



National Security Life and Annuity Company  
P.O. Box 5363  
Cincinnati, Ohio 45201-5363  
Telephone: 877.446.6020  
Fax: 513.794.4730

**Representative of Record/Broker Dealer Change Request**  
(For use changing the Representative of Record on an existing annuity contract.)

Annuity Contract Number	Annuitant	Owner(s)
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**New Representative Information**

Each named representative must have an active commission percentage in order to service the contract. This request can only be honored if both the broker/dealer and named representative(s) have an active selling agreement with National Security.

**Broker/Dealer Name:** \_\_\_\_\_

- |                                   |                    |
|-----------------------------------|--------------------|
| 1) New Representative Name: _____ | Commission % _____ |
| 2) New Representative Name: _____ | Commission % _____ |
| 3) New Representative Name: _____ | Commission % _____ |

Please accept this form as authorization to change the servicing representative on the above-referenced contract number to the individual(s) listed above.

_____ Signature* of Owner**	_____ Date signed	_____ Daytime phone number
_____ Signature* of Joint Owner** (if applicable)	_____ Date signed	_____ Daytime phone number

**Portfolio Transfer Authorization** (Owner/Owners must initial): \_\_\_\_\_

By initialing, The National Security Life and Annuity Company is authorized and directed to act on telephone and/or internet instructions from any person(s) who can furnish proper identification. The National Security Life and Annuity Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, The National Security Life and Annuity Company, our affiliates, directors, trustees, officers, employees, representatives and/or agents, will be held harmless for any claim, liability, loss or cost.

Section II: New Representative Acceptance

**New Servicing Representative Signature**

**NOTE:** This section must be completed and signed by the new primary representative named above and/or the Branch Manager acknowledging appointment.

**New Servicing Representative Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

_____ Signature of New Servicing Representative (primary)	_____ Date signed
_____ Signature of Branch Manager	_____ Date signed

**Linking Number:** \_\_\_\_\_

\*If signing pursuant to a power of attorney, you must indicate this after signature (e.g., POA, Attorney-in-Fact, etc.).

**\*\*Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless the National Security Life and Annuity Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by National Security's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.