

# Address and/or Name Change Request Form



PO Box 30325 • Lansing, MI 48909-7825

Policy Number(s)	Insured or Annuitant Name
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## A. INSTRUCTIONS

1. This form is used to request that Auto-Owners Life Insurance Company (hereinafter referred to as the "Company") make a change to the address and/or name of the insured/annuitant, policyowner or payor.
2. To expedite the processing of your request, all pages must be completed as directed and returned to the Company.
3. This form must be signed and dated by all policyowners.
4. Additional documentation may be required.

## B. ADDRESS CHANGE

Change Request for <i>(Select all applicable)</i> <input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Policyowner <input type="checkbox"/> Payor <input type="checkbox"/> Other (Please Specify):	
New Home Street Address (Include City, State and Zip)	
New Mailing Address – If different than Home Street Address (Include City, State and Zip)	
Email Address	Phone Number
<hr/>	
(Signature of Policyowner - required)	Date (MM/DD/YY)
<hr/>	
(Title of Authorized Signer if Policyowner is a Trust or Corporation)	
<hr/>	
(Other Required Signatures - Joint Policyowner(s), if any, etc)	Date (MM/DD/YY)

**C. NAME CHANGE**

Change Request for *(Select all applicable)*

Insured/Annuitant    Policyowner    Payor    Other (Please Specify):

\_\_\_\_\_ **Former Full Legal Name** *(Please print)* \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date (MM/DD/YY)**

\_\_\_\_\_ **New Full Legal Name** *(Please print)* \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date (MM/DD/YY)**

\_\_\_\_\_ **(Signature of Policyowner - required if name change is other than Policyowner)** \_\_\_\_\_ **Date (MM/DD/YY)**

\_\_\_\_\_ **(Title of Authorized Signer if Policyowner is a Trust or Corporation)**

\_\_\_\_\_ **(Other Required Signatures – Joint Policyowner(s), if any, etc.)** \_\_\_\_\_ **Date (MM/DD/YY)**

**Mail, Fax or Email Completed Form to:**

**Mail –** Auto-Owners Life Insurance Company  
PO Box 30325  
Lansing, MI 48909

**Email –** [lifephs@aoins.com](mailto:lifephs@aoins.com)  
[annuities@aoins.com](mailto:annuities@aoins.com)

**Fax –** (517) 391-1906

**Contact Us:**

**Life Policyholder Services**  
Ph: (517) 886-1860  
[lifephs@aoins.com](mailto:lifephs@aoins.com)

**Annuity Services**  
Ph: (517) 886-1861  
[annuities@aoins.com](mailto:annuities@aoins.com)