

HBW

INSURANCE & FINANCIAL SERVICES, INC.

CONTRACT CHANGE FORM

Please fax this form to (888) 742-7634

Representative's Name: _____ HBW Code #: _____

Date: _____

TO RECEIVE AN ACKNOWLEDGEMENT VIA EMAIL: To receive an email acknowledging that HBW has received this Contract Change Form please provide your email address below. You can expect your email acknowledgment within 48 hours after we are in receipt of your form. Thank you.

AVP's Email Address: _____

NOTE: Please allow 60 days from the date received by HBW for contract change to take effect. All pending life business issued prior to contract change will be at the previous contract level. All Pending business issued after contract change goes into effect will be paid at the new contract level.

HIERARCHY CHANGE REQUEST

Please move from _____ to _____'s hierarchy.

LIFE PAYOUT CHANGE REQUEST

Current _____ New _____

ANNUALIZATION CHANGE REQUEST

Current _____ New _____

OTHER CHANGE REQUEST

Current _____

New _____

Are you Securities Registered? YES ___ NO ___

I am the upline agent to the above named representative. I am requesting a change in the Representative's contract. I am aware that this contractual change will affect my current hierarchy with regard to the carriers with which we are appointed. I understand that the change may affect my direct overrides but the HBW hierarchy will not be affected.

Agreed and Accepted: _____
Direct Upline

Approved by: _____
AVP, EVP, or NDA

**HBW USE
ONLY**

Changes Processed By: _____ Date: _____

HBW Insurance & Financial Services, Inc.

P.O. Box 2049 / Simi Valley, California 93062 / Tel (800) 473-3856 / Fax (888) 742-7634

ContractChng_7-26-06