



Aviva Life and  
Annuity Company  
800/800-9882  
P.O. Box 1555  
Des Moines, IA 50306-1555

## Change of Name/ Address Form

**CHECK APPROPRIATE SECTION(S)** (Please print or type all information *except* signatures. Please use black ink.)

### SECTION 1:

Insured/Annuitant: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_ Telephone No. of Owner: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### SECTION 2:

**NAME CHANGE** - For name changes due to marriage attach a copy of the marriage certificate. For all other name changes, attach a copy of the court order.

Change the name of:  Insured/Annuitant  Owner  Payor  Other (Specify) \_\_\_\_\_

For Reason of:  Marriage  Divorce  Court Order  Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature (Former Name)

\_\_\_\_\_  
Print (Present Name)

\_\_\_\_\_  
Signature (Present Name)

### SECTION 3:

**ADDRESS CHANGE**

Change Address for:  Insured/Annuitant  Owner  Payor  Other (Specify) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No.: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

### SECTION 4:

I ACKNOWLEDGE THAT this request is subject to the provisions and conditions of the policy and the Company may request additional information or impose additional requirements.

\_\_\_\_\_  
Signature of Owner (Title of Officer if Corporation or Trustee, if applicable) Date

**NOTE:**  
1. Owner must sign. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".

