



**WORLD FINANCIAL**  
**G R O U P**  
 INSURANCE AGENCY, INC.  
 an AEGON company

# Client Change Request Form

*This form allows an individual client to authorize World Financial Group Insurance Agency (WFGIA) to change the Servicing Agent on fixed policies.*

1. Complete one form per agent and per provider company.
2. The completed form(s) should be mailed to World Financial Group Insurance Agency, ATTN: Fixed Account Reassignment, faxed to 678.966.6125 or emailed to wfglifeservicingrepchange@aegonusa.com.
3. World Financial Group Insurance Agency will review and inform the provider company of the new servicing agent.
4. It is the agent's responsibility to confirm the change(s) with the provider.

**Please note that provider companies will only process changes delivered through the WFGIA Fixed Account Reassignment Department.**

**Change the Following Account:**

Company Name: \_\_\_\_\_

Policy Number (REQUIRED): \_\_\_\_\_

Product Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint  
 Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Servicing Agent - World Financial Group Insurance Agency:**

Writing Agent Name: \_\_\_\_\_ Code #: \_\_\_\_\_

Current Servicing  
 Agent Name: \_\_\_\_\_ Code #: \_\_\_\_\_

New Servicing  
 Agent Name: \_\_\_\_\_ Code #: \_\_\_\_\_

New Servicing  
 Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization – WFGIA Fixed Account Reassignment Approval**

Authorized  
 Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_