



**MEMBERS Life
Insurance Company**

2000 Heritage Way | Waverly, IA 50677
Phone: 800.798.5500 | Fax: 608.236.8030
www.trustage.com/annuity

**REQUEST FOR A
DESIGNATED SERVICING
REPRESENTATIVE**

Doc Code: 55 | WQ: 940

I would like to assign the representative identified below as my service representative. I understand this representative is required to hold the proper licenses and registrations for my state of residence.

I realize there may be other servicing options available to me, and I may request a change in servicing arrangements. Until such time, I am requesting all appropriate service for the contracts listed below to be referred to this representative.

Contract Number	Insured Name

Representative _____ Rep. No. _____

Rep. Phone Number _____

Rep. Email _____

Owner's Name _____ Residence State _____

Owner's Signature Date _____

For questions, please contact Customer Care at 800.798.5500.