

Address Change Request

1. Customer Information

Name of Individual #1 (**print**)

Name of Individual #2, if any (**print**)

Customer Number (10-digits)

Customer Number (10-digits)

Customer Number (10-digits)

Customer Number (10-digits)

Customer Number (10-digits)

Customer Number (10-digits)

Customer Number (10-digits)

Customer Number (10-digits)

2. Address and Telephone Numbers

Please update my/our account(s) with the following new address and telephone number(s), if applicable.

U.S Mailing Address

City

State

Zip

Residential Street Address
(mandatory, if mailing address contains a P.O. Box, "care of" or temporary address)

City

State

Zip

Home Phone #

Work Phone # (optional)

Cell Phone # (optional)

3. Signature(s)

I/We authorize you to change my/our address for all accounts under my/our customer number(s) listed in **Section 1** of this form.

Signature of Individual #1

Date

(SG)

Signature of Individual #2, if any

Date

(SG)

(SG) *A signature guarantee is required when an address is updated on an account which has been coded "Do Not Mail" because mail has been returned as undeliverable.*

Affix Medallion Signature Guarantee Here, If Required:

Stamps qualified for a specific date and/or individual, or altered in any manner, may not be accepted.

Return by Regular Mail:

Foresters Life Insurance & Annuity Company
P.O. Box 7836, Edison, NJ 08818-7836

Return by Overnight Mail:

Foresters Life Insurance & Annuity Company
Raritan Plaza I, 9th Floor, Edison, NJ 08837-3620

For More Information:

800-832-7783 (Inforce Services)
www.foresters.com