

CHANGE OF REGISTERED REPRESENTATIVE REQUEST

LiveWell® Mutual Fund IRA Series



Sammons Retirement Solutions®
P.O. Box 758547, Topeka, KS 66675-8547

Overnight: Mail Zone 547, 5801 SW 6th Ave.
Topeka, KS 66636-1001

Phone: 1-866-747-3421 | **Fax:** 1-866-511-7038

Instructions

Use this form to:

- Change the servicing Registered Representative on my Account
- Representative Use Only: Assign partnership/split information for additional representatives
- Authorize your new Registered Representative(s) and their assistant(s) to enact changes to your Account on your behalf

1. Account Information

Account Number

Account Holder's Name (first, middle initial, last)

SSN

Street Address

Apartment/Suite Number

City

State

ZIP

Phone Number

2. Registered Representative Information

Current Registered Representative's Name (first, middle initial, last)

Rep ID Number

Broker/Dealer Name

New Registered Representative's Name (first, middle initial, last)

Rep ID Number

Street Address

Apartment/Suite Number

City

State

ZIP

Phone Number

Registered Representative's Email

Percentage

Broker/Dealer Name

Broker/Dealer Number



3. Partnership/Split Information (Optional)

Please provide the Registered Representative's Name, ID Number, and Commission Percentage of each additional Registered Representative. Partnership/Splits must be within the same Broker/Dealer. The sum of the percentages for all Registered Representatives, including the Servicing Registered Representative, must total 100%. For any sum not equal to 100%, the difference will be applied to the Servicing Registered Representative listed in the previous section. Please use whole percentages only.

Registered Representative's Name	Rep ID Number	Percentage
Additional Registered Representative's Name	Rep ID Number	Percentage

If this section is not completed, you are stating that the new Registered Representative Information listed above will receive 100% commission.

4. Telephone, Internet, and Electronic Medium Transaction Authorization

By initialing below, I hereby authorize and direct Sammons Retirement Solutions to act on telephone, Internet or other electronic medium instructions, when proper identification is furnished (Social Security Number, Tax Identification or other established identifiers) concerning, but not limited to, exchange of units between the funds, to change allocation of future contributions, to request partial withdrawals, and/or other authorized transactions. I agree that Sammons Retirement Solutions is not liable for any losses or expenses arising from any exchange, change in allocation of future contributions or partial withdrawal by acting in accordance with telephone, Internet or other electronic medium instructions that we believe to be genuine. Sammons Retirement Solutions will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the Electronic Information and Document Delivery Consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify Sammons Retirement Solutions of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

▶

I authorize my Registered Representative and their assistant(s) to enact changes to my Account on my behalf.

Account Holder(s)'s Initials

This authorization will remain in effect until: 1) Sammons Retirement Solutions receives written or telephone notification from the Account Holder, or 2) the Account is terminated. In absence of initials, Sammons Retirement Solutions will default to no authorization given for electronic and telephone transactions.

5. Authorization and Signature

Complete only if you are changing your Registered Representative. If multiple Registered Representatives are elected, please list all.

Account Holder's Signature	Date Signed
▶	▶
New Registered Representative's Signature	Date Signed
▶	▶
New Additional Registered Representative's Signature	Date Signed
▶	▶

If your request is not in good order, how would you like us to notify you?

- Call me at ____ - ____ - ____
 Mail a letter to my address of record
 Contact my Registered Representative