***“LETTERHEAD”***

**Blank Corporation**

**111 Blank Ave**

**Any City Any State 00000**

Phone (000) 000-0000 Fax (000) 000-0000

Date

MetLife Institutional Business

Broker Services

PO Box 30160

Tampa FL 33630-3160

FAX #: 800-566-9430

RE: Broker Change (Group/Experience Number)

Dear MetLife:

This letter confirms that as of (00/00/00) we have appointed (John Doe) of (XYZ Agency) as our exclusive Broker of Record. This request relates to all coverages / or for specific coverages as follows: (life, AD&D, dental, etc.) This appointment is in conjunction with Benefit Design Group serving as full service producer.

This appointment entitles (XYZ Agency) to any and all commissions due as of the effective date mentioned above. In addition, we authorize you to supply (XYZ Agency) with any and all information they may request relative to the (Blank Corporation) account.

This letter supersedes any such previous appointments and shall remain in force until rescinded in writing. If you have any questions or concerns, please direct them to our (Blank Corporation) Account Executive, (Jane Doe), 111 Blank Ave, Any City, Any State 00000.( Jane) can be reached on: (000) 000-0000.

New Broker of Record information:

John Doe

XYZ Agency, Tax ID number

111 Alpha Blvd

Any City Any State 00000

Contact #: 000-000-0000

Thank you,

Authorized Signature

Type Name

Type Business Title

Cc: (XYZ Company)

BORCHGLTR (04/07)