



ADDRESS / NAME CHANGE REQUEST

This form can be used for all SA SCC products, including FSP, SP, FSPc, SPC and SA SCC Annuity.

GENERAL INFORMATION

Name on Account: _____ SSN: _____

Contract / Account Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

ADDRESS CHANGE

Former Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

New Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

NAME CHANGE

Former Name: _____

New Name: _____

NOTE: For name changes, please attach a legal document that supports the change.

Signature: _____ Date: _____

For administrative use:

Assignee Authorization: _____

Date: _____

Please send completed form to:
documents@structures.com