

Member Delete Form

Member Name: _____

Member User ID: _____

Company Name: _____

Office Code: _____

Effective Date: ____/____/____

Comments:

Subscriber Signature (*Agent*)

____/____/____
Date

Participant Signature (*Broker*)

____/____/____
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.***

Revised 11/16/11