



Administrative Office
4333 Edgewood Road NE
Cedar Rapids, IA 52499

Agent Transfer/Multiple Relationship Request

To: Contracting & Licensing

Email: contracting@naaip.org

(Agent Name)

(Social Security/Tax ID)

(Agent Number)

1. Requirements:

- **Proof of new business is required for either transfer or multiple relationship requests. Please provide policy number or client name and date of birth.** _____
- **There must be no debit balance for either the agent or any subagents. Please provide a copy of a current Manager's Financial Warning report, which may be obtained on Agent Net Info.**

2. Request Type:

TRANSFER

I do NOT wish to remain with my current hierarchy. I wish to be transferred from my current hierarchy with

_____ to _____ (NAAIP) effective _____
(Current Upline Name) (New Upline Name) (Date)

MULTIPLE RELATIONSHIPS

I wish to keep my current hierarchy. I wish to have an additional agent number established with _____ as my new upline.

(NAAIP)
(New Upline Name)

**Signature of Requesting Individual
Agent or Signing Officer of Corporation**

Date Signed

Signature of Requesting Upline

Upline Agent Number

Date Signed