



## 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.

<b>Change the address for:</b>	Policy Number(s)		Last 4 of SSN
	First Name	Last Name	Date of birth
	This individual is the: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other:		

### PREVIOUS ADDRESS (changing from) → (changing to) CURRENT / NEW ADDRESS

Street Address	Street Address
City / State / ZIP	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.

<b>1</b>	Policy Owner Mailing Address (Street, City, State, Zip)		
	Email		Phone
	Policy Owner Full Name	Policy Owner Signature	Date

<b>2</b>	Policy Owner Mailing Address (Street, City, State, Zip)		
	Email		Phone
	Policy Owner Full Name	Policy Owner Signature	Date

### HOME OFFICE CONFIRMATION

The requested change has been recorded and is effective.	Authorized Officer	Date
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