



Use this form if you want to:

- Change the agent of record on a block of business, a list of contracts or an individual contract. Requests may be submitted via fax to (785) 286-6105 or via email to flic-mawf@se2.com as long as an original signature is already on file.

Important Information

- Changes become effective on the date we deem the request to be in good order.

Section A: Select Type of Change (you must complete this section)

- ☐ Individual contract (please go to Section B)
- ☐ Block transfer of all Licensed Agent's contracts (please go to Section C)
- ☐ List of contracts attached (please go to Section D)

Section B: Owner Information

Please note, this section is for single contract changes only. If you are changing the agent of record within the same agency, an agent appointed with the agency is required in Section D. If you are requesting a change of agent of record **and** agency, a client signature is required below.

Contract Number	Agent Number	Annuitant Name (if different from the Owner)	
Owner Name		Owner Social Security/ Tax I.D. Number	
Residential Address		City/Town	State Zip Code
Mailing Address (if different from above)		City/Town	State Zip Code
Owner Telephone Number	Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Owner Email Address	
Joint Owner or Trustee Name		Joint Owner Social Security Number	
Co-Trustee Name(s) (if applicable)			
Owner Signature		Date (mm/dd/yyyy)	
Joint Owner or Trustee Signature (if applicable)		Date (mm/dd/yyyy)	

Section C: Previous Agent Information (block transfers only)

Previous Agent of Record Name	Social Security Number	Name of Agency/Firm
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**Section D: New Agent Information (you must complete this section)**

Note: Commission percentages will be distributed evenly between agents unless otherwise noted. If more than one agent is assigned to the contract, please fill in the commission percentage for each.

Please provide a list of contract numbers with Contract Owner(s) names.

Name	Social Security Number	Commission Percentage
1.		
2.		
3.		

Agency Representative (*printed name*)

Agency Representative Signature

Date (*mm/dd/yyyy*)

Section E: New Marketing Organization Information (you must complete this section)

Agency Name

Email Address

Telephone Number

Fax Number

Street Address

City

State

Zip Code

Section F: Authorized Signature for Block Transfers

Please note, if requesting a block transfer and client signatures have not been provided, signatures from authorized representatives from both the Accepting and Releasing agency must be provided below.

Releasing Agency Authorization

Agency Name

Name of Authorized Representative (*please print*)

Title of Authorized Representative Individual (*please print*)

Signature of Authorized Representative

Date Signed (*mm/dd/yyyy*)

Accepting Agency Authorization

Agency Name

Name of Authorized Representative (*please print*)

Title of Authorized Representative (*please print*)

Signature of Authorized Representative

Date Signed (*mm/dd/yyyy*)

This Agent/Agency Change Request – Annuity Form can be submitted as follows:**U.S. Mail**

Forethought Life Insurance Company
P.O. Box 758507
Topeka, Kansas 66675-8507

Private Express Carrier

Forethought Life Insurance Company
Mail Zone 507
5801 SW 6th Avenue
Topeka, Kansas 66636

Via Fax

Requests may be submitted via fax to (785) 286-6104 provided your signature is already on file.

Questions? Please Call our Annuity Service Center: (866) 645-2449