## **USAble. Life** GROUP AGENCY/AGENT OF RECORD (AOR) CHANGE FORM

## (Please print clearly.)

AGENCY LICENSE #

## TO BE COMPLETED BY AGENCY OR AGENT:

## Any change of an AOR designation must be accepted by USAble Life in order to be binding on USAble Life.

USAble Life will make AOR change requests received for Group Products effective within thirty (30) days of receipt of a completed AOR form. Commissions paid in advance of the AOR change will not be recaptured from the prior agency or agent. No change will be permitted on a retroactive basis.

AGENT LICENSE #

DATE

PHONE #	DATE
AGENT NAME	AGENCY NAME
AGENCY OR AGENT SIGNATURE	
TO BE COMPLETED BY THE GROUP:	
The Group hereby confirms that the above-named Agency or Agent (Please check one) is to be named as its AOR for USAble Life issued products and shall be entitled to all Commissions in return for services rendered on our behalf with regard to our contract(s) with USAble Life. This designation replaces any other AOR designation previously made. The Group hereby authorizes USAble Life to release any and all necessary information to the above-named Agency or Agent in order to complete the AOR change requested.  GROUP'S REASON FOR CHANGING THE AOR (MUST BE COMPLETED BY THE GROUP):	
(GROUP DECISION MAKER AND TITLE)	
NAME OF GROUP	PHONE #
GROUP NUMBER(S)	

Return completed form to:

**AUTHORIZED SIGNATURE** 

USAble Life P.O. Box 1650 Little Rock, AR 72203-1650 aor\_processing@usablelife.com

NAME AND TITLE OF PERSON SIGNING