

Date: _____

Carrier Name: _____

To: Whom it may concern

Policy Name: _____ **Policy #** _____

Effective _____ we wish to appoint
_____ **& Our Group MGA- GroupQuest
Benefits Resources Inc.** as our Agents of Record for the above-mentioned plan.
Please provide them with any information they may require; they are also entitled
to any commissions or service fees that may be forthcoming from our account.

Sincerely,

Signature: _____

Name: _____

Title: _____