



ADDRESS & NAME CHANGE REQUEST

TO BE UTILIZED WITH STRUCTURED SETTLEMENT ANNUITY CONTRACTS

CONTRACT NO.: _____ REFERENCE NO.: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- In order to update our records please complete the information requested below.
- Contact our Customer Service Representatives: Toll-Free: (800) 843-2455 (Option 4) Fax No.: (402) 997-1900
- Please return this form to: 10-RPD Structured Settlements, United of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

RECIPIENT INFORMATION:

Current Name: _____		
Social Security Number or Tax Identification Number: _____		
New Name: (if applicable) _____		
New Address Information		
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone Number: _____	E-Mail Address _____	
Prior Address Information		
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone Number: _____	E-Mail Address _____	

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.

SIGNATURE INFORMATION – (PLEASE PRINT AND SIGN)

X	X	
Recipient Name	Recipient Signature (Include title if applicable)	Date