

Request for Address Change

Important! For us to process your request, you must complete this entire form and have it notarized by a Notary Public. Most banks and post offices have a Notary on staff who can assist you.

Name _____

Contract Number _____ Social Security Number ____/____/____

Address Change

The mailing address for all payments and/or correspondence henceforth due under the above annuity contract should be changed to:

Address _____

City _____ State _____ Zip Code _____

By signing this document, I hereby declare, under penalty of perjury, that this change of address is not an attempt to facilitate the acceleration, deferral, modification, anticipation, sale, assignment, pledge or encumbrance of any of the periodic payments due under the above annuity contract.

Signature _____ Date _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____.

Notary Public
My Commission Expires:

Hartford Life
Attn: Annuitization Benefits
P.O. Box 1583
Hartford, CT 06144-1583

