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LETTER OF APPOINTMENT

Appointment of new official care intermediary

TO WHOM IT MAY CONCERN:

We, the undersigned,

_____ **BODY CORPORATE / HOA**

INSURER: _____

POLICY NO: _____

EFFECTIVE DATE: _____

request the financial institutions with whom Addsure has a sales agreement, to indicate them on their records as my/our official care intermediary / broker.

I/we have been properly counseled on the consequences of this letter of appointment. This appointment may be revoked by me/us in writing at any time.

Client signature
(for and behalf of BODY CORPORATE / HOA)

Date
