

Agent of Record Authorization Form for AVMA LIFE Trust

Date: _____

Agent Name: _____

Agent Address: _____

AVMA LIFE Trust Member Name: _____

AVMA LIFE Trust Member Address: _____

AVMA LIFE Trust Subscriber ID #: _____

AVMA Membership #: _____

Policy(ies): _____

AVMA LIFE Trust Program Administrator:

This confirms that, as of ___/___/___, I have appointed **Agent Name:** _____ as our exclusive insurance broker with respect to the above referenced policy(ies). This appointment, rescinds all previous appointments, and the authority contained herein shall remain in full force until cancelled in writing.

Agent Name: _____ is hereby authorized to negotiate directly with AVMA Life parties with respect to changes in existing insurance policies and in closing, changing, or increasing coverage amounts.

This letter also constitutes your authority to furnish **Agent Name:** _____. with all information he/she may request as it pertains to our insurance contracts, rates, rating schedules, surveys, reserves, retentions, and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the insurance program to which this letter applies.

Sincerely,

Print Name & Title

AVMA LIFE Trust Member Signature