



AuguStar® Life Insurance Company

Representative of Record/Broker Dealer

Change Request

Form #: V-4612

Regular Mail

AuguStar Financial
P.O. Box 5308
Cincinnati, OH 45201-5308

Overnight Delivery

AuguStar Financial
4526 Cornell Rd
Blue Ash, OH 45241

Fax: 513.794.4730

Email: documentcenter@augustarfinancial.com

Phone: 888.925.6446

Website: augustarfinancial.com

Representative of Record/Broker Dealer Change Request

Annuity Contract Number: _____

Annuitant Name: _____

Owner Name: _____

New Representative Information

Each named representative must have an active commission percentage 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 AuguStar. Please accept this form as authorization to change the servicing representative on the above-referenced contract number to the individual(s) listed above.

Broker/Dealer Name: _____

1) **New Representative Name:** _____

Commission % _____

2) **New Representative Name:** _____

Commission % _____

3) **New Representative Name:** _____

Commission % _____

Portfolio Transfer Authorization

Owner(s) must initial: _____

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

Owner(s) Signature(s)

Owner Name (print)

Phone Number

Signature* of Owner**

Date

Joint Owner Name (print), if applicable

Phone Number

Signature* of Joint Owner**, if applicable

Date

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 the appointment.

New Servicing Representative Address: _____

Telephone Number: _____

Email Address: _____

Signature of New Servicing Representative (primary)

Date

Signature of Branch Manager

Date

Linking Number: _____

***Certification:** I/We hereby certify that I/we, the above-signed, am/are the Owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I/we am/are an authorized signatory thereof and that this request is being submitted in my/our capacity as an authorized signatory of the trust, custodial account, corporation or partnership. I/we agree/s, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless the AuguStar, 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 AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

****If signing pursuant to a power-of-attorney, guardian, or conservator, you must indicate this after the signature (e.g. Attorney-in-Fact, Guardian, Conservator, etc.)**