[Print using company letterhead]

[Insert your insurance company name]

RE: Group Policy # [Insert your current policy number]

This letter authorizes you to recognize the advisors at Your Friend With Benefits Inc. as Agent of Record working on our behalf for the purposes of soliciting quotations and negotiating with respect to our Group Benefits program. This request will be effective immediately upon signing this authorization.

In view of the following, our Agent of Record is hereby authorized to:

- Receive any information that may be requested regarding existing plans, possible future plans, or quotations on the Group Benefits from any insurance company or other organization underwriting such plans.
- Review and prepare specifications and tender such plans.
- Receive any commissions and/or service fees in respect to any existing or future contracts pertaining to our Group Benefits.

This letter of authority hereby revokes all previous appointments and gives Your Friend With Benefits Inc. authorization to act as our Agent. We trust that information obtained will be used solely for the purposes of this appointment and that it will be kept in the strictest confidence.

We reserve the right to revoke the above authorization upon 30 days written notice to you.

Sincerely,

Signed at [Insert City and Province], on this _____ day of _____ 20_____.

_____ _____

Name & Title Signature

_____ _____

Witness Name & Time Witness Signature