

Administrative Office: P.O. Box 5363 Cincinnati, Ohio 45201-5363 877.446.6020 nslac.com

| Contract Number | Annuitant | Owner(s) |
|---|---|--|
| • | sentative Information | a nevertage in order to service the centract. This request can only be |
| | | percentage in order to service the contract. This request can only be e(s) have an active selling agreement with National Security. |
| Broker/Dealer Name: | | |
| New Representative: | | Commission % |
| New Representative: | | Commission % |
| New Representative: | | Commission % |
| individual(s) listed above. | authorization to change the service | cing representative on the above-referenced contract number to the |
| Signature of Owner* | | Date Signed |
| Signature of Joint Owne | er (if applicable)* | Date Signed |
| By initialing, The National instructions from any pers reasonable procedures to National Security Life and | on(s) who can furnish proper iden confirm that these instructions are | y is authorized and directed to act on telephone and/or internet tification. The National Security Life and Annuity Company will use authorized and genuine. As long as these procedures are followed, Thirectors, trustees, officers, employees, representatives and/or agents, |
| | | w representative(s) named above and/or the Branch Manager |
| New Servicing Representa | ative Address: | |
| | | |
| Telephone Number: | | Email address: |

Date Signed

Date Signed

Linking Number:_____

Signature of New Servicing Representative (Primary)

Form V-4612-NSLAC Rev. 1-18

Signature of Branch Manager

^{*}If trust, company, or plan owned an authorized person must sign with appropriate title.