



**CHANGE OF INSURANCE PRODUCER
ON MEMBER CERTIFICATES**

PLEASE PRINT CLEARLY

Member's Name: _____

Court / Impact Team No.: _____

Certificate(s): _____

Reason for Change: _____

SIGNATURE MEMBER

DATE

New Servicing Insurance Producer's Name: _____

SIGNATURE INSURANCE PRODUCER

DATE

MAIL TO: 1891 Financial Life Sales Dept.
200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
EMAIL: sales@1891FinancialLife.com
FAX: 847-342-4556

QUESTIONS? Please call the sales department at 800-344-6273 x 236.

**FOR HOME OFFICE USE
NOTES:**

Authorized Signature _____

Sales Signature _____

