

# 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	

<b>Previous address</b>		
Address (number, street)		
City	Province	Postal code

<b>New address</b>		
Address (number, street)		
City	Province	Postal 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) \_\_\_\_\_.

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