



ADDRESS CHANGE

All policy owners associated with the individual requesting an address change must sign this form.

This form must be completed to make an address change to the Catholic Order of Foresters (COF) contract(s). All information provided is for internal purposes only and will not be sold or otherwise transferred to any goods and services vendor, third parties or entities that are not involved in COF's business operations.

Change the address for:	FIRST NAME	LAST NAME	DATE OF BIRTH	LAST 4 SSN
	STREET ADDRESS		PHONE	
Previous Address:	CITY		STATE	ZIP
	STREET ADDRESS		PHONE	
Current/New Address:	CITY		STATE	ZIP

OWNER AUTHORIZATION

I/We authorize Catholic Order of Foresters to change the address for the above-named individual on all the policies I/we own.

POLICY NUMBER	POLICY OWNER 1 NAME	POLICY OWNER 1 SIGNATURE	DATE
POLICY OWNER 1 MAILING ADDRESS (Street, City, State, ZIP)			PHONE
POLICY NUMBER	POLICY OWNER 2 NAME	POLICY OWNER 2 SIGNATURE	DATE
POLICY OWNER 2 MAILING ADDRESS (Street, City, State, ZIP)			PHONE
POLICY NUMBER	POLICY OWNER 3 NAME	POLICY OWNER 3 SIGNATURE	DATE
POLICY OWNER 3 MAILING ADDRESS (Street, City, State, ZIP)			PHONE

HOME OFFICE CONFIRMATION

The requested change has been recorded and is effective.	AUTHORIZED OFFICER	DATE
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