

## Notice of Intent to Transfer Form / Signed Release Form

**IMPORTANT:** Complete only the TOP or BOTTOM portion of this form based on the option you are choosing below ("notice of intent to transfer" or "signed release"). You must submit the sheet signed by all necessary parties to the Clover Health Transfer Form. Please note, transfers are not permitted from October 1st - December 31st.

### Notice of Intent to Transfer – Option 1

There is a 90 day waiting period from the date this form is submitted to when the change can be processed on Clover Health's side. You may continue to write business during this time. You will be moved on the 1st of the month after your 90 days.

1. Name of new Agency/Upline:

\_\_\_\_\_

2. Individual agent or agency requesting transfer:

\_\_\_\_\_

Agent Signature

\_\_\_\_\_

Current Agency Name

\_\_\_\_\_

NPN

\_\_\_\_\_

Date

### Signed Release – Option 2

An agent may move agencies with a signed release even if the agent wrote business.

An agent may move without a signed release, if they have not written Clover Health business in the last 6 months.

1. Individual agent or agency requesting transfer:

\_\_\_\_\_

Agent Signature

\_\_\_\_\_

NPN

\_\_\_\_\_

Date

2. Approval from current upline:

\_\_\_\_\_

Principal Signature

\_\_\_\_\_

Agency Name

\_\_\_\_\_

NPN

\_\_\_\_\_

Date