

Please Indicate any user or staff in the space provided:

Request the following **Non-Licensed** individual(s) access to Western National's Online services.

Full Name Including Middle Initial:	Email:	Effective Date:	Power of Attorney
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Request the following **Licensed** individuals(s) access to Western National's Online services. If a licensed producer needs to be appointed with Western National, please complete the attached appointment request forms on page 2 and 3.

Full Name Including Middle Initial:	Email:	Effective Date:	Power of Attorney
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Request the following individuals to have Western National Online access **terminated**, as they are no longer employed by this agency.

Full Name Including Middle Initial:	Email:	Effective Date:
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Requested by:	Date:	Agency Code:
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Please return this form to surety@wnins.com or by fax to (800) 999-3464.