



USFL  
PO Box 3016  
Monroe, WI 53566-3016  
Phone: 800-959-3894  
Fax: (803)-233-3725

**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 Number \_\_\_\_\_ Insured \_\_\_\_\_

Policy Number \_\_\_\_\_ Insured \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name (Printed) \_\_\_\_\_

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

**NOTARY ACKNOWLEDGEMENT**

: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 the 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

.....  
**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 ACKNOWLEDGEMENT**

:SS

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



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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: \_\_\_\_\_