

DEBT MANAGEMENT TERMINATION NOTIFICATION

(This form is required pursuant to Rule 11 of the Debt Management Rules)

I, _____ residing at _____	
(Name)	(Street)
_____, heretofore in the employ of _____	
(City)	(State) (ZIP Code)
_____, a licensee, have terminated my connection with the said employer on _____	
_____, for the following reason: _____	
_____.	
Signed	Dated
(If signature is not obtainable, please submit explanation.)	

LICENSEE	
I, _____, a/an _____	
(First Middle Last)	(Officer, Partner, Member or Proprietor)
of _____, hereby state that the above named individual heretofore in our employ has terminated his connection with us effective on _____	
(Date)	
and I believe that the individual is/is not entitled to transfer. If you have answered in the negative, explain why:	

Signature of Licensee	By (Officer, Partner, Member or Proprietor)
Title	Date

NOTE: No confirmation of this termination will be sent.

RETURN COMPLETED FORM TO:

Office of Financial and Insurance Regulation
 DPSP - Processing
 P.O. Box 30224
 Lansing, MI 48909



Michigan Department of Labor & Economic Growth

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