



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.

†Colorado Bankers Life Insurance Company (CBLife) is not responsible for undelivered mail. To protect your personal information, CBLife recommends certified mail or some other service such as FedEx or UPS. **Do not** send the form by unsecured email. You can transmit the form via facsimile; however, CBLife shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (303) 220-8056