



Broker Authorization for Group Changes

Administrative Office:
701 East 22nd Street
Lombard, Illinois 60148

If you would like to authorize your Broker of Record, including any subsequently named Broker of Record, to submit policy change requests, approved by Dearborn Life Insurance Company, on your behalf for the policy contracts identified under your Group Policy Number, please complete Part 1 below. If you have authorized your Broker of Record to submit policy change requests on your behalf and you want to revoke this authorization at any time, please complete Part 2 below.

Part 1: TO BE COMPLETED BY POLICYHOLDER Effective 1/1/27 mjw

Group Policy Number MG17055	Name of Policyholder City of Kingsport
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☒ I authorize the Broker of Record, including any subsequently named Broker of Record, to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. The policy change requests will not become effective until approved by Dearborn Life Insurance Company. It is also agreed to implement or revoke this consent, the Policyholder must submit this signed form to Dearborn Life Insurance Company, Attn: Policy Administration, 701 East 22nd Street, Lombard, IL 60148, or submit the signed form through our Ancillary Service Center at <https://service.mydearborngroup.com/s/> and include in the detail box for the inquiry "Policy Administration – Broker Authorization Form." This consent will not become effective until received by Dearborn Life Insurance Company and shall remain in effect until Dearborn Life Insurance Company receives revocation of the authorization in accord with the above.

Group Administrator's Signature (or other employee authorized to make plan changes)

Date

Part 2: TO BE COMPLETED BY POLICYHOLDER

Group Policy Number	Name of Policyholder
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☐ I hereby revoke the authorization for the Broker of Record to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. You must submit this signed form to Dearborn Life Insurance Company, Attn: Policy Administration, 701 East 22nd Street, Lombard, IL 60148, or submit the signed form through our Ancillary Service Center at <https://service.mydearborngroup.com/s/> and include in the detail box for the inquiry "Policy Administration – Broker Authorization Form." This withdrawal of consent is effective when it is received by Dearborn Life Insurance Company in accord with the above.

Group Administrator's Signature (or other employee authorized to make plan changes)

Date