Allegiance INVESTMENTS

Administrative changes

Validate Form

Legal Entity Name
P.O. Box 2222, Richmond, VA 23261-2222
Tel: 888 222.3344
Fax: 888 222.5566

Complete the contract information below and any other appropriate sections for your change(s). Please print or type all information except signatures.

Contract type *Select one:* ◯ Life ◯ Long term care ◯ Annuity

Contract Information

Contract Number(s) | Owner's Telephone Number

Owner's Name | Owner's SSN | Owner's Date of Birth

Insured/Annuitant's Name | Insured/Annultant's SSN | Insured/Annultant's Date of Birth

Changes *select all that apply*

☐ **Change Address**

Name

Street

City | State | Zip

☐ **Change Name**

Change Name From

Change Name To

Reason For Change

Legal documentation is required for name changes other than for marriage or spelling correction

☐ **Change Third Party Notification**
(Long term care only)

Select one: ◯ **Add** ◯ **Replace** ◯ **Delete** *

* **If you selected Delete**: By signing below, you elect NOT to designate any other person to receive the notice, Protection Against Unintentional Lapse. You Understand that you have the right to designate at least one person other than yourself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. You understand that notice will not be given until 30 days after a premium is due and unpaid.

Name

Street

City | State | Zip

Signature

Owner's signature | Date

Joint owner's signature | Date