

MetLife Third Party Distribution
 PO Box 990007
 Hartford CT 06199-0007



Agent of Record Change Form

Requirements/Information:

1. All requests are on a going forward basis
2. **One policy number per form**
3. If any field is left blank, the request cannot be processed and will be returned.
4. Policy owner' signature is required to redirect commissions on variable policies.
5. Original writing agency signature is required to release commissions on fixed policies.
6. New agency signature is required to accept commissions.
7. Principal signature will be accepted for policies staying within the same agency.
8. Please fax the completed form to 860-656-3346 or email to lifecompensation@metlife.com
9. For any questions, please contact the Commission Department at 877-638-0411 opt 5 & 3.

Policy Number	Insured's Name	Policy State
New Agent of Record Name	Agent SSN	Percentage
<i>Grant E. Buster</i>		<i>100%</i>
New Agency Name: <i>ASH Brokerage</i>		
Callback number or email address: <i>gbuster@financialguide.com</i>		

The undersigned MGA agrees to and acknowledges waiving all future rights and commissions to the above referenced policy.

Releasing MGA Principal (Fixed Business) OR Owner Name (Variable Business)	Principal Signature	Date

The undersigned MGA agrees to and acknowledges receiving all future rights and commissions to the above referenced policy.

Accepting MGA Principal Name	Principal Signature and Date	Policy Owner's Signature
		<i>(Signature)</i>

MetLife Use Only	
Request Approved by:	Request Rejected by:
Date Approved:	Date Rejected:
Date Processed:	Rejection Reason(s):