

## 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:

*(Please select one):*

- Transfer Renewals     Transfer ALL business

*(Please identify if your transfer includes legacy business)*

- UAM     Aetna     Meridian  
 CNC Legacy (2020 & prior)

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: