



Change Request Form

For Life Policies and/or Annuity Contracts

P. O. Box 5068, Clearwater, FL 33758-5068

Ph: 800-443-9975, ext. 123-6545 Fax: 727-299-1765

Request Type:

- Change of Representative
- Change of Dealer

PLEASE TYPE OR PRINT WITH BLACK INK

Date: _____

Policy/Contract Number

Insured/Annuitant Name

Address

City State Zip Code

Policy/Contract Owner's Signature _____

Policy/Contract Owner's signature is required

PREVIOUS DEALER OF RECORD

NEW DEALER OF RECORD

Dealer Name _____

Dealer Name _____

Address _____

City State Zip

City State Zip

New REPRESENTATIVE

Last Name First Name Middle Initial

Transamerica Premier Life Insurance Company Agent Number /TFLIC Agent Number Signature of Agent