Date: [Insert Date]

[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip]

[Broker Name]
[Insurance Agency Name]
[Address]
[City, State, Zip]

Subject: Mutual Referral Agreement

Dear [Partner Name],

This letter serves to formalize a mutual referral relationship between [Law Firm Name] and [Insurance Agency Name]. Our goal is to provide comprehensive financial and legal protection for our shared clients through integrated estate planning and life insurance solutions.

1. Referral Scope:
The Attorney agrees to refer clients in need of life insurance products, annuities, or long-term care funding to the Broker. The Broker agrees to refer clients requiring wills, trusts, powers of attorney, or probate services to the Attorney.

2. Professional Standard:
Both parties agree to provide the highest level of professional service to referred clients. Each party remains an independent contractor and is solely responsible for the advice and products provided within their respective licensed jurisdiction.

3. Confidentiality and Ethics:
Both parties shall maintain client confidentiality in accordance with their respective professional codes of conduct and privacy laws. Referrals will be made with the client's informed consent. No referral fees or commissions will be split between the parties unless expressly permitted by law and the state bar association.

4. Communication:
The parties agree to meet or communicate periodically to review the status of referred clients and ensure the coordination of the client's overall estate and financial plan.

5. Termination:
Either party may terminate this informal agreement at any time with written notice.

Please sign below to acknowledge our mutual commitment to this professional collaboration.

Sincerely,

_____
[Attorney Signature]
Date:

_____
[Broker Signature]
Date: