



GROUP AGENCY/AGENT OF RECORD (AOR) CHANGE FORM

Please print clearly.

TO BE COMPLETED BY AGENCY OR AGENT:

Any change of an AOR designation must be accepted by US Able Life in order to be binding on US Able Life.

US Able Life will make AOR change requests received for group products effective within 30 days of receipt of a completed AOR form. Commissions paid in advance of the AOR change will not be recaptured from the prior agency or agent. No change will be permitted on a retroactive basis.

AGENCY NAME	AGENT NAME	
AGENCY LICENSE #	AGENT LICENSE #	
AGENCY NATIONAL PRODUCER NUMBER (NPN)	AGENT NATIONAL PRODUCER NUMBER (NPN)	
AGENCY PHONE #	AGENT PHONE #	
AGENCY EMAIL	AGENT EMAIL	
AGENCY OR AGENT SIGNATURE		DATE

TO BE COMPLETED BY THE GROUP:

The group hereby confirms that the above-named **agency** or **agent** (please check one) is to be named as its AOR for US Able Life issued products and shall be entitled to all commissions in return for services rendered on our behalf with regard to our contract(s) with US Able Life. This designation **replaces any** other AOR designation previously made. The group hereby authorizes US Able Life to release any and all necessary information to the above-named agency or agent in order to complete the AOR change requested.

GROUP'S REASON FOR CHANGING THE AOR (MUST BE COMPLETED BY THE GROUP):

GROUP, DECISION-MAKER, AND TITLE:

NAME OF GROUP	PHONE #
GROUP NUMBER(S)	
NAME AND TITLE OF PERSON SIGNING	
AUTHORIZED SIGNATURE	DATE

Return completed form to:

US Able Life
P.O. Box 1650
Little Rock, AR 72203-1650
aur_processing@usablelife.com

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