



Zurich American Life
 Insurance Company (ZALICO)
 Administrative Offices:
 PO Box 64361
 St. Paul MN 55164-0361
 (800)449-0523

Insurance & Annuity Change of Broker/Dealer-Agent Authorization

For Agent of Record Change Requests within the same B/D please complete sections A, C, & D. For Agent of Record Change Requests between two B/D's please complete sections A, B, & D.
 For Block Transfers please check the box in section A below and complete section B and D or C and D.

A: Contract Owner(s) Information

Contract Owner(s) Name

Contract Owner(s) Current Address

Policy or Contract Number(s) to be transferred

New Agent's Phone Number

OR

Check here if this is a block transfer – all policies to be transferred.

B: To Change Broker/Dealer on a Client's Policy

Please transfer the above referenced contract(s) from the previous broker/dealer to the new broker/dealer.

Previous Agent

New Agent

Previous Broker/Dealer

New Broker/Dealer

National Producer Number (NPN)

CRD

New Branch Address

Street Address/Suite #

City

State

Zip

C: To Change the Agent (Within the Same B/D) on a Client's Policy

Please change (reassign) the above referenced policy(ies) or contract(s) to a new agent, giving authority to act as Agent under terms set forth in the original application.

Broker/Dealer Name

Previous Agent Name

New Agent Name

New Agent National Producer Number (NPN)

CRD

New Branch Address (For receipt of client's statements)

Street

City

State

Zip

D: Signatures (One or More of the Following Must be Signed)

Owner Signature

Date

Joint Owner (if applicable)

Date

Previous Agent Signature

Date

Branch Manager Signature

Date