



**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) \_\_\_\_\_