

# Servicing Agent Change Request Form

Products and financial services provided by  
The State Life Insurance Company\*  
a OneAmerica® company  
One American Square, P.O. Box 6003  
Indianapolis, IN 46206-6003  
1-844-614-3167, option 1



Date \_\_\_\_\_

Policy Number	First 5 Letters of Owner's Last Name	New Servicing Agent Code

**To be completed by new Servicing Agent and Owner:**

As the new servicing agent, I accept the assignment of the above named owner as their new servicing agent. I further certify that all the information shown above is correct and completed to the best of my knowledge. I also understand the individual policy information will not be visible in OneSource Online until the effective date of the change.

\_\_\_\_\_  
New Servicing Agent's Signature

\_\_\_\_\_  
New Servicing Agent's Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Owner's Phone

**Email to [servrep.corpfin@oneamerica.com](mailto:servrep.corpfin@oneamerica.com)**