

Agent Change Form

For questions or help with this form, call us at **800-990-7626**.
Throughout this form, "the Company" refers to the issuing company.¹

1 Contract Information (please print clearly)

Contract Number
Owner
Joint Owner (if applicable)

2 Agent Information (please print clearly)

Only one agent can be authorized on any contract. Written confirmation of this change will be sent to contract owner's address on record and to both the existing agent and new agent. Please accept this form as your authorization to change the agent who will be elected to service the above listed contract(s):

New Agent Information:

Company Agent Number		
Agent Name (last, first, middle initial)		
National Producer Number (NPN)		
Address (number and street)	Phone Number	
City	State	Zip Code
Reason for Change		

¹ Clear Spring Life and Annuity Company is authorized to transact business in all states (except New York) and is a member of Group1001. Clear Spring Life and Annuity Company is responsible for its own financial condition and contractual obligations.

3 Signature (required)

- I/we understand the new Agent must have an active appointment with the Company and be in good standing.
- I/we understand that this does not alter my contract with the Company in any way and there is no charge associated with these changes.
- I/we understand this authorization will remain in effect until revoked in a manner acceptable to the Company.
- I/we understand and agree that the Company may terminate this authorization at its discretion at any time without prior notice. Otherwise, this authorization will remain in effect until the Company receives a revocation of authorization for Agent Change in a form acceptable by the company.
- I/we agree to indemnify and hold the Company and its directors, officers and employees harmless from all liabilities and costs, including attorney fees, which it may incur by relying on this authorization.

Owner Signature X	Please Print Name	Date (mm/dd/yyyy)
Joint Owner Signature (if applicable) X	Please Print Name	Date (mm/dd/yyyy)
New Agent Signature X	Please Print Name	Date (mm/dd/yyyy)

Contact Us

By mail

Clear Spring Life and Annuity Company
P.O. Box 80509
Indianapolis, IN 46280-0428

By express mail

Clear Spring Life and Annuity Company
10555 Group 1001 Way
Zionsville, IN 46077

By fax

317-574-2050

By email

customerservice@clearspringlife.com

By phone

Customer Service **800-990-7626** M-F 8:00 a.m.-5:00 p.m., ET