

AGENT OF RECORD APPOINTMENT

Employer's Name _____

Employer's Address _____

Policy Number _____

Current Pension Provider _____

New Agent of Record Don W. Anderson, CFP

Name of Agency Canadian Shield Insurance Services Ltd.

Authorization to Release Information

The Client hereby appoints the above **Agent of Record** to receive all information pertaining to the client's group insurance plan with your company.

Authorization to Receive Commissions

The Client hereby appoints the above **Agent of Record** to receive any and all sales and service commissions or fees payable by the current group insurance carrier and pertaining to the group insurance plan of (insert Client name/policy no.).

Termination of Appointment

This appointment replaces any current or previous Agent of Record Agreement and may only be terminated upon 30 days written notice to the above Agent of Record.

Authorization _____

Signature of Authorized Official or Signing Officer of Employer

Title of Officer _____

Date of Signature _____