



(Please fill out the contract as well)

GERBER TRANSFER REQUEST FORM

Product Category: Medicare Supplement

Transferring Party must always complete and sign.

Current MGA must also complete and sign if Transferring Party has not been with current MGA for more than 6 months or has sold Medicare Supplement products or received overwrite commission within the last 6 months.

Signature of Party Requesting Hierarchy Transfer:

Contracted Party's Name (please print)

Production Number

TIN or SSN

Signature

Date

MGA Signature Acknowledging Transfer (if required):

Entity Name

Production Number

MGA's Signature

Date

Printed Name of Signor