

Address Change Request

For questions or help with this form, call us at **800-990-7626**.
Throughout this form, “the Company” refers to the issuing company.¹

Contract Information (please print clearly)

Contract Number(s)

Owner

Joint Owner (if applicable)

Address

City

State

Zip Code

Email Address

Phone Number

Contact Information Change

Please note:

- All contract owners must sign this form.
- Once this change is recorded in the company’s system, an acknowledged letter will be sent to you, to be kept with your contract.
- Any changes below will replace the primary address, primary phone number and/or primary email address that is associated with the contract number(s) identified on this form.

New Primary Address

Address

City

State

Zip Code

Physical Address (this section is only required if the New Address listed above was updated to a Post Office box).

Address

City

State

Zip Code

¹ Clear Spring Life and Annuity Company is authorized to transact business in all states (except New York) and is a member of Group1001. Clear Spring Life and Annuity Company is responsible for its own financial condition and contractual obligations.

Contact Information Change (continued)

New Phone Number

Phone Number

New Email Address

Email Address

Signature(s)

I certify that I am not under guardianship, nor have I made any assignment, pledge or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceeding in bankruptcy are pending to which I am a party.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

If the policy is owned by a corporation, (an) authorized officer(s) of the corporation must sign this form and provide his or her title. Please submit documentation authorizing the changes to process this request.

All contract owners must sign this form to process changes to contact information.

Contract Owner Signature

X

Date (mm/dd/yyyy)

Contract Joint Owner Signature (if applicable)

X

Date (mm/dd/yyyy)

Please Print Owner Name

Please Print Joint Owner Name (if applicable)

Contact Us

By mail

Clear Spring Life and Annuity Company
P.O. Box 80509
Indianapolis, IN 46280-0428

By express mail

Clear Spring Life and Annuity Company
10555 Group 1001 Way
Zionsville, IN 46077

By fax

317-574-2050

By email

customerservice@clearspringlife.com

By phone

Customer Service **800-990-7626** M-F 8:00 a.m.-5:00 p.m., ET