ASSURITY® LIFE INSURANCE COMPANY
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ASSURITY® LIFE INSURANCE COMPANY OF NEW YORK
(844) 401-7585 • FAX (888) 255-2060
Admin. Office • Post Office Box 82533, Lincoln, NE 68501-2533

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previous appointments and will remain in force until the earlier of: 1) cancelled by me in writing or 2) the agent is no longer active with Assurity.

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

Policy No.	Insured's Name

_____
Name of Owner (please print)

_____ / /
Signature of Owner *Date (MM/DD/YYYY)*

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