Independent Life

CHANGE OF NAME AND/OR ADDRESS FORM

CURRENT PAYEE INFORMATION

Please enter information as we currently have on file.

Policy/Contract Number: _____

First Name: _____ Last Name: _____

Address: _____

City/State/ZIP Code: _____

Email: _____ Phone: _____

Social Security Number (Last 4 Digits):_____ Date of Birth: _____

CHANGE OF NAME AND/OR ADDRESS

Please include documentation showing proof of name change.

○ I'd like to change my name

New First Name: _____ New Last Name: _____

○ I'd like to change my address

New Address: _____

New City/State/ZIP Code: _____

○ I have a different **payment mailing address** (address is different from above and payment is not direct deposit)

New Address: _____

New City/State/ZIP Code: _____

AUTHORIZATION

I certify that the information on this form is accurate and authorize the requested change.

_____ _____

Signature of Payee or Legal Representative Date

If individual signing is not the payee, legal documentation must accompany this request if not previously provided. NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days.

Please complete this form in full, sign and submit along with any required legal documents to:
Email: documents@Independent.Life | Fax: 904.869.0976
Mail: Independent Life Insurance Company, P.O. Box 679053, Dallas, Texas 75267-9053
Questions? Call 800.793.0848