



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 %** \_\_\_\_\_

**Producer ID/Writing Code (optional)** \_\_\_\_\_

2) **New Representative Name:** \_\_\_\_\_

**Commission %** \_\_\_\_\_

**Producer ID/Writing Code (optional)** \_\_\_\_\_

3) **New Representative Name:** \_\_\_\_\_

**Commission %** \_\_\_\_\_

**Producer ID/Writing Code (optional)** \_\_\_\_\_

**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

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**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.)**