

Agent change of record request



1. Client information

Name (first, middle initial, last)

Contract number

Contract number

2. New agent of record

Name (first, middle initial, last)

Agent identification number

Street address

City, State, ZIP

Please share with us a brief summary of why this change is important to you.

Client signature

Date (mm/dd/yyyy)

Note: Servicing agents must be actively contracted with Midland National® Life Insurance Company before they can be made agent of record for a policy.