

Date _____

BOOK TRANSFER AUTHORIZATION FORM

Access #: _____

Brokerage Name: _____

_____, Access Number _____, hereby
BROKERAGE NAME (Retail Brokerage)

authorize the transfer of my in-force policies to StateFund First/Arthur J. Gallagher
NAME of ACCESS PARTNER

Access Partner Number 00102493. Commission will be transferred effective at the renewal of each policy. State Fund reserves the right to recapture any commission overpayments from the originating broker.

_____, Access Number _____.
BROKERAGE NAME (Retail Brokerage)

Name of Brokerage Principal (Printed) Signature Date

Riley Binford

Name of Access Partner Principal (Printed) Signature Date

You must submit this completed Book Transfer Authorization Form to State Fund notifying us of your selection by September 18, 2017 BrokerAdministration@scif.com