

Agent of Record Change

Name of Owner(s): _____ Name of Insured(s): _____

Address: _____ Telephone: _____

List all Assumption Life products you wish to transfer to your new Agent of Record:

Name of Product: _____ Name of Product: _____
 Policy Number: _____ Policy Number: _____

Information on current Agent of Record

Full name of current Agent of Record: _____

Reason for appointing a new Agent: _____

Information on new Agent of Record

Full Name of new Agent: _____

Telephone: _____

Agent's business/agency name: _____

New Assumption Life Agent Code (field optional): _____

Signatures

By appointing the new Agent of Record, the owner(s) identified above acknowledge and agree that:

- 1- Assumption Life will inform the current Agent of Record and its General Agency of such change;
- 2- Assumption Life will give access to your personal information and record to your new Agent of Record;
- 3- Your new Agent of Record will be responsible for providing you with the services you need pertaining to your insurance policy with Assumption Life;

*If the owner is a body corporate (corporation, association, etc.), the signature and title of the authorized individuals are required.

 Signature of Owner(s) *Title Date

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