

## CHANGE OF AGENT

The Manager  
Customer Care Department  
Demerara Mutual Life,  
Avenue of the Republic & Robb Street,  
Georgetown  
Guyana

I \_\_\_\_\_ request a change of agent:

From: Mr./Ms. \_\_\_\_\_

To: Mr./Ms. \_\_\_\_\_

Reason(s) for change \_\_\_\_\_

If a new agent is not selected, the company will appoint one to represent you.

\_\_\_\_\_  
**Signature of Policyholder**

\_\_\_\_\_  
**Date**