

RELEASE REQUEST FORM

Agent/Agency Name (if applicable):	Date:
Email:	Phone:

REQUIREMENTS:

- A detailed and valid reason for the request is required. A preference to move to another NMA/FMO, by itself, does not constitute sufficient grounds for approval of a release.
- Incomplete forms will not be reviewed. If upline signatures cannot be obtained, you must contact the applicable carrier(s) directly to begin the intent-to-move process.
- Approved releases will be granted only to the highest-level upline, such as the NMA or FMO.
- If you are retiring or no longer selling, contact the applicable carrier(s) directly to terminate your contract(s).

CHANGE REQUESTED: To help prevent delays, please complete each applicable item below.

1. Carrier(s) for which you are requesting release: If requesting a full release, write "ALL CARRIERS."

2. Name of the New FMO/NMA you are requesting to move to (MUST be the highest-level upline in your new hierarchy— do not list multiple names or sub-agencies). **Or if you are transferring directly to and/or becoming an employee of a carrier, list your new manager's name and email:**

3. Release requested for (check one): ☐ Agent Only ☐ Agent and downline

4. Detailed reason for request: _____

All applicable parties must acknowledge and consent to this release **on a single form** by signing below **prior** to submission. If no upline exists, write "N/A" in the corresponding signature field. By signing below, each undersigned party confirms that they have reviewed, agreed to, and approved the requested change. **Please Note:** All signatures are subject to verification by the applicable upline(s) before principal review.

Agent Signature	Agent Name	Date
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Current GA Signature	Current GA Name	Date
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Current MGA Signature	Current MGA Name	Date
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Current SGA/FMO Signature	Current SGA/FMO Name	Date
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