



# Change of Producer Authorization Form

For questions or help with this form, call us at **877-253-2323**.  
Throughout this form, “the Company” refers to the issuing company.<sup>1</sup>

## 1 Contract Information (please print clearly)

Contract Number

Owner

SSN/TIN

## 2 Producer Information (please print clearly)

Please accept this letter as your authorization to change the producer(s) of record on the above listed policy(ies):

From:

Former Firm

Former Producer

To:

Current Firm

Primary Producer (last, first, middle initial)

Shared Commission Percentage\*

%

Producer Number

Social Security Number

Address (number and street)

Telephone Number

City

State

Zip Code



<sup>1</sup> Delaware Life Insurance Company is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group1001.

© 2018 Delaware Life Insurance Company. All rights reserved.

## 2 Producer Information (continued)

Current Firm		
Primary Producer (last, first, middle initial)		Shared Commission Percentage* %
Producer Number		Social Security Number
Address (number and street)		Telephone Number
City	State	Zip Code

Current Firm		
Primary Producer (last, first, middle initial)		Shared Commission Percentage* %
Producer Number		Social Security Number
Address (number and street)		Telephone Number
City	State	Zip Code

☐ Please check this box and attach an additional form for additional producers.

**Note:** The new Firm must have an active annuity sales agreement with the Company. Producer(s) must be affiliated with the new Firm and currently appointed with the Company through the new Firm. The new Firm must have an active annuity sales agreement with the Company. Producer(s) must be affiliated with the new Firm and currently appointed with the Company. If shared percentages are not selected for multiple producers, the primary producer will receive the higher percentage of an equal division of 100%. If only one producer is referenced then the default percentage will be 100%. With the exception of the change of Firm and/or producer(s), I understand that this does not alter my account in any way and there is no charge connected with these changes.

To the extent permitted by the Distributor Firm of record on this contract, if the owner(s) previously authorized the producer of record on this contract and any producer of record servicing this account in the future, and his/her/their designees to initiate transfers among available sub-accounts and fixed guarantee periods and changes to investment allocation in this contract, that authorization will remain in effect until revoked in a manner acceptable to the Company.

## 3 Producer Teams (if applicable)

Team ID
Team Name

## 4 Broker Identification Information (if applicable)

Broker Identification Number
------------------------------

## 5 Signature (required)

Producer Change Only (one of the following signatures is required):

Owner's Signature X	Please Print Name	Date (mm/dd/yyyy)
Joint Owner's Signature (if applicable) X	Please Print Name	Date (mm/dd/yyyy)
Manager Signature (if applicable) X	Please Print Name	Date (mm/dd/yyyy)
Please Print Title		

Firm Change with/without Producer Change (both of the following signatures are required):

Releasing Manager Signature X	Please Print Name	Date (mm/dd/yyyy)
Please Print Title (if applicable)		
Accepting Manager Signature X	Please Print Name	Date (mm/dd/yyyy)
Please Print Title (if applicable)		

## Contact Us

### By mail

Delaware Life  
P.O. Box 758581  
Topeka, KS 66675-8581

### By express mail

Delaware Life  
Mail Zone 581  
5801 SW 6th Avenue  
Topeka, KS 66636

### By fax

785-286-6118

### Online

[delawarelife.com](http://delawarelife.com)

### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT