



AuguStar Life Insurance Company
 AuguStar Life Assurance Corporation
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Representative of Record/Broker Dealer Change Request

Contract Number	Annuitant	Owner(s)
*Owner(s) Address		

Section I: New Representative Information

Each named representative must have an active commission percentage in order to service the contract. This request can only be honored if both the broker/dealer and named representative(s) have an active license with AuguStarSM.

Broker/Dealer Name: _____

New Representative: _____ Commission % _____

New Representative: _____ Commission % _____

New Representative: _____ Commission % _____

Please accept this form as authorization to change the servicing representative on the above-referenced contract number to the individual(s) listed above.

Signature of Owner**

Date Signed

Signature of Joint Owner (if applicable)**

Date Signed

Portfolio Transfer Authorization (*Owner/Owners must initial*) _____

By initialing, AuguStarSM Life Insurance Company is authorized and directed to act on telephone and/or internet instructions from any person(s) who can furnish proper identification. AuguStarSM Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, AuguStarSM Life Insurance Company, our affiliates, directors, trustees, officers, employees, representatives and/or agents, will be held harmless for any claim, liability, loss or cost.

Section II: New Representative Acceptance

NOTE: This section must be completed and signed by the new representative(s) named above and/or the Branch Manager acknowledging appointment.

New Servicing Representative Address: _____

Telephone Number: _____

Email address: _____

Signature of New Servicing Representative (Primary)

Date Signed

Signature of Branch Manager

Date Signed

Linking Number: _____

*The Owner(s) Address is required if the owner(s) reside in Maryland.

**If you are 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.)

*****Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless The AuguStarSM Life Insurance Company, 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.