

Employer Sponsored Annuity Compensation Change Request

Producer Solutions
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Use this form to change agent or payment information on Employer Sponsored Annuity products.

1. Contract Information *(Please print)*

Contract number _____

Contract owner's name _____

Social Security number _____

Remitter number _____ Is this a new remitter? No Yes

Employer's name _____

2. Payment Amount or Frequency Change

Annual earnings \$ _____ Effective date _____

Increase Decrease Temporary increase Paid-up status

Participant is: Vested Non-vested

Payment Sources	Payment Amount	*Frequencies	New Annual Amount
Employee elective deferrals/salary reduction (G)	\$		\$
Employee excess elective deferrals (H)	\$		\$
Employee mandatory (F)	\$		\$
Roth (S)	\$		\$
Employer (A)	\$		\$
Employer discretionary (C)	\$		\$
Employer matching (D)	\$		\$

New Annual Total \$

* (A) Annual, (Q) Quarterly, (B/W) Bi-weekly, (S/A) Semi-annual, (M) Monthly, (SM) Semi-monthly

3. Special Instructions

4. Agent Change

Is this an agent change? No (do not fill out section 4) Yes (complete section 4)

Agent	E-mail address (optional)	SA/PC Code	Percent (total 100%)	Mail Code
_____	_____	_____	%	_____
_____	_____	_____	%	_____
_____	_____	_____	%	_____
_____	_____	_____	%	_____

5. Signatures

Required Signature FBD Executive Director _____ Date _____

Agent signature _____ Date _____

Contract owner's signature _____ Date _____

Trustee/Employer signature _____ Date _____