

ADDRESS CHANGE FORM

Policy/contract Owner(s) (if a corporation or other entity, indicate it's legal name)
Policy/contract number(s) the address change applies to:
If any of the above noted policy/contract(s) have joint Owners with different addresses, please confirm which Owner's address we are to send correspondence to: _____ applicable policy/contract number(s) _____.

This change applies to the following people: (if a corporation/other entity, indicate it's legal name)	Policy/contract relationship	Client number(s)
	<input type="radio"/> Owner <input type="radio"/> joint Owner <input type="radio"/> Life Insured/Annuitant	
	<input type="radio"/> Owner <input type="radio"/> joint Owner <input type="radio"/> Life Insured/Annuitant	
	<input type="radio"/> Owner <input type="radio"/> joint Owner <input type="radio"/> Life Insured/Annuitant	
	<input type="radio"/> Owner <input type="radio"/> joint Owner <input type="radio"/> Life Insured/Annuitant	
	<input type="radio"/> Owner <input type="radio"/> joint Owner <input type="radio"/> Life Insured/Annuitant	

Previous address			
Address (number, street)	City	Province	Postal code

New address			
Address (number, street) (If using a PO Box, also provide your physical address.)			
City	Province/state/country	Postal/zip code	
Personal phone number	Business phone number	Email address	

The address change will be effective immediately on being processed by Empire Life (normally within 5 business days of receipt at Empire Life Head Office). To postpone the address change, specify the effective date (dd/mmm/yy) _____.

If you reside outside of Canada, complete the following:
Where do you reside for tax purposes? (check all that apply) <input type="radio"/> Canada <input type="radio"/> U.S. (resident or citizen) – Tax Identification Number (TIN) _____ If you do not have a TIN from the U.S. have you applied for one? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Other – specify country _____ TIN _____ If you do not have a TIN, specify the reason: <input type="radio"/> I will apply or have applied for a TIN but have not yet received it. <input type="radio"/> My jurisdiction of tax residence does not issue TINs to its residents. <input type="radio"/> Other – specify reason _____
Note: you must provide a photocopy of a government issued document to verify your residency status. If owner/joint owner is a corporation or other entity, complete form C-0044.

Signature(s)	
Signature of Owner 1 X	Date (dd/mmm/yy)
Print name of Owner 1 (or name and title, if signing for a corporation or other entity)	
Signature of Owner 2 or <input type="radio"/> only one signing authority to bind corporation/entity X	Date (dd/mmm/yy)
Print name of Owner 2 (or name and title, if signing for a corporation or other entity)	