



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • FAX (888) 255-2060

**SERVICING AGENT
CHANGE REQUEST**

Name of requested agent _____ Agent no. _____
First Middle Last

Agent address _____
Street Address City State ZIP+4

Agent phone no. () _____ Agent fax no. () _____

The agent listed above has reviewed with me the coverage I have on the policies listed below, and I wish to request that this agent be appointed as my new servicing agent. This request rescinds all previous appointments and will remain in force until the earlier of: 1) cancelled by me in writing or 2) the agent is no longer active with Assurity Life Insurance Company.

The following policies are affected by this change *(please list policy numbers and name of Insured below)*

NOTE: A separate form must be used for each policyowner.

Policy No.

Insured's Name

_____	_____
_____	_____
_____	_____

Name of Owner (please print)

Signature of Owner

Date (MM/DD/YYYY)

