

## ADDRESS CHANGE FORM

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form.

POLICY NUMBER(S)					
OWNER'S NAME			OWNER	OWNER'S SOCIAL SECURITY NUMBER	
JOINT OWNER'S NAME			JOINT O	JOINT OWNER'S SOCIAL SECURITY NUMBER	
<b>Change address of:</b> □ Ow	oner 🖵 Joint Owner	☐ Insur	ed/Annuita	ant 🗖 Payor 🗖 Other	
OLD MAILING ADDRESS				TELEPHONE NUMBER	
CITY		STATE	ZIP	E-MAIL ADDRESS	
NEW MAILING ADDRESS				TELEPHONE NUMBER	
CITY		STATE	ZIP	E-MAIL ADDRESS	
NEW STREET ADDRESS (REQUIRED	O IF MAILING ADDRESS IS	PO BOX)			
CITY		STATE		ZIP	
gnature – Owner Date		Sig	Signature – Joint Owner ( <i>if applicable</i> ) Da		
Trustee or $\square$ Officer Title:		☐ Trustee or ☐ Officer Title:			
you are signing on behalf he capacity in which you ar	of the owner, print e signing.	your na	ame and si	gn below and check the box	that desc
Conservator	☐ Guardian	□ Pov	wer of Atto	rney	
anatura.					
gnature:					

## INSTRUCTIONS

## **Signature Requirements**

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied. .

**Trust** – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the "Trustee" box below the owner signature line.

**Guardian or Conservator** – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

**Power of Attorney** – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – Check the "Officer Title" box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer's signing authority.

Oxford Life Mailing Address and Contact Information				
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004			
Fax	(877) 584-2777			
Email	OxfordPHS@oxfordlife.com			
Policyholder Services	(866) 641-9999			
Website	www.oxfordlife.com			