

# CHANGE ADDRESS INFORMATION

## STRUCTURED SETTLEMENT



Allstate Life Insurance Company of New York  
 P.O. Box 80469 Lincoln, NE 68601-0469  
 Phone: 1-800-237-3303 FAX: 1-877-690-4092

### 1. CONTRACT INFORMATION - ALL FIELDS MUST BE COMPLETED

Contract Number		Annuitant Social Security Number	
Annuitant Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Annuitant Date of Birth (MM/DD/YYYY)

### 2. CHANGE REQUESTED

A. Change address for:  Annuitant  Payee  Beneficiary

Name:		
Street Address (include Apt. #, if applicable)		
Telephone Number		
City	State	Zip Code

### 3. REQUIRED SIGNATURES

SIGN HERE

\_\_\_\_\_  
 Signature Date (MM/DD/YYYY)

\_\_\_\_\_  
 Print Name

SIGN HERE

\_\_\_\_\_  
 Joint Signature Date (MM/DD/YYYY)

\_\_\_\_\_  
 Print Name