



PO Box 11948, Winston Salem, NC 27116  
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## 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.