



Change of Agent Request Form

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
 Overnight: 777 Research Drive, Lincoln, NE 68521
 Standard: P.O. Box 81497, Lincoln, NE 68501-1497
 Phone: 888.513.8797 Fax: 402.328.2266

USE THIS FORM TO CHANGE THE SERVICING AGENT OF RECORD. IF THE NEW AGENT IS NOT APPOINTED, THE AGENT WILL BE LISTED AS AN AUTHORIZED PARTY. TO SERVICE F&G POLICIES, THE REQUESTED AGENT MUST BE ACTIVELY CONTRACTED WITH FIDELITY & GUARANTY LIFE INSURANCE COMPANY OR FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK.

ONCE PROCESSED, THIS AGENT OF RECORD CHANGE WILL REMAIN IN EFFECT UNTIL THE POLICY OWNER(S) MAKES A WRITTEN REQUEST TO WITHDRAW.

If you have questions regarding this form, please contact Fidelity & Guaranty Life's Customer Service at 888.513.8797.

SECTION 1: OWNER

Please complete all sections. Required sections are indicated with (*). Please make sure to list all policies/contracts where this agent change request applies.

Policy / Contract Number (List all applicable) *			
Owner Name: First / Middle Initial / Last*			
Joint Owner Name: First / Middle Initial / Last (if any)			
Owner Address*			City*
State*	ZIP*	Phone Number	Email Address

SECTION 2: NEW AGENT INFORMATION

Please complete all sections. Required sections are indicated with (*).

Name: First / Middle Initial / Last*			F&G Agent ID Number/ National Producer Number*
Address*			City*
State*	ZIP*	Phone Number	Email Address

Fidelity & Guaranty Life Insurance Company
 and Fidelity & Guaranty Life Insurance Company of New York



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SECTION 3: SIGNATURES

Both the owner and new agent must sign this form.

By signing, you are stating you understand and acknowledge if the new agent listed is not appointed with F&G, they will be listed as an Authorized Party and have no authority, apparent or otherwise, to act on behalf of Fidelity & Guaranty Life Insurance Company or Fidelity & Guaranty Life Insurance Company of New York, even if they are an insurance agent or other licensed professional in the applicable state.

Owner and/or Assignee(s) Signature*	Date (MM/DD/YYYY)*
Joint Owner Signature (if any)	Date (MM/DD/YYYY)
Agent Signature*	Date (MM/DD/YYYY)*

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