

Name and Address Change Request

Please note:

- This form should **not** be used to change the ownership or beneficiary designation.
- Use the Ownership Change form to change the ownership designation.
- Use the Beneficiary Change form to change the beneficiary designation.
- For name changes, complete section 2.
- For address changes, complete section 3.
- If a name has changed due to a legal proceeding, such as a marriage, divorce, or adoption, please submit copies of the appropriate supporting documentation. Please be aware that we will not process any changes until all required paperwork is received in good order.

Throughout this form, "the Company" refers to the issuing company.¹

1 CONTRACT/POLICY INFORMATION

CONTRACT/POLICY NUMBER(S)

CONTRACT/POLICY OWNER(S)/INSURED(S) NAME

CO-OWNER/CO-INSURED (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DAYTIME PHONE

2 NAME CHANGE

FROM

TO

Reason for change (please check one):

☐ Marriage*
 ☐ Adoption*
 ☐ Legally changed*
 ☐ Records incorrect
 ☐ Other (please specify)_____

*Additional paperwork may be required.



¹ Delaware Life Insurance Company is authorized to do business in Puerto Rico, the U.S. Virgin Islands, the District of Columbia, and all states except New York. Delaware Life Insurance Company is a member of the Delaware Life group of companies.

3 ADDRESS CHANGE

Please note:

- All contract/policy owners must sign this form.
- Any requests for financial transactions received in the next 30 days will require an original signature guarantee. You can get a signature guarantee stamp at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

Change of (please check one):

<input type="checkbox"/> Mailing address	<input type="checkbox"/> Contract/Policy Owner address	<input type="checkbox"/> Annuitant/Insured's address	<input type="checkbox"/> Co-Owner's address
<input type="checkbox"/> Co-Annuitant's address	<input type="checkbox"/> Other (please specify) _____		

New Address

ADDRESS		
CITY	STATE	ZIP CODE

Physical Address (this section is only required if the New Address listed above was updated to a Post Office box).

ADDRESS		
CITY	STATE	ZIP CODE

4 SIGNATURE(S)

All owners and irrevocable beneficiaries must sign this form. Note that irrevocable beneficiaries are not available on annuity contracts.

If you are signing this form as a fiduciary for the owner (attorney-in-fact, trustee, guardian, custodian, etc.), please sign in your fiduciary capacity. Please submit your authorizing documents to process this request.

If the policy is owned by a corporation, (an) authorized officer(s) of the corporation must sign this form and provide his or her title. Please submit documentation authorizing the changes to process this request.

CONTRACT/POLICY OWNER'S SIGNATURE X	DATE (MM/DD/YYYY) / /	CONTRACT/POLICY CO-OWNER'S SIGNATURE (IF APPLICABLE) X	DATE (MM/DD/YYYY) / /
PLEASE PRINT NAME BELOW		PLEASE PRINT NAME BELOW	
IRREVOCABLE BENEFICIARY'S SIGNATURE X	DATE (MM/DD/YYYY) / /	IRREVOCABLE BENEFICIARY'S SIGNATURE X	DATE (MM/DD/YYYY) / /
PLEASE PRINT NAME BELOW		PLEASE PRINT NAME BELOW	

CONTACT US

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