



PO Box 11609, Winston-Salem, NC 27116-1108
Phone: (833) 658-2841 Fax: (303) 220-8056

ADDRESS CHANGE AFFIDAVIT

Policy #

Insured:

Owner:

I, _____ hereby request the address on record for the above referenced policy be changed as follows for the:

- Owner**
- Insured/Annuitant**
- Joint Owner**

Previous Address: _____
Street, City, State, ZIP

New Address: _____
Street, City, State, ZIP

Date Signed

Signature of Owner

Printed Name of Owner

Signature of Witness - An Unrelated Adult Person with no Interest in the Policy

Witness' Name Printed

IMPORTANT: DO NOT use correction fluid on this form. If you have made an error, mark through it and initial your change.