

**KANSAS INSURANCE DEPARTMENT
VIATICAL COMPANY APPOINTMENT/CANCELLATION FORM**

Please enter the company name and address in the space below.

NAIC# _____

Check One Item Below

APPOINT CANCEL

The company is appointing for all qualifications for which the appointee is properly licensed in this state. The company is responsible to ensure the appointee only sells products for which he/she is properly licensed.

The company is responsible for notifying the viatical representative/broker of termination. If the appointment is canceled for cause, provide a detailed letter of explanation. If the appointment is canceled because the appointee has moved, provide the new address. If the appointment is canceled because the appointee is deceased, provide the date of death.

I HEREBY APPOINT AND CERTIFY THAT I HAVE INVESTIGATED THE QUALIFICATIONS OF THIS APPOINTEE AND THAT THE APPOINTEE MEETS ALL REQUIREMENTS UNDER THIS STATE'S INSURANCE STATUTES AND REGULATIONS. IF THIS IS A CANCELLATION, I CERTIFY THAT THIS CANCELLATION COMPLIES WITH STATE STATUTES AND REGULATIONS.

BY: _____
Signature

Date

Typed Name and Title

Phone/Extension (For Questions About The Information On This Form)

APPOINTEE SSN OR FEIN	APPOINTEE NAME	APPOINTEE RESIDENCE OR BUSINESS ADDRESS	EFFECTIVE DATE

Return to: *Producers Division
420 SW 9th Street
Topeka, KS 66612-1678
(785) 296-7860*