## Servicing Agent Change Request – Life Insurance Policies

Full Legal Name (First, Middle, Last):         Insured's Mailing Address:         City:	General Information (Please type or print clearly.) All sections must be completed.			
Insured Information         Full Legal Name (First, Middle, Last):         Insured's Mailing Address:         City:	olicy Number: Issuing Insurance Company:			
Insured Information         Full Legal Name (First, Middle, Last):         Insured's Mailing Address:         City:	Additional Policy Numbers:			
Insured's Mailing Address:	Insured Information			
City:	Full Legal Name (First, Middle, Last):			
Social Security Number: Date of Birth:   Daytime Telephone Number:	Insured's Mailing Address:			
Daytime Telephone Number:	City:	State:	Zip:	
Owner Information (If different from insured)         Full Legal Name (First, Middle, Last or Trust/Corporation Name):         Owner's Mailing Address:         City:	Social Security Number:	Date of Birth:		
Owner Information (If different from insured)         Full Legal Name (First, Middle, Last or Trust/Corporation Name):         Owner's Mailing Address:         City:	Daytime Telephone Number:			
Owner's Mailing Address:	Owner Information (If different from insured)			
City:        State:       Zip:         Social Security Number / EIN:        Date of Birth / Trust:	Full Legal Name (First, Middle, Last or Trust/Corporation Name):			
Social Security Number / EIN: Date of Birth / Trust:	Owner's Mailing Address:			
	City:	State:	Zip:	
Daytime Telephone Number:	Social Security Number / EIN:	Date of Birth / Trust:		
	Daytime Telephone Number:			

## **Representative Information**

1. I (the undersigned) am the owner of the life insurance policy/ies identified above. By this form, I am authorizing you to appoint the individual named below as the agent of record with respect to the above-referenced policy/ies.

This appointment is for policy servicing from this point forward, as there can be no assumption of responsibility for past investment and/or policy performance, nor suitability of this insurance at the point of purchase.

This form also constitutes your authority to furnish all information requested as it pertains to my/our insurance contracts, rates, surveys, reserves, retentions, rating schedules, claim assistance, and all other financial data he/she may wish to acquire for his/her study of my/our present and future requirements in connection with the life insurance policies to which this letter applies. Such information includes, but is not limited to:

- <u>Personal information</u>: including, but not limited to, names, addresses, Social Security numbers, financial and employment history.
- Information about transactions with the company: such as products purchased, account balances, payment history, policy changes, beneficiary designations, loan history.
- Information collected from consumer reporting agencies: such as credit history, credit scores, driving or employment records.
- <u>Policy Information</u>: Policy values (Face Amount, Death Benefit, Cash Values, Loan Values), inforce illustrations, current policy summaries, historical statements.

## **Authorizations and Signatures**

I certify that the information provided on this form is complete and correct.

Owner/Trustee Signature	Date	Joint Owner/Trustee Signature	
Owner/Trustee Printed Name		Joint Owner/Trustee Printed Name	
Agent Signature		Agent Code or SSN	
Printed Name		Date	