



**Agent Request for Transfer / Release**

I, \_\_\_\_\_ (Printed Agent Name), hereby request a release of my appointment and book of business for myself and/or my agency, including any down line agents or agencies in my hierarchy, from \_\_\_\_\_ (releasing FMO) to be transferred to \_\_\_\_\_ for contract(s) with the following carriers:

Carrier Name: _____	Agent Code: _____
Carrier Name: _____	Agent Code: _____
Carrier Name: _____	Agent Code: _____
Carrier Name: _____	Agent Code: _____
Carrier Name: _____	Agent Code: _____

_____	_____	_____
Agent Signature	Agent/Agency Name	Date

Receiving FMO agrees to reciprocate this request by granting the future release of one agent wishing to transfer to the below signed organization provided said agent has no outstanding debt balance with Simplicity at the time of request. This is hereby agreed to and effective as signed by each party below.

_____	_____	_____
Releasing Principal Signature	Releasing Marketing Organization	Date

_____	_____	_____
Accepting Principal Signature	Accepting Marketing Organization	Date

Kindly return this completed document to [fargo.licensing@simplicitygroup.com](mailto:fargo.licensing@simplicitygroup.com) or fax to 800.293.9897.