



USFL
PO BOX 1419
Charlotte NC 28201-1419
Phone: 800-959-3894

AGENT OF RECORD CHANGE FORM

The undersigned policy owner hereby authorizes U.S. Financial Life Insurance Company to change the agent of record on the following policies from _____ (Writing Agent) to _____ (Replacing Agent).

Policy No.: _____

Insured: _____

Policy No.: _____

Insured: _____

Owner Signature: _____
Date

Owner Name (Printed) _____
Date

State of _____:

NOTARY ACKNOWLEDGMENT

: ss

County of _____:

On this _____ day of _____, 20____, before me personally appeared _____, the Policy Owner, whose identity I have verified, who acknowledged his/her signature above and acknowledged same to be his/her voluntary act and deed.

(Seal)

Notary Public, State of _____

My Commission expires: _____

AGENT ACCEPTANCE

The undersigned agent accepts the appointment as agent for the above policies and agrees to service this insured. The undersigned further acknowledges that renewal commissions will continue to be paid to the writing Agent, unless the commissions are voluntarily assigned by the writing agent, below or on a separate assignment form.

Signature - Replacing Agent Date

ASSIGNMENT OF COMMISSIONS:

The undersigned agent hereby assigns and transfers to _____, the replacing agent, the following percentage of renewal commissions on the above designated policies _____.%

Witness _____
Date

Signature - Writing Agent Date

State of _____:

NOTARY ACKNOWLEDGMENT

: ss

County of _____:

On this _____ day of _____, 20____, before me personally appeared _____, the writing agent, whose identity I have verified, who acknowledged his/her signature above and acknowledged same to be his/her voluntary act and deed.

(Seal)

Notary Public, State of _____

My Commission expires: _____