

INSTRUCTIONS: PLEASE MAIL OR FAX.



Requested Change Date: _____

Policy Number #1 _____

Policy Number #2 _____

Policy Number #3 _____

P. O. BOX 25523, Oklahoma City, OK 73125

PHONE 1-800-323-3748

FAX 1-800-522-6343

www.AFAdvantage.com

CHANGE ADDRESS FORM

INSURED/POLICYHOLDER INFORMATION:

Address Change is for:

Insured/policyholder (Print name) _____ SSN _____

Policyowner (Print name) _____ SSN _____

Person Requesting the Change:

Insured/policyholder Policyowner Other (Print name) _____

If Other, please list relationship to insured/policyholder or policyowner: _____

I understand this request for change of address will replace all previous requests. It will become effective the earlier of the request change date above or the date recorded by the home office below.

Signature of Requestor _____ Date _____

OLD ADDRESS:

Mailing _____

Address: _____

P.O. Box: _____

City: _____

State: _____ Zip Code: _____

Telephone Number (____) _____

NEW ADDRESS:

Mailing _____

Address: _____

P.O. Box: _____

City: _____

State: _____ Zip Code: _____

Telephone Number (____) _____

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of American Fidelity Assurance Company in Oklahoma City, Oklahoma.

Date: _____

Approved By: _____