

AETNA/COVENTRY TRANSFER RELEASE FORM



Requesting a release for: (check one)

Broker Only

Or, Broker and Downline

1) Broker/Agency Requesting Transfer Release:

Printed Name

Signature

Date

Broker National Producer Number

2) Immediate Upline Approving Transfer Release:

Printed Name (Principal of Agency)

Signature

Date

Agency Name (please print)*

3) Top of Hierarchy Approving Transfer Release:

Printed Name (Principal of Agency)

Signature

Date

Agency Name (please print)*

*In some circumstances this may be an individual (if up-line has elected not to contract as an agency).

Note: If the releasing agency is both the Top of Hierarchy and the Immediate Upline, please complete sections 2 and 3.