

# RECIPIENT ADDRESS VERIFICATION



CONTRACT NO.: \_\_\_\_\_ REFERENCE NO.: \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

- In order to update our records please complete the information requested below.
- Contact our Customer Service Representatives: Toll-Free: (800) 843-2455 Fax No.: (402) 997-1900
- Please return this form to: 10-RPD Structured Settlements, Mutual of Omaha Plaza, Omaha, NE 68175

### RECIPIENT INFORMATION – (PLEASE PRINT)

Name:	_____	_____	_____
	(First)	(Middle)	(Last)
Street Address:	_____		
City:	_____	State: _____	Zip: _____
Home Phone:	_____	"Work Phone: _____"	"Soc Sec. No.: _____"

**NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines and denial of annuity benefits.**

I verify that the above information is complete and accurate.

### SIGNATURE INFORMATION – (PLEASE PRINT AND SIGN)

<u>  X  </u>	<u>  X  </u>	
Payee's Name	Payee's Signature	Date