

CHANGE OF ADDRESS



Please complete ALL information requested.

I authorize a change of address for contract number _____ owned by _____.

Old Address: _____

New Address: _____

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct Social Security Number and I am not subject to backup withholding.

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 proceedings in bankruptcy are pending to which I am a party.

This form dated at _____ this _____ day of _____, 20____.
City/State

Signature of Owner(s) (if Joint – both must sign)	Owner's Social Security Number or Taxpayer ID Number	(_____) Owner's Telephone Number
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Signature of Witness*	(_____) Telephone Number of Witness	Owner's E-mail Address (if available)
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*Owner's signature must be witnessed by an adult who is not a Beneficiary or newly named Owner.

After we have recorded the change, an acknowledged copy will be sent to you to be kept with your contract.

For Home Office Use

Recorded By _____ Date _____