



Liberty Life Assurance Company of Boston
 Structured Settlements, Service Center - MS 03A
 100 Liberty Way, Dover, NH 03820
 Telephone: (800) 451-7065
 Fax: (603) 749-2534

Policy/Contract Number: NP3-_____

ADDRESS/NAME CHANGE REQUEST

Please select request type: (Select all that apply) Address Change Name Change

1. ANNUITANT(S) INFORMATION

First Name	Middle Name	Last Name
Telephone Number	Birth Date	Social Security Number

2. CHANGE OF ADDRESS INFORMATION (If applicable. Provide both old and new addresses)

Old Street Address	City	State	ZIP
New Street Address	City	State	ZIP

3. CHANGE OF NAME INFORMATION (If applicable. Completing this section does not change the owner or any beneficiary designation.)

Reason for Change: Attach a copy of required legal evidence (e.g., marriage certificate, driver's license, passport).

Marriage Divorce Correction Other _____

Former Name	Former Signature (Please sign here with former signature)
	×
New Name	New Signature (Please sign here with new signature)
	×

4. AUTHORIZATION

I(We) hereby request that the annuitant's address and/or name be changed in accordance with the provisions of the contract. I(We) represent that all statements and information contained herein are true and complete to the best of my(our) knowledge and belief.

5. SIGNATURES

Annuitant's Signature	Print Name	Date (mm/dd/yy)
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