|  |
| --- |
| **MetLife FASCORE****Financial Services Representative (Agent) Reassignment Request Form** |

**Part I: Type of Request –** [ ]  Spreadsheet Provided - File Name:

|  |
| --- |
| **Request Details: *(Select only one.)*** |
| **Participant Specific Reassignment**  | [ ]  Reassigning specific participant(s) from one agent to another single agent at 100% share. (this option is used for house acct changes)[ ]  Reassigning specific participant(s) from one agent to multiple agents by share percent.  |
| *FASCore* *Plan #*       | *Plan Name:* |

**Part II: Reason for Request –**

|  |
| --- |
| **Request Details: *(Select only one.)*** |
| [ ]  **Agent termination – a new Active (MLR certified) agent has been assigned** |
| [ ]  **Agent being added to an existing team split** (Detail new agent split by share percent to total 100%) |
| [ ]  **Agent being removed from an existing team split** (Detail new agent split by share percent to total 100%) |
| [ ]  **New (MLR certified) agent has been assigned to the participant(s)**  |

**Part III: Authorizations and Approvals –**

**Both sections to be completed or form will be returned for required information.**

Firm Manager / Direct Supervisor to provide Name and Check box to acknowledge their approval.

|  |
| --- |
| **Firm Manager/Direct Supervisor** (Agency Sales Director (ASD), Market Leader (ML), Managing Director (MD), or Managing Partner (MP)). |
|      **Name of Direct Supervisor approving this request.** Please type or print clearly.  |
| [ ]  **By checking this box the above Direct Supervisor acknowledges their approval.** |

Workplace Sales Director (WSD) to provide Name and Check box to acknowledge this request for processing.

|  |
| --- |
| **Workplace Sales Director (WSD) –** WSD for clients associated with the not-for-profit entity and/or have any employee benefit plan. |
|      **Name of Workplace Sales Director** Please type or print clearly.  |
| [ ]  **By checking this box the above Workplace Sales Director acknowledges this request and will forward for processing.** |

**MLR Reassignments will only be processed when request is submitted directly from the Workplace Sales Director email address.**

**Part IV: Agent information that is being removed –**

|  |
| --- |
| **Request Details:**  |
| Prior Agent DAI/BAI #       | Prior Agent Name:       | PartnerLink ID:      |

**Part V: New Agent Information –**

|  |
| --- |
| **Agent Assignment Details: *(Select only one.)*** |
| [ ]  **Single Agent Assignment** (100% Share) | [ ]  **Multiple Agent Assignment** (Total Share must equal 100%) |

|  |
| --- |
| **New Replacing Agent Information (Agent One):** |
| New Agent Name:       | PartnerLink ID:       |
| **New Agent DAI and Distribution Channel: *(Select only one.)***[ ]  MetLife Career Agency (MLIFE) DAI #: **A** [ ]  Broker (IND) BAI #: **B** (all numeric) [ ]  New England Financial (NEF) DAI #: **B** |

|  |
| --- |
| **New Replacing Agent Information (Agent Two):** |
| New Agent Name:       | PartnerLink ID:       |
| **New Agent DAI and Distribution Channel: *(Select only one.)***[ ]  MetLife Career Agency (MLIFE) DAI #: **A** [ ]  Broker (IND) BAI #: **B** (all numeric) [ ]  New England Financial (NEF) DAI #: **B** |

|  |
| --- |
| **New Replacing Agent Information (Agent Three):** |
| New Agent Name:       | PartnerLink ID:       |
| **New Agent DAI and Distribution Channel: *(Select only one.)***[ ]  MetLife Career Agency (MLIFE) DAI #: **A** [ ]  Broker (IND) BAI #: **B** (all numeric) [ ]  New England Financial (NEF) DAI #: **B** |

|  |
| --- |
| **New Replacing Agent Information (Agent Four):** |
| New Agent Name:       | PartnerLink ID:       |
| **New Agent DAI and Distribution Channel: *(Select only one.)***[ ]  MetLife Career Agency (MLIFE) DAI #: **A** [ ]  Broker (IND) BAI #: **B** (all numeric) [ ]  New England Financial (NEF) DAI #: **B** |

***If additional agents are required due to a multiple share assignment request please provide details with the same information as above for each agent.***

**Part VI: Sample of required data to be provided:**

List all participants that the need to be reassigned. **Please provide information for all columns listed below or request will be returned for required information.**

**Single Agent at 100% Share:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan #** | **Participant SSN** | **Participant Last Name** | **Full Agent Name** | **New DAI#** | **Share %** |
| 9999999-01 | 111-11-1111 | PARKER | William Smith | A01Z1234 | 100.00 |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**Multiple Agents by Share percent:**

If the share % is to be split between multiple agents, please list on separate rows *(whole percentages only)* **total share for each participant must equal 100%.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan #** | **Participant SSN** | **Participant Last Name** | **Full Agent Name** | **New DAI#** | **Share %** |
| 9999999-01 | 111-11-1111 | PARKER | William Smith | A01Z1234 | **70.00** |
| 9999999-01 | 111-11-1111 | PARKER | Sally Jones  | A01Z5678 | **30.00** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

***If additional space is needed, please provide a complete listing in Excel with the above column headers and formatting as defined above or request will be returned for required information.***

***Workplace Sales Directors should submit reassignment request to:***

 FASCore Reassignments should be sent to methome@retirementpartner.com

With *Not for Profit Group Reassignments* in the subject line

***Please note, for access to Partnerlink for plans on the FASCore recordkeeping platform, please follow Partnerlink Access Procedures.***