**"GROUP LETTERHEAD"**

 **Blank Corporation**

**111 Blank Ave**

**Any City Any State 00000**

**Phone** (000) 000-0000 Fax (000) 000-0000

**Group#**

**Renewal Date**

**Group EIN#**

Date

MetLife

PO Box 30160

Tampa FL 33630-3160

Broker\_Change@Metlife.com

Fax #: 800-556-9430

Dear MetLife:

This letter confirms that as of (00/00/00) we have appointed (John Doe) of (XYZ Agency) as our exclusive Broker of Record. This request relates to all coverages / or for specific coverages as follows: (life, AD&D, dental, etc.)

This appointment entitles (XYZ Agency) to any and all commissions due as of the effective date mentioned above. In addition, we authorize you to supply (XYZ Agency) with any and all information they may request relative to the (Blank Corporation) account.

This appointment is in conjunction with Amwins Connect Administrators (formerly Group Benefit Services) as the **Administrator/TPA.**

This letter supersedes any such previous appointments and shall remain in force until rescinded in writing.

New Broker of Record information:

John Doe

XYZ Agency, Tax ID number

111 Alpha Blvd

Any City Any State 00000

Contact #: 000-000-0000

Thank you,

Authorized Signature

Type Name &Type Business Title

Cc: (XYZ Company)