



CLIENT CHANGE NOTIFICATION

| | |
|-------------|---------------|
| Client Name | Client Number |
| | |

REASON FOR CHANGE

| | Explanation | Effective Date |
|---|-------------|----------------|
| Sale of company | | |
| Merger | | |
| Name change | | |
| Consolidation | | |
| Conveyance of Ownership Interest | | |
| Formation of a New Entity to add to the current existing policy | | |
| Business Closed | | |

OTHER CHANGES

| | Current | New | Effective Date |
|--|---------|-------|-------------------------|
| Company Name (additional paperwork required) | | | |
| Fein Change | | | |
| Company Address | | | |
| Owner's Name | | | |
| Percentage of Ownership | | | |
| Add Additional Owners | Name | Title | Percentage of Ownership |
| | | | |

I authorize HROI to change the above listed items.

AUTHORIZED CLIENT SIGNATURE: _____

Date: _____