



Address & Name Change Request

Contract No: _____ Reference No: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- Please complete all pages of this enclosure as applicable.
- A wet signature is required. Electronic signatures are invalid.
- If the signature is missing from this form, this form is invalid.
- If mistakes are made, please cross a line through the item. Initial and date.
- If more space is required, please attach additional page(s).
- Please use complete legal names. Example: Mary J. Smith. Do not use Mrs. John H. Smith.
- Contact our Customer Service Representatives: Toll-Free: (800) 843-2455 Fax No.: (402) 997-1900
- Please return this form to: United of Omaha, 10-RPD Structured Settlements, 3300 Mutual of Omaha Plaza, Omaha, NE 68175 or email to structuredservice@mutualofomaha.com

RECIPIENT INFORMATION:

Current Name: _____
Social Security Number or Tax Identification Number: _____
New Name: _____
(if applicable)

New Address Information

Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ E-Mail Address _____

Prior Address Information

Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ E-Mail Address _____

PLEASE SIGN THE RECIPIENT'S SIGNATURE INFORMATION SECTION.

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.

RECIPIENT'S SIGNATURE INFORMATION - (PLEASE PRINT AND SIGN)

X _____ X _____ _____
Recipient's Name Recipient's Signature (Date)