



Structured Settlement Unit
 30 Hudson Street – 22nd Floor
 Jersey City, NJ 07302-4600

Change of Address Request Form

If you need assistance, please contact the Service Area toll free at 1-855-469-5772

Instructions for Completing this Form:

- Please mail, fax, or email a scan of the completed form to the address on the bottom of this form

About the Annuitant/Payee:

Policy # (Begins with FP or 77)		
Last Name	First Name	Middle Initial
Social Security Number - -	Date of Birth / /	
Email address	Home Phone ()	Mobile Phone ()

About the Joint Payee (if applicable):

Last Name	First Name	Middle Initial
Social Security Number - -	Date of Birth / /	
Email address	Home Phone ()	Mobile Phone ()

New/Current Address

Street Address
City, State, ZIP Code

Old/Previous Address

Street Address
City, State, ZIP Code

Required Signature(s) – Your signature confirms that all information on this form is correct.

X _____
 Annuitant/Payee signature Date

X _____
 Joint annuitant signature (if applicable) Date

Please mail, fax, or email a scan of the completed form to us as noted below.

New York Life Insurance - Structured Settlements
30 Hudson Street – 22nd Floor
Jersey City, NJ 07302-4600
Toll Free Phone: 855-469-5772
Fax: 908-840-3880
Email: ssservice@newyorklife.com
Web: nylstructuredsettlements.com