change form Agent of Record

LC-AORCHG I2-ALICREP

Ameritas Life Insurance Corp.
Individual Division / P.O. Box 81889, Lincoln, NE 68501-1889 / Toll Free 800-745-1112

Ameritas

Please sign this form to assign the below listed Representative/Agent as the Service agent on your policy(s). By signing this form this is also an acknowledgement that you have been seen by this representative.

I was seen by:

Agent Name _____ Agent Number _____ AIC Reg. Rep Number _____

➔ Owner's Signature _____ Date _____

Printed Owner's Name _____

This change will affect the following policies:

Policy Number	Policy Owner's Name	Social Security # of Policy Owner

Note if you are requesting to service a Variable Life or Variable Annuity policy, you will also need to submit a completed **AIC 862** form with this request.

Fax Completed Non-Variable Policies Forms to 402-467-7337
Fax Completed Variable Policies Forms (including New Account Form) to 877-721-2226

For Home Office use only

Completed by _____ Date_____

Variable products issued by Ameritas Life Insurance Corp. and underwritten by Ameritas Investment Corp. (AIC) member FINRA/SIPC.