Request to Change Servicing Financial Professional

Brooke Life Insurance Company®

Home Office: Lansing, Michigan
www.jackson.com

JACKSON®
NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan
www.jackson.com

First Class Mail: P.O. Box 26247
Lansing, MI 48909-6247

Overnight Mail: 1 Corporate Way
Lansing, MI 48951

Customer Care: 800-565-0547, ext 26299
Fax: 866-908-2878
Email: customercare@jackson.com

USE DARK INK. PRINT OR TYPE.

Owner's Name	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Joint Owner's Name	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Annuitant's Name	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	Social Security Number

Contract Number(s)

1. Contract Number (10 characters, include zeros)

Linking/BIN/Brokerage Account Number (if applicable)

Check one box only. ☐ Life ☐ Annuity

Check one box only. ☐ New Application ☐ Existing Contract

2. Contract Number (10 characters, include zeros)

Linking/BIN/Brokerage Account Number (if applicable)

Check one box only. ☐ Life ☐ Annuity

Check one box only. ☐ New Application ☐ Existing Contract

3. Contract Number (10 characters, include zeros)

Linking/BIN/Brokerage Account Number (if applicable)

Check one box only. ☐ Life ☐ Annuity

Check one box only. ☐ New Application ☐ Existing Contract

4. Contract Number (10 characters, include zeros)

Linking/BIN/Brokerage Account Number (if applicable)

Check one box only. ☐ Life ☐ Annuity

Check one box only. ☐ New Application ☐ Existing Contract

Are the contract(s) moving from another Broker Dealer? ☐ **Yes** ☐ **No**

If yes, is an ownership or custodian change included with this request? ☐ **Yes** ☐ **No**

Please designate the following Financial Professional(s) to service the contract(s) indicated (Signatures Required):

Note: Each financial professional must have an active state appointment/line of authority with Jackson National Life Insurance Company® or Brooke Life Insurance Company® in either the contract issue state or the client's resident state for this request to be processed.

Note: Commission splits must be full percentages totaling 100%.

Broker Dealer/Agency Name

Oakwood Capital Securities Inc.

Broker Dealer Signature of Authorized Signer | Date Signed (mm/dd/yyyy)

1. Primary Financial Professional's Name (First) | (Middle) | (Last) | Jackson Assigned ID | Percentage %

Address (number, street) | City | State | ZIP Code | NPN or CRD Number

Primary Financial Professional's Signature | Date Signed (mm/dd/yyyy)

2. Financial Professional # 2 Name (First) | (Middle) | (Last) | Jackson Assigned ID | Percentage %

Address (number, street) | City | State | ZIP Code | NPN or CRD Number

Financial Professional # 2 Signature | Date Signed (mm/dd/yyyy)

3. Financial Professional # 3 Name (First) | (Middle) | (Last) | Jackson Assigned ID | Percentage %

Address (number, street) | City | State | ZIP Code | NPN or CRD Number

Financial Professional # 3 Signature | Date Signed (mm/dd/yyyy)

4. Financial Professional # 4 Name (First) | (Middle) | (Last) | Jackson Assigned ID | Percentage %

Address (number, street) | City | State | ZIP Code | NPN or CRD Number

Financial Professional # 4 Signature | Date Signed (mm/dd/yyyy)

Client Signatures

Owner's Signature | Date Signed (mm/dd/yyyy)

Joint Owner's Signature | Date Signed (mm/dd/yyyy)