ADDRESS CHANGE FORM

Section A - Policy Information (You Must Complete This Section)

Policy Number: _____ **Insured:** _____ _____
(First Name) (Last Name)

Section B – Mailing Address Change Information (You Must Complete This Section)

IMPORTANT INFORMATION ABOUT CUSTOMER IDENTIFICATION – To help the government fight the funding of terrorism and money laundering activities, you may be asked to provide your name, address, date of birth, social security number, and other information that identifies you. The information you provide may also be validated through various public databases.

Please record the following change for (*check one*):

☐ Policy Owner ☐ Insured ☐ Payor ☐ Beneficiary ☐ Other: _____

Primary Address **(If a PO Box is indicated, a residential street address is also required in the section below.)**

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Secondary Phone: _____ Fax: _____

Make the above changes effective (if a future date)**:** _____

Section C – Secondary Address (Residential street address if PO Box is indicated as Primary)

Street Address: _____

City: _____ State: _____ Zip: _____

Section D – Endorsement (The Policy Owner Must Complete This Section)

Acknowledgment of this change is not an admission that the policy/contract is in benefit or that the person(s) signing the change request is/are the owner(s). A recorded change, not signed by the owner(s), may not constitute a valid change of address.

X _____ Owner's SS#: _____* Owner's Phone: _____
Signature of Current Policy Owner/Assignor (Required) (Required) (Required)

X _____ X_____ X _____
Signature of Co-Owner/Spouse (If Applicable) Primary Owner's Date of Birth (Required) Signature & Title of Assignee/Irrevocable Beneficiary (If Applicable)

Date: _____ X _____ Notary Stamp/Seal (If Applicable):
(Required) Signature of Witness/Notary Public (If Applicable)

* **Social Security/Tax Identification Number Certification –** Under penalty of perjury, I certify that: 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, 3) I am a U.S. person (including a U.S. resident alien), and 4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. ***Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your return. Cross through item 3 if you are not a U.S. person (including a U.S. resident alien) and complete and return to us the applicable IRS Form W-8BEN or Form W-8BEN-E.***