



## SPJST Sales Agent Assignment Form

The purpose of this form is to reassign an active sales agent to members whose assigned sales agent is inactive, retired, or deceased, and to code the assigned agent number at the SPJST Home Office.

Insured Member: \_\_\_\_\_

Certificate Numbers: \_\_\_\_\_  
\_\_\_\_\_

Original Sales Agent's Name (if known):

\_\_\_\_\_

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This is to inform the SPJST Home Office that I have contacted the above member on \_\_\_/\_\_\_/\_\_\_\_. The member has approved me to be his/her sales agent service contact. I will periodically contact the member and review his/her additional insurance needs.

Please code my agent number on the member's file at the Home Office.

X \_\_\_\_\_  
Sales Agent's Signature                      Agent Number                      Date

\_\_\_\_\_  
Sales Agent's Printed Name

I designate the above sales agent as my service contact.

X \_\_\_\_\_  
Member's Signature    Date