



**Application to Reset 10% Transfer Limit**

**Producer Information:**

Enterprise Name: \_\_\_\_\_

Producer I.D. # \_\_\_\_\_ Phone #: \_\_\_\_\_

Signing Authority: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(please print name)*

**Application Details:**

Reason for Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plans to resolve the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated timeframe to resolution:

\_\_\_\_\_

This Application must be received at the Board office by **midnight of the 6<sup>th</sup> of the calendar month to be considered at the following Board meeting**

OFFICE USE ONLY

Approved by:	Date:
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