

## Member Delete Form

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**\*Completing this form states that this agent is no longer affiliated with your office.**

Member Name: \_\_\_\_\_

Member User ID: \_\_\_\_\_

Company Name: \_\_\_\_\_

Office Code: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Comments:

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Subscriber Signature (*Agent*)

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Date

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Participant Signature (*Broker*)

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Date

*\*Both Subscriber and Participant signatures are required. If Agent is unreachable, then only the Participant's signature is necessary.*

*\*Any outstanding balances that are not paid prior to processing will be transferred to the Participant/Broker's account.*

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Revised 01/12/10