



P.O. Box 64582
St. Paul, MN 55164-0582
800-243-5433
Fax: 651-738-5629

Policy Number _____

Change of Address Form

IMPORTANT INFORMATION ABOUT CUSTOMER IDENTIFICATION – To help the government fight the funding of terrorism and money laundering activities, you may be asked to provide your name, address, date of birth, social security number, and other information that identifies you. The information you provide may also be validated through various public databases.

If a Post Office Box is listed as the primary mailing address, a residential street address will also be required. This is needed for verification purposes and to further secure customer information regarding policy values and activities.

Please record the following change for (*check one*):

Policyowner Insured Contingent Owner Payor

Primary Address (If a PO Box is indicated, a residential street address is also required in the Secondary Address section below.)

Street Address

City

State

Zip

Telephone Number

Secondary Address (Residential street address if PO Box is indicated as Primary)

Street Address

City

State

Zip

Requestor's Signature: _____

Date: _____

Please note: the policyowner address can only be changed with the policyowner(s) signature.