

# Address and Name Change Request Form



To be completed for address or name change requests. For questions please contact the North American Company Customer Contact Department.  
Phone: 877-872-0757 Fax: 877-208-6136 Mail to: One Sammons Plaza, Sioux Falls, SD 57193

Altered forms, including but not limited to correction fluid will not be accepted. Please ensure this form along with the required documentation is submitted and all sections of this form are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay in processing.

**Policy Information** - Please list all policy numbers that require an update.

Policy Number(s):

|                     |                             |
|---------------------|-----------------------------|
| Owner's Name:       | Owner's Phone Number:       |
| Joint Owner's Name: | Joint Owner's Phone Number: |

**Mailing Address**

For:  Owner  Joint Owner

Street Address:

|       |        |      |
|-------|--------|------|
| City: | State: | ZIP: |
|-------|--------|------|

For:  Owner  Joint Owner

Street Address:

|       |        |      |
|-------|--------|------|
| City: | State: | ZIP: |
|-------|--------|------|

**Name Change Information** - This form cannot be used for the purposes of changing ownership or beneficiaries.

Name of:  Annuitant  Insured  Owner  Joint Owner

|                   |     |
|-------------------|-----|
| Has changed from: | To: |
|-------------------|-----|

|                    |                                    |
|--------------------|------------------------------------|
| Reason for change: | Date change occurred (mm/dd/yyyy): |
|--------------------|------------------------------------|

**Note: We require legal documentation to support any name change request.**  
**Accepted items: Marriage Certificate, Divorce Decree, Court Orders or corporate resolution. Drivers License or Social Security Cards are not accepted.**

**Acknowledgment**

I/We hereby acknowledge that the information provided herein is to the best of my/our knowledge true and accurate.  
I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of the request.  
**CA Residents:** 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 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.

|                           |                    |
|---------------------------|--------------------|
| Contract Owner Signature: | Date (mm/dd/yyyy): |
| *Joint Owner Signature:   | Date (mm/dd/yyyy): |

\*If there are multiple owners, all owners must sign before the request can be processed.

**If your request is not in good order, how would you like us to notify you?**  
Call me at: \_\_\_\_\_ OR  Contact my agent OR  Mail a letter to my address of record



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