

# **SOUTHEAST INVESTMENTS, N.C., INC.**

## **INSURANCE SERVICES** **CHANGE OF BROKER/DEALER AUTHORIZATION**

DATE \_\_\_\_\_

ANNUITY/INSURANCE COMPANY: \_\_\_\_\_

CONTRACT OWNERS NAME: \_\_\_\_\_

CONTRACT/POLICY NUMBER: \_\_\_\_\_

Dear Sir/Madam:

Per the instructions below this letter will serve as your authorization from me to change the broker/dealer and agent on my annuity contract referenced above to reflect the following information:

NEW BROKER/DEALER NAME and ADDRESS:

Southeast Investments, N.C., Inc.  
820 Tyvola Road, Suite 104  
Charlotte, NC 28217

NEW BROKER DEALER NUMBER: \_\_\_\_\_

NEW AGENT NAME: \_\_\_\_\_

NEW AGENT NUMBER: \_\_\_\_\_

Please also send copies of future statements to Southeast Investments, N.C., Inc. at the address listed above.

\_\_\_\_\_  
Owner Signature

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

\_\_\_\_\_  
Agent Signature

BY: \_\_\_\_\_  
Southeast Investments, N.C., Inc.