



PO Box 11948, Winston Salem, NC 27116 Phone: (833) 658-2840 †Fax: (727) 399-6965

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.

"For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

†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: (727) 399-6965