GAINBRIDGE

Issued by **Gainbridge Life Insurance Company**
PO Box 80242
Indianapolis, IN 46280
Gainbridge.io

Agent/Firm Change Form

For questions or help with this form, please call 866-421-3125

Throughout this form, Gainbridge Life Insurance Company is referred to as “the Company”.

Contract Information (please print clearly)

Contract Number	
Owner	SSN/TIN
Joint Owner (if applicable)	SSN/TIN

Agent Information

Please accept this letter as your authorization to change the agent(s) of record on the above listed contract(s):

From:

Former Firm
Former Agent

To:

Current Firm		
Primary Agent (last, first, middle initial)		
National Producer Number (NPN)		SSN
Address (number and street)		Phone Number
City	State	Zip Code

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Current Firm		
Primary Agent (last, first, middle initial)		
National Producer Number (NPN)		SSN
Address (number and street)		Phone Number
City	State	Zip Code

Current Firm		
Primary Agent (last, first, middle initial)		
National Producer Number (NPN)		SSN
Address (number and street)		Phone Number
City	State	Zip Code

☐ Please check this box and attach an additional form for additional agents.

Note: The new Firm must have an active sales agreement with the Company. Agent(s) must be affiliated with the new Firm and currently appointed with the Company through the new Firm. With the exception of the change of Firm and/or agent(s), I understand that this does not alter my contract in any way and there is no charge connected with these changes.

Broker Identification Information (if applicable)

Broker Identification Number

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Signature (required)

Agent Change Only (one of the following signatures is required)

Signature of Owner

Date (MM/DD/YYYY)

Please print Owner Name

Signature of Joint Owner (if applicable)

Date (MM/DD/YYYY)

Please print Joint Owner Name

Signature of Authorized Person

Date (MM/DD/YYYY)

Please print Authorized Person Name and Title

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Firm Change with/without Agent Change (either the Owner or the Accepting/Releasing Firm signatures are required):

Signature of Owner

Date (MM/DD/YYYY)

Please print Owner Name

Signature of Joint Owner (if applicable)

Date (MM/DD/YYYY)

Please print Joint Owner Name

Signature of Authorized Person of Releasing Firm

Date (MM/DD/YYYY)

Please print Authorized Person Name and Title