

## Change of Address Statement

Policy Number(s): \_\_\_\_\_ Insured: \_\_\_\_\_

I hereby certify that the address of the  Owner  Annuitant described in the above Policy issued by National Benefit Life Insurance Company has been changed:

**From:** (please print old address)

Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**To:** (please print new address)

Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**By Reason of:**

Relocation  Correction in Address  Other:

SIGNED IN THE CITY OF \_\_\_\_\_, STATE OF \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

(CITY) (STATE) (DAY) (MONTH) (YEAR)

Owner's Phone Number: \_\_\_\_\_

Owner's Email address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_