

Annuity Forms Information Cover Sheet



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- We do not accept completed forms via email.

Processing Guidelines

Variable Surrenders

Once the request is received in good order prior to the close of the New York Stock Exchange, it will be processed the same business day. A check will be received in approximately 10 business days, or 3 business days for EFT.

Fixed Surrenders

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Enrollments and Other Forms

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Fax Number and Mailing Addresses

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Fax:	For private express mail with tracking number:	For standard mail delivery without tracking number:
1-860-380-3280	Talcott Resolution - Annuity Service Operations 6716 Grade Ln., Building 9, Suite 910 Louisville, KY 40213	Talcott Resolution - Annuity Service Operations P.O. Box 14293 Lexington, KY 40512-4293

Contact Information

Clients:	Investment Professional:	Online:
Call 1-800-862-6668	Call 1-800-862-7155	www.talcottresolution.com

Talcott Resolution consists of Talcott Resolution Life, Inc., a holding company for a group of insurance and non-insurance subsidiaries that administers life and annuity products previously sold or acquired. These insurance companies include Talcott Resolution Life Insurance Company, Talcott Resolution Life and Annuity Insurance Company, American Maturity Life Insurance Company and Talcott Resolution International Life Reassurance Corporation.

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Registered Representative Individual Annuity Change Request



Use this form if you want to change the Registered Representative on a block of business, a list of contracts or an individual contract.

Section A - Select line of business (required)

- ☐ Individual contract (complete Sections B, C, D & E)
- ☐ Block transfer of all Registered Representative's contracts (complete Sections F, G, H & I)

Section B - Contract owner information (individual contracts only)

Contract number	Firm customer account number	Annuitant's name (if different from the contract owner)
Contract owner's name	Contract owner's Social Security or Tax Identification Number	
	- -	
Joint Contract owner's name	Contract owner's telephone number (area code first)	
Contract owner's email address		

Section C - New Registered Representative information (individual contracts only)

Note: Commission percentages will be distributed evenly between representatives unless otherwise noted. If more than one registered representative is assigned to the contract, please fill in the commission percentage for each. The commission percentages must add up to 100 and a commission percentage cannot be zero.

Name	Email address	Social Security Number	NPN or CRD number	Commission %
1.				%
2.				%
3.				%

Broker Dealer/Clearing firm name				
Branch telephone number (area code first)		Branch fax number (area code first)		
Branch street address	City	State	ZIP Code	



Section D - Registered Representative transaction authorization (individual contracts only)

Complete this section to designate our Registered Representative to request the following transactions on your behalf:

- sub-account transfers
- contract reallocations
- future allocations
- enrollment update

Do not use this form if you want to designate your Registered Representative to process Telephone Redemptions or Internet Partial Withdrawals. Please complete the Paperless Partial Withdrawal Authorization form (SR-1007). Please note, the Registered Representative must complete a full security check when accessing the contract with us. Please see your contract and/or prospectus for details on restrictions.

- ☐ I designate my Registered Representative(s) listed in Section C to process the above transactions on my behalf.
- ☐ I designate only the Registered Representative(s) indicated in the table below to process the above transactions on my behalf.
- ☐ I do not wish to designate my Registered Representative(s) to process the above transactions on my behalf (this option will apply if none of the options are chosen)

Designated Broker's Name

Section E - Signatures (individual contracts only)

The Contract Owner(s) signature(s) are required:

- if the request is to change the representative **and** firm, OR
- if Section D - Registered Representative Transaction Authorization is completed

A Branch Manager's signature is acceptable if the change is within the same firm, but cannot designate the Registered Representative to process transactions in Section D.

Contract owner signature			Date (mm/dd/yyyy)
Joint contract owner signature (if applicable)			Date (mm/dd/yyyy)
Medallion signature guarantee (required for POA)			Date (mm/dd/yyyy)
Authorized manager's signature	Print name	Title	Date (mm/dd/yyyy)

Section F - Previous Registered Representative information (block transfers only)

Previous Registered Representative's name	Social Security Number	Name of firm
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Section G - New Registered Representative information (block transfers only)

Note: Commission percentages will be distributed evenly between representatives unless otherwise noted. If more than one registered representative is assigned to the contract, please fill in the commission percentage for each. The commission percentages must add up to 100 and a commission percentage cannot be zero.

Name	Email address	Social Security Number	NPN or CRD number	Commission %
1.				%
2.				%
3.				%

Section H - New firm information (block transfers only)

Broker Dealer/Clearing firm name			
Branch telephone number (area code first)		Branch fax number (area code first)	
Branch street address	City	State	ZIP Code

Section I - Authorized signatures (block transfers only)

Please note, if requesting a block transfer and client signatures have not been provided, the releasing firm must comply with FINRA Rule 04-72 and authorized signatures from both the Accepting and Releasing Firms must be provided below.

Releasing firm authorization		Accepting firm authorization	
Authorized signature *	Date (mm/dd/yyyy)	Authorized signature	Date (mm/dd/yyyy)
Authorized name and title (please print)		Authorized name and title (please print)	
Firm name		Firm name	

*This transfer meets FINRA Rule 04-72 requirements

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Producer Data Form

A copy of your current insurance license must accompany this form.

NOTE: We may perform an investigative search into a producer's character and criminal history, as required by state insurance regulations.

Section A - Business Line Information

Select only the business line(s) in which you plan to conduct business:

- ☐ Individual Variable Annuity (IVA)
 ☐ Individual Fixed Annuities (non-registered)
 ☐ Group Variable Annuity (GVA-Government)
 ☐ Group Pension - Corporate 401k / Institutional (GP)

Section B - Producer information

Writing Producer	Social Security Number	NPN Number	
Date of birth	CRD number (for FINRA registered producers)		
Producer's business street address	City	State	ZIP Code
Producer's business mailing address	City	State	ZIP Code
Residence street address	City	State	ZIP Code
Business telephone number	Business fax number	Email	

Section C - Firm information

Name of firm or agency	Firm or agency Tax ID Number		
Firm mailing address	City	State	ZIP Code
Firm telephone number	Fax number		

Comments:



Section D - Producer Disclosure (please read and sign)

Notice of background check and Fair Credit Reporting Act disclosure

In connection with determining your eligibility for one or more of the following: (i) an insurance agent or producer license, (ii) to be appointed or sponsored as an agent of The Company, (iii) for any other certification or authorization to produce business with The Company, (iv) to maintain such license, appointment, certification or authorization in one or more states, and (v) receiving information necessary to service an inforce contract or policy, The Company may conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal and credit history. These terms are defined in the FCRA.

California, Massachusetts, Minnesota, New Jersey, New York, Oklahoma, Washington and Resident Insurance Agents or Producers Only: If you would like to receive a copy of your consumer report, if and when one is obtained, please check the box below.

☐ I wish to receive a copy of any credit report concerning me which is used in connection with any insurance agent or producer license, appointment, certification, or authorization I may have or seek.

For Washington residents: You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Authorization to order consumer reports

By signing below, I hereby voluntarily authorize The Company to conduct one or more background checks, including obtaining reports relating to my financial/credit, criminal, driving and licensing history, and to use those reports in connection with any insurance agent or producer license, appointment, certification, or authorization I may have or seek, whether now or in the future, in any jurisdiction. This is a continuing authorization.

Print Producer's name	Producer's Social Security Number
Producer's signature	Date

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Broker Authorization



Use this form if you want to designate your broker to process the following transactions on your behalf:

- sub-account transfers
- contract reallocations
- future allocations
- enrollment updates

Do not use this form if you want to:

- designate your broker to process Telephone Redemptions or Internet Partial Withdrawals. Please complete the Paperless Partial Withdrawal Authorization form (SR-1007).
- change the broker on your account. Please complete the Registered Representative Individual Annuity Change Request form (CU-1001).
- authorize your broker's assistant(s). Please complete the Registered Representative Assistant Authorization form (SR-1010).

Notes:

- To designate your broker on multiple contracts, each contract number must be listed in Section A or B.
- Broker Authorization does not apply to custodian owned accounts.

Section A - Contract owner information (required)

Contract number 	Annuitant's name (if different from the contract owner)
Contract owner's name	Contract owner's Social Security or Tax Identification Number - -
Joint contract owner's name	Contract owner's telephone number (area code first)
Contract owner's email address	

Section B - Additional contract numbers (if applicable)

Enter additional contract numbers to be affected by your choice to add/remove a designated broker.



Section C - Authorization information (required)

Please note, the broker must complete a full security check when accessing the contract at Talcott Resolution. This allows your broker to request sub-account transfers, contract reallocations, future allocations and enrollment update transactions, subject to all contract restrictions, on your behalf. Please see your contract and/or prospectus for details on restrictions.

Add/Remove Designated Broker	Designated Broker's Name	Designated Broker's Telephone Number
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		

Section D - Signatures (required)

Signature Requirements:

- All signatures provided must meet the following requirements
- Associated documentation must be submitted with this request if not previously provided
- Failure to meet the signature requirements may delay the processing of your request

Owner(s) - If there are joint contract owners, both contract owners must sign below. A notarized signature may be required if we are unable to verify an owner's signature.

Trustee(s) - All trustees must sign the request unless otherwise specified in the Talcott Resolution Trustee Certification form CU-1018. The Talcott Resolution Trustee Certification form must be submitted with all trustees' signatures.

Custodian or Plan Administrator - A Corporate Resolution, Talcott Resolution Non-Natural Owner Acknowledgement Form CU-1011, or supporting documentation must be provided identifying who is authorized to sign.

Guardian or Conservator - Notarized signature(s) and a Court Order appointing you as Guardian/ Conservator and the Letters of Guardianship/Letters of Conservatorship issued by the court must be submitted.

Attorney-in-Fact - Notarized signature(s) and a complete copy of the most recent Power of Attorney agreement must be submitted.

Collateral Assignee - Must be signed by current collateral assignee and provide supporting documentation identifying who is authorized to sign on behalf of the bank.

Executor/Executrix - All named executors must sign unless otherwise specified in the Letters of Testamentary/Letters of Administration. The Letters of testamentary/Letters of administration must be submitted along with the request.

Other signature requirements - For circumstances involving minors, UGMA/UTMA, third party administrators, etc. contact one of our Annuity Specialists for appropriate signature requirements.

Continued on the next page



Section D - Signatures (continued)

- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and, in the state of New York, shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner/POA/Trustee signature	<i>Notarization [required for Attorney-in-Fact (POA), Guardian or Conservator]</i>
Print name	
Title (if applicable)	
Date of signature ____ / ____ / ____ (month) (day) (year)	

Owner/POA/Trustee signature	<i>Notarization [required for Attorney-in-Fact (POA), Guardian or Conservator]</i>
Print name	
Title (if applicable)	
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