

**RECIPIENT ADDRESS VERIFICATION**



**INSTRUCTIONS FOR COMPLETING THIS FORM**

- In order to update our records, please complete the information requested below.
- Sign and return this form to United of Omaha, 10-Retirement Plans Division. Mutual of Omaha Plaza, Omaha, NE 68175-0001 or fax to (402) 997-1900.
- If any questions, please contact the Retirement Plans Division at (800) 843-2455.

**RECIPIENT INFORMATION – (PLEASE PRINT)**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Soc Sec. No.: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_

**NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines, and denial of annuity benefits.**

I verify that the above information is complete and accurate.

X  
\_\_\_\_\_  
Annuitant's Signature

\_\_\_\_\_  
Date