EQUITABLE

Agent of Record Change Request

Note: This form must be completed by the current agent of record or the Brokerage General Agency for the agent. All advisors must be properly licensed and appointed on or before the effective date.

Type of Request: **One box must be checked for us to proceed**

- ☐ Future Transactions ONLY-if the agent will receive future commissions
- ☐ Servicing Agent added only

Section 1: Policy Information:

Policy Number	
Primary Insured Name	
Product Type	
Issue State	

Section 2: Current Agent of Record:

Name	
Agent Code	
Last 4 SSN	

Section 3: New Agent of Record:

New Agent Name	
Agent Code	
Last 4 SSN	

Section 4: Signatures:

New Agent Signature		Date:
Client Signature		Date:
Authorizing Authority Signature		Date:

Section 5: Contact Person:

Name of Contact Person	Email, Phone

Please return completed form to lifecomp@equitable.com. If you have questions, please call 800-924-6669, Option 4.