DATE: [Insert Date]

TO: [Agent Name]
AGENT ID: [Insert ID Number]
ADDRESS: [Insert Agent Address]

RE: NOTICE OF PERMANENT DISMISSAL

Dear [Agent Name],

This letter serves as formal notification that your appointment and association with [Company Name] are terminated, effective immediately, [Insert Date]. This dismissal is permanent.

This decision has been made based on the following reason(s):
[Insert specific reasons: e.g., violation of company policy, failure to maintain licensing, unethical conduct, or low production].

As a result of this termination, you must comply with the following actions:

- Immediately cease representing yourself as an agent of [Company Name].
- Return all company property, including lead lists, files, marketing materials, and identification badges, by [Insert Date].
- Refrain from contacting current policyholders as outlined in your non-solicitation agreement.

Your final commission payment, if applicable and subject to the terms of your contract and debt reconciliation, will be processed on [Insert Date]. Please be advised that we will notify the Department of Insurance and any relevant regulatory bodies regarding this change in your appointment status as required by law.

If you have questions regarding your final benefits or outstanding administrative tasks, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Your Name]
[Your Title]
[Company Name]