

AMERICAN FAMILY LIFE INSURANCE COMPANY
6000 AMERICAN PKWY
MADISON, WI 53783-0001

ADDRESS CHANGE – ALL POLICIES/CONTRACTS

Agt/Dist Code

SECTION 1. GENERAL INFORMATION				
Is the Owner able to read and understand this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how is this form being translated?				
<input type="checkbox"/> Translator (Translation cannot be done by the Owner, the Beneficiary or any family member)				
Translator's Name (first)	(mi)	(last)	(suffix)	
<input type="checkbox"/> AT&T Language Line	Operator #			
2. Policy/Contract Number(s)				
3. Primary Insured/Annuitant's Name (first)	(mi)	(last)	(suffix)	Social Security #
SECTION 2. WHOSE ADDRESS IS CHANGING?				
<input type="checkbox"/> PRIMARY INSURED'S	SOCIAL SECURITY #			
<input type="checkbox"/> ANNUITANT'S	SOCIAL SECURITY #			
<input type="checkbox"/> ADDITIONAL INSURED'S	SOCIAL SECURITY #			
<input type="checkbox"/> OWNER'S	SOCIAL SECURITY #			
<input type="checkbox"/> BENEFICIARY'S	SOCIAL SECURITY #			
<input type="checkbox"/> BILLING				
NEW ADDRESS				
(Street)	City/Town		State	Zip
SECTION 3. AGREEMENT (Please read completely before signing)				
THE UNDERSIGNED AGREE THAT: American Family Life Insurance Company (Company) is requested and authorized to take the action specified above. Any request is subject to the conditions and provisions of the policy/contract and the current rules and practices of the Company.				
STATE WHERE SIGNED _____				
Owner's Signature (If a corporation, indicate name of company and title of officer signing)				Date
Translator's Signature				Date
Witness's Signature				Date