

~~SECRET~~

**ENROLLER CHANGE REQUEST FORM**

I \_\_\_\_\_, agree to the transfer of Enroller for position (ID) \_\_\_\_\_ to which I am currently the Enroller of to position (ID) \_\_\_\_\_ (name of \_\_\_\_\_). I am aware that this move might have a detrimental effect on the level of income I earn, nevertheless I authorize this move as I believe that this move is beneficial to my existing position.

Agent ID \_\_\_\_\_

Agent Name (Print) \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_

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