



## Individual Disability Servicing Agent Change Form

PHI Policy Number(s): \_\_\_\_\_ -AH

Policyholder Name: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_

### New Service Agent Information

Agent/Agency Name: \_\_\_\_\_

Agent/Agency Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent Phone number: \_\_\_\_\_

Agent E-Mail Address: \_\_\_\_\_

Agent DAI: \_\_\_\_\_

Broker Code/TIN: \_\_\_\_\_

Agent SSN (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

**\*Please fax completed form to 908-552-3979 or e-mail to [Retailidioperations@metlife.com](mailto:Retailidioperations@metlife.com)\***