



REQUEST FOR RELEASE OF ADVISOR

I hereby authorize and request Olé Insurance Group Corp. I.I. to carry out the release regarding the Advisor/Agency named below.

EXISTING PARENT AGENCY/ADVISOR

Parent Agency/Advisor Name: _____

In case of agency, name of legal representative: _____

Signature: _____ Date: dd / mm / aa

ACCEPTANCE BY AGENCY/ADVISOR SUBJECT TO RELEASE

Agency/Advisor Name: _____

In case of agency, name of legal representative: _____

Signature: _____ Date: dd / mm / aa
