1: Licensed Only Agent
- Type 2: Producer or Independent Broker
- Type 3: Retirement
- Type 4: Brokers Associated with an Upline Agency

Current Payee Information

Broker Name:	Broker PID:	Broker NPN:
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Broker Email:

New Payee Information

Name:	NPN:	SSN:
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Email:

<i>(Please select one):</i> <input type="checkbox"/> Transfer Renewals <input type="checkbox"/> Transfer ALL business	<i>(Please identify if your transfer includes legacy business)</i> <input type="checkbox"/> UAM <input type="checkbox"/> Aetna <input type="checkbox"/> Meridian <input type="checkbox"/> CNC Legacy (2020 & prior)
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Effective date for Transfer:

Buyer Signature:	Date:
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Seller Signature:	Date:
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Commission Department:	Date:
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Comments: