

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. Both your old and new signature will be required in section 4. Only the signatures of the person changing their name are required on co-owned accounts.
- 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. If you do not have a copy of supporting documentation, you may complete this form as a one and the same letter by obtaining a **signature guarantee** in section 4 for both your old and new signature.

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



¹ Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group One Thousand One, LLC (“Group1001”).

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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.

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):

- ☐ Mailing address ☐ Contract/Policy Owner address ☐ Annuitant/Insured's address ☐ Co-Owner's address
- ☐ Co-Annuitant's address ☐ 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 for an address change. Note that irrevocable beneficiaries are not available on annuity contracts. For a name change, only the person's name who is changing must sign this form.

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.

An original **signature guarantee** stamp (no faxes) is only required for name changes in which documentation cannot be provided, and must be obtained for both your old and new signature. 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).

For name changes only:

Contract/Policy Owner's Old Signature X	Date (mm/dd/yyyy)	Contract/Policy Owner's New Signature X	Date (mm/dd/yyyy)
Please Print Name Below		Please Print Name Below	
Signature Guarantee Stamp		Signature Guarantee Stamp	

For address changes only:

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	

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