INDEPENDENT LIFE INSURANCE COMPANY
P.O. Box 679053
Dallas, Texas 75267-9053
Telephone: (800) 793-0848
Fax: (214) 666-4833

Policy/Contract Number:

CHANGE OF NAME/ADDRESS REQUEST

ADDRESS CHANGE ☐ NAME CHANGE ☐ BOTH ☐

1. PAYEE(S) INFORMATION

NAME SOCIAL SECURITY NUMBER
EMAIL ADDRESS DATE OF BIRTH
PHONE NUMBER

2. FORMER NAME AND/OR FORMER ADDRESS

FORMER NAME
FORMER STREET ADDRESS
CITY STATE ZIP CODE

3. NEW NAME AND/OR NEW ADDRESS

FIRST NAME LAST NAME
STREET ADDRESS
CITY STATE ZIP CODE

4. PAYMENT MAILING ADDRESS (if different from mailing address and payment is not Direct Deposit)

FIRST NAME LAST NAME
STREET ADDRESS
CITY STATE ZIP CODE

5. AUTHORIZATION

I certify that the information on this form is accurate and authorize the requested change.

SIGNATURE OF PAYEE OR LEGAL REPRESENTATIVE DATE

If individual signing is not the payee, legal documentation must accompany this request if not previously provided.
NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days

6. INSTRUCTIONS

1. **Payee Information:** Provide all the requested information in this section.

2. **Former Name And/Or Address Change:** If you would like to change your name only, check the "Name Change" box and provide your former name. If you would like to change your address only, check the "Address Change" box and provide your former address. If you would like to change both your name and your address, check the "Both" box and provide your former name and former address.

3. **New Name And/Or Address Change:** If you elected to change your name only, provide your new name in this section. If you elected to change your address only, provide your new address in this section. If you elected to change both your name and your address, enter your new name and new address in this section.

4. **Payment Mailing Address:** Provide your payment mailing address if you would like to receive your payment at an address other than the address provided in the New Name and/or Address Change section.

5. **Authorization**: Provide your signature and date.

This form should be printed, completed in full, signed by the payee or legal representative, and then submitted, along with any required legal documents, to Independent Life Insurance Company via email, fax, or mail.

Email: documents@Independent.Life

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