

**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: \_\_\_\_\_