



Structured Settlement Unit
30 Hudson Street – 22nd Floor
Jersey City, NJ 07302-4600

Change of Address Request Form

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

Instructions for Completing this Form:

- Please mail, fax, or email a scan of the completed form to the address on the bottom of this form

1. Policy Information *(You must have 1 out of 3 to successfully make this change)*

Policy # (Begins with FP or 77)	Year Policy Purchased	Have your payments started? Yes or No
		If yes, what is your last payment amount? \$

2. About the Annuitant/Payee

Last Name	First Name	Middle Initial
Social Security Number (Last 4)	Date of Birth - -	
Email address	Home Phone ()	Mobile Phone ()

3. About the Joint Payee *(Applies to Joint & Survivor policy types only)*

Last Name	First Name	Middle Initial
Social Security Number (Last 4)	Date of Birth - -	
Email address	Home Phone ()	Mobile Phone ()

4. New/Current Address

Street Address
City, State, ZIP Code

5. Old/Previous Address

Street Address
City, State, ZIP Code

6. Required Signature(s) – Your signature confirms that all information on this form is correct.

X _____
Annuitant/Payee signature Date

X _____
Joint annuitant signature (if applicable) Date

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

New York Life Insurance - Structured Settlements
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Jersey City, NJ 07302-4600
Toll Free Phone: 855-469-5772
Fax: 908-840-3880
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