



7001 220th St. SW, MS 320
Mountlake Terrace, WA 98043-2124

Date Stamp <i>(internal use only)</i>

Producer of Record Change

(Please fax requests to 425-918-6178)

Requested Effective Month of Change: _____
(Request must be received 15 days prior to the 1st of the requested effective month.)

CONTRACT SUBSCRIBER			
Contract Subscriber Information:			
_____ Name of Contract Subscriber <i>(Please Print)</i>		_____ Subscriber #	
_____ Subscriber Date of Birth (MM/DD/YYYY)			
_____ Street Address		_____ City	_____ State ZIP
_____ Contract Subscriber's Signature		_____ Today's Date (MM/DD/YYYY)	

NEW PRODUCER			
I wish to appoint the following Producer to my existing contract:			
_____ Name of NEW Producer		_____ 72915 Producer Identification Number	
_____ Connexion Insurance Solutions Agency Name			
_____ 7001 220th St SW Street Address		_____ Mountlake Terrace City	_____ WA 98043 State ZIP

Please print this document, *sign and date your signature in the Contract Subscriber section* and fax back the form to 425-918-6178.

This form is intended merely to transfer the rights and responsibilities of a Producer from the Former Producer to the New Producer.