

AGENT SERVICES

## VOLUNTARY SURRENDER OF LICENSES (N.C.G.S. §58-2-65)

licenses issued to me by the North Carolina Department of Insurance (NCDOI) for a per years from today's date. I understand and acknowledge that effective immedican no longer perform any activities for which a license from NCDOI is required.	eriod of
I understand and agree that I may not request relicensure (for any license) from NCDOI the above-stated period of license surrender. I also understand that submitting an app for relicensure does not guarantee reissuance of license(s) surrendered.	during
I understand my right to an administrative hearing and to judicial review after such a hand I hereby voluntarily give up those rights.	nearing,
I understand that this Voluntary Surrender is equivalent to the taking of regulatory ac NCDOI. I also understand that this Voluntary Surrender will be a public record and confidential. NCDOI is free to disclose this Voluntary Surrender to third parties upon requirement to any law or policy providing for such disclosure.	is not
l acknowledge that I have had the opportunity to consult with an attorney prior to executhis Voluntary Surrender.	ution of
This 12 th day of 19, 2016.	
Signature	* 3
IAMARA McDonned (print name)	
	t
Sworn to and subscribed before me	
This 12 day of October , 2016.	
This 12 day of October , 2016.	
Notary Public	(
My Commission expires: <u>C8/14/2021</u>	[