ADDRESS CHANGE FORM

PARTICIPANT INFORMATION

Name (Please print your full name as it appears on your policy)

Policy Number

Previous Mailing Address (Including apartment or box number)

Email Address

City

State

ZIP code

4-digit extension

Home Telephone Number

Social Security Number

Date of Birth (mm/dd/yyyy)

NEW ADDRESS INFORMATION

New Mailing Address (Including apartment or box number)

City

State

ZIP code

4-digit extension

Home Telephone Number

Email Address

OWNER ACKNOWLEDGMENT

By signing below, I acknowledge full understanding of the following:

I certify that I am the participant authorized to make these changes and that all information provided is true and accurate. Atlantic Coast Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the changes, and agree that Atlantic Coast Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the changes made on this form. **I have read and understand and agree to be legally bound by the terms of this form.**

Signature of Owner (If joint, both must sign)

Date

Signature of Joint Owner

Date

A SEPARATE FORM FOR EACH POLICY IS REQUIRED