



Address & Name Change Request

Contract No: _____ Reference No: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- Please complete all pages of this enclosure as applicable.
- 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, 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.

Fraud Warning: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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