

Address Change Request



Accordia Life and Annuity Company
P.O. Box 305027, Nashville, TN 37230-5027
Customer Contact Center – Tel: 877 462 8992 Fax: 800 351 0603

Accordia Life and Annuity Company
215 10th Street, Suite 1100, Des Moines, IA 50309
First Allmerica Financial Life Insurance Company
132 Turnpike Road, Suite 210, Southborough, MA 01772

1. OWNER INFORMATION

Individual, Trustee or Company Name		
If Trust, list Trust Name and Trust Date		
Policy Number(s)	Email Address	
Social Security Number (last four digits) X X X - X X -	Date of Birth (mm/dd/yy) / /	Personal Phone () -

Change address for: Insured/Annuitant Owner Payor Other: _____

NOTE: We are required to send written confirmation of this change to BOTH your previous address and your new address.

2. PREVIOUS ADDRESS

Current Mailing Address	City	State	Zip	Country
Current Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country

3. NEW ADDRESS

New Mailing Address	City	State	Zip	Country
New Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country

4. YOUR CONFIRMATION

By signing below, I acknowledge this request is subject to the provisions and conditions of my policy/contract(s) and the company may request additional information in order for my request to be processed.

Owner Signature X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yy) / /
Joint Owner Signature (if applicable) X	Print Name	Date (mm/dd/yy) / /

If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

Conservator Guardian Power of Attorney

Signature (if applicable) X	Print Name	Date (mm/dd/yy) / /
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