



USFL
PO BOX 1419
Charlotte NC 28201-1419
Phone: 800-959-3894

An AXA Financial Company

AGENT OF RECORD CHANGE FORM

The undersigned policy owner hereby authorizes U.S. Financial Life Insurance Company to change the agent of record on the following policies from \_\_\_\_\_ (Writing Agent) to \_\_\_\_\_ (Replacing Agent).

Policy No.: \_\_\_\_\_ Insured: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Insured: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date

Owner Name (Printed) \_\_\_\_\_ Date

State of \_\_\_\_\_:

NOTARY ACKNOWLEDGMENT

: ss

County of \_\_\_\_\_:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the Policy Owner, whose identity I have verified, who acknowledged his/her signature above and acknowledged same to be his/her voluntary act and deed.

\_\_\_\_\_(Seal)

Notary Public, State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

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AGENT ACCEPTANCE

The undersigned agent accepts the appointment as agent for the above policies and agrees to service this insured. The undersigned further acknowledges that renewal commissions will continue to be paid to the writing agent, unless the commissions are voluntarily assigned by the writing agent, below or on a separate assignment form.

\_\_\_\_\_  
Signature - Replacing Agent Date

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ASSIGNMENT OF COMMISSIONS:

The undersigned agent hereby assigns and transfers to \_\_\_\_\_, the replacing agent, the following percentage of renewal commissions on the above designated policies \_\_\_\_\_%.

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Signature - Writing Agent Date

State of \_\_\_\_\_:

NOTARY ACKNOWLEDGMENT

: ss

County of \_\_\_\_\_:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the writing agent, whose identity I have verified, who acknowledged his/her signature above and acknowledged same to be his/her voluntary act and deed.

\_\_\_\_\_(Seal)

Notary Public, State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_