



# Customer Information Change Form

» Please complete each appropriate field, sign and return it in the envelope provided. Please print clearly. A confirmation of the change will be sent to the owner.

## Contract Information

**IMPORTANT:**

The current owner's information on file must be correctly completed in order to verify the contract and process the request.

▶ Contract Number **(required)**: \_\_\_\_\_

▶ Owner Name **(required)**: \_\_\_\_\_

Insured Name: \_\_\_\_\_

▶ \_\_\_\_\_  
Owner Address on file **(required)** City State Zip Code

▶ \_\_\_\_\_  
Owner Date of Birth on file **(required)** Owner SSN on file - last 4 digits **(required)**

## New Information

Please complete only the field(s) that need updating. For example, if you are updating the owner's date of birth only, please fill in the correct date of birth in the appropriate field, and leave the other fields blank.

▶ **IMPORTANT**  
Please indicate whose information is being updated by checking the appropriate box:

Owner

Insured

▶ \_\_\_\_\_ M / F  
Name Gender (circle one)

▶ \_\_\_\_\_  
Date of Birth Social Security Number

## Owner Must Sign

▶ \_\_\_\_\_  
Current Owner Signature **(required)** Date

