AGENT CHANGE REQUEST FORM

Mailing Address:

Talcott Resolution Life Insurance Company
Talcott Resolution Life and Annuity Insurance Company
PO Box 305033 Nashville, TN 37230-5033
Phone 800-243-5433 Fax 844-475-7017
Visit us at www.agent-servicing.com

- **You must be licensed in the client(s) issue state (if prior to policy issue), state of residence and be appointed with "Talcott Resolution" to become the Agent or Servicing Agent.**
- **Becoming the Agent will allow you to receive applicable commissions and may allow you to assist with the policy. This form must be signed by the current Agent/Broker Dealer in order for commissions to be paid to the new Agent.**
- **Becoming the Servicing Agent will allow you to assist the client with their existing policy.**
- **Agents requesting changes are responsible for obtaining all applicable signatures.**
- **This agreement is effective when received and processed by the Home Office of the Talcott Resolution.**

SECTION A: TYPE OF CHANGE (Only choose one.)

☐ **Change of Agent – Complete Sections: B, C, D and E**

☐ **Change of Broker Dealer – Complete Sections: B, C, D and E**

☐ **Change of Agent within the same Broker within the same Broker Dealer – Complete Sections: B, C, D (does not require Policy Owner Signature), and E (Accepting Only)**

☐ **Change of Agent and Broker Dealer – Complete Sections: B, C, D and E**

☐ **Change of Servicing Agent only – Complete Sections: B, C and D**

SECTION B: POLICY INFORMATION

☐ Individual policy (Complete Section C) ☐ List of policies*(List of policies must be attached) ☐ Transfer of all policies*(Complete Section E)

SECTION C: POLICY OWNER INFORMATION

Policy Number	Policy Owner Name	Insured Name (If different from the Policy Owner)
Policy Owner Signature*		Date

*By signing, you certify and acknowledge that the New Agent listed will receive information about your policy.

SECTION D: AGENT INFORMATION

Existing Agent	New Agent	Requestor
Name	Name	Name (if different from the Policy Owner)
SSN	SSN	Phone
Email	Email	Email

SECTION E: AUTHORIZED SIGNATURES FOR CHANGE OF AGENT

Authorized signatures must be proved below. The undersigned releasing Agent or Broker Dealer hereby assign and transfer over to the undersigned accepting Agent or Broker Dealer, all rights, title and interest and any charge back(s) which may incur from the policies that are designated and issued by Talcott Resolution Life and Annuity Insurance Company, Talcott Resolution Life Insurance Company (collectively referred to as "Talcott Resolution").

***For variable products, the releasing and accepting Broker Dealers' signatures below hereby represent that the request that the requested assignment and transfer complies with NASD Notice to Members 04-72("Notice"). If requesting a transfer of all policies and client signatures have not been provided with the request, the releasing Broker Dealer further represents that it has obtained each policyholder's consent to the agent change in accordance with the "Notice".**

Releasing Authorization		Accepting Authorization (Splits must total 100%)	
Agent 1/Broker Dealer		**Agent 1/Broker Dealer**	
Firm Name		Firm Name	
Signature		Signature	
Printed Name		Printed Name	
Title	Date	Title	Date

Agent 2/Broker Dealer		Agent 2/Broker Dealer	
Firm Name		Firm Name	
Signature		Signature	
Printed Name		Printed Name	
Title	Date	Title	Date

For Broker Dealers authorizing this request, the Authorized Signature must be of a person who has the authority from a Broker Dealer to sign this form.