

Important Commission Information

Regarding Servicing Agent Change Request

Attached you will find the Servicing Agent Change/Premium Increase form. If your client is requesting a servicing agent change, please be aware of the following:

- Commission on a policy is vested to the original writing agent; therefore,
 - Commission is not guaranteed to a new servicing agent.
- Commission will be paid to the new servicing agent only if there is an increase in purchase payment(s)/premium(s) which exceeds any contribution from prior years.
- In order for a servicing agent to receive commissions when transferring or rolling over funds into an existing policy, the servicing agent must attach an explanation and include the anticipated dollar amount and transfer date.
 - Failure to provide an explanation will result in no commission being paid to the servicing agent.

The information below **MUST** be completed for all requests. (please print)

Current Agent of Record Information

Agent Name _____
(First Name) (Middle Initial) (Last Name)

Agent Number _____

Contract Owner Information

Owner Name _____
(First Name) (Middle Initial) (Last Name)

Contract Number(s) _____ Owner SSN _____
(Please list all contract numbers. If additional space is needed, use the back of this form.)

SERVICE AGENT CHANGE REQUEST – Please read and complete the information below. (please print)

Change Service Agent To _____
(First Name) (Middle Initial) (Last Name)

Agent Number _____ SSN _____

Phone Number _____ Email Address _____

I wish to make a service agent change on contract number(s) _____
(Please list all contract numbers. If additional space is needed, use the back of this form.)

Contract Owner's Signature _____ Date _____

PURCHASE PAYMENT/PREMIUM INCREASE REQUEST – Complete the information below. (please print)

Please note that if there is a planned increase in purchase payment(s)/premium(s), the section below must be completed.

Agent Number _____ Start Date _____

Current Annual Contribution \$ _____

New Annual Contribution \$ _____ = _____ X _____
New Monthly Contribution Number of Pay Periods

Agent Signature _____ Date _____

Please return completed form to: Attn: Commissions, P.O. Box 5420, Cincinnati, Ohio 45201-5420

Email: annuitycommissions@mmascend.com