



**financial life**  
A Fraternal Benefit Society

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## CHANGE OF ADDRESS / UPDATE

Only the Owner of the Certificate may make changes.  
Upon acknowledgement by the Home Office, we will update our information accordingly.  
The use of this form does not affect the beneficiary designation.

**Name of Owner:** \_\_\_\_\_

**Name of Insured** (if different than Owner): \_\_\_\_\_

**Certificate Number:** \_\_\_\_\_

**Court / Impact Team:** \_\_\_\_\_ **Roster:** \_\_\_\_\_

Is this request to update the information for the: ☐ Owner ☐ Insured ☐ Payor

Reason for change(s): \_\_\_\_\_

Effective date of change(s): \_\_\_\_\_

### New Address, Phone(s), Email

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

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

Primary Telephone No: \_\_\_\_\_ ☐ Cell ☐ Other Alternate Phone No: \_\_\_\_\_ ☐ Cell ☐ Other

Email: \_\_\_\_\_ SSN / TIN: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Relationship to Owner/Insured: \_\_\_\_\_

### Signatures and Notary

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured if not Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Subscribed and sworn to before me**  
**on this** \_\_\_\_\_ **day of** \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**My commission expires** \_\_\_\_\_