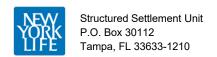
Change of Address Request Form



Instructions for Completing this Form:

Annuitant/Payee signature

If you need assistance, please contact the Service Area toll free at 1-855-469-5772

| • | Please mail, | fax, or email a | scan of the | completed fo | rm to the a | ddress on the | bottom of this | s form |
|---|--------------|-----------------|-------------|--------------|-------------|---------------|----------------|--------|
|---|--------------|-----------------|-------------|--------------|-------------|---------------|----------------|--------|

| Policy # (Begins with FP or 77) | Year Policy Purchased | Have your payments started: | Yes or N | |
|---|---|---|----------|--|
| | | If yes, what was your last payment amount? \$ | | |
| bout the Annuitant/Payee | | | | |
| Last Name | First Name | Middle | Initial | |
| | • | | | |
| Social Security Number (Last 4) | Date of Birth | | | |
| | | | | |
| Email address | Home Phone | | | |
| | () | (|) | |
| | | | | |
| bout the Joint Payee (<i>Appl</i> Last Name | lies to Joint & Survivor policy First Name | types only) Middle | Initial | |
| Last Hame | i ii st Name | wildale | iiiidai | |
| Social Security Number (Last 4) | Date of Birth | | | |
| , , | | | | |
| Email address | Home Phone | Mobile | Phone | |
| | () | (|) | |
| | | | | |
| ew/Current Address | | | | |
| Street Address | | | | |
| City, State, ZIP Code | | | | |
| only, otate, 211 code | | | | |
| | | | | |
| Id/Previous Address | | | | |
| Street Address | | | | |
| | | | | |
| City, State, ZIP Code | | | | |
| | | | | |

Please mail, fax, or email a scan of the completed form to us as noted below.

NYL - Structured Settlements
P.O. Box 30112
Tampa FL, 33633-1210
ree Phone: 855-469-5772 Fax: 9

Date

Toll Free Phone: 855-469-5772 Fax: 908-840-3880 Email: ssservice@newyorklife.com

Web: www.newyorklife.com/structured-settlements/service-central

Joint annuitant signature (if applicable)

Date