



Reset Button

### Representative of Record/Broker Dealer Change Request

Contract Number	Annuitant	Owner(s)
*Owner(s) Address		

#### Section I: New Representative Information

Each named representative must have an active commission percentage in order to service the contract. This request can only be honored if both the broker/dealer and named representative(s) have an active license with Ohio National.

Broker/Dealer Name: \_\_\_\_\_

New Representative: \_\_\_\_\_ Commission % \_\_\_\_\_

New Representative: \_\_\_\_\_ Commission % \_\_\_\_\_

New Representative: \_\_\_\_\_ Commission % \_\_\_\_\_

Please accept this form as authorization to change the servicing representative on the above-referenced contract number to the individual(s) listed above.

\_\_\_\_\_  
Signature of Owner\*\*

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Joint Owner (if applicable)\*\*

\_\_\_\_\_  
Date Signed

#### Portfolio Transfer Authorization (Owner/Owners must initial) \_\_\_\_\_

By initialing, The Ohio National Life Insurance Company is authorized and directed to act on telephone and/or internet instructions from any person(s) who can furnish proper identification. The Ohio National Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, The Ohio National Life Insurance Company, our affiliates, directors, trustees, officers, employees, representatives and/or agents, will be held harmless for any claim, liability, loss or cost.

#### Section II: New Representative Acceptance

NOTE: This section must be completed and signed by the new representative(s) named above and/or the Branch Manager acknowledging appointment.

New Servicing Representative Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of New Servicing Representative (Primary)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Branch Manager

\_\_\_\_\_  
Date Signed

Linking Number: \_\_\_\_\_

\*The Owner(s) Address is required if the owner(s) reside in Maryland.

\*\*If trust, company, or plan owned an authorized person must sign with appropriate title.