



## Broker of Record Request Letter

This is to advise you that, **Michael P. O'Brien, AVMA Agent # 309** is to be listed as my Broker of Record for AVMA- GHLIT

Client Name: \_\_\_\_\_

Please allow Mr. Michael P. O'Brien to obtain any and all information necessary to fully act in this capacity, until otherwise revoked in writing.

Mr. Michael P. O'Brien can be reach at the following address:

Michael P. O'Brien  
AVMA Representative # 309  
O'Brien Benefits & Financial Services Inc.  
P. O. Box 2636  
Purcellville, VA. 20134

Thank you for your assistance in this matter.

Sincerely,

Name \_\_\_\_\_ Cert # \_\_\_\_\_

Email \_\_\_\_\_ Phone\_(\_\_\_\_)\_\_\_\_\_

(X) Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Fax or Mail this form to your new AVMA Representative Michael O'Brien, #309

Email – [Michael@obfs.net](mailto:Michael@obfs.net)

Fax – (703-654-6051)

Web – [www.OBFS.net](http://www.OBFS.net)

Michael P. O'Brien, Agent # 309  
P. O. Box 2636  
Purcellville, VA. 20134  
703-654-6050 \* Fax 703-654-6051