

**Instructions:** Go to [americanfidelity.com/myaccount](http://americanfidelity.com/myaccount) to change your address with your online account. Complete the information below *only* if you choose not to update your information online.



Attention: Account Admin Dept  
P. O. BOX 25523  
Oklahoma City, OK 73125-9949

PHONE: 800-662-1113  
FAX: 800-620-8915  
[americanfidelity.com](http://americanfidelity.com)

Requested Change Date: \_\_\_\_\_

Policy Number #1 \_\_\_\_\_

Policy Number #2 \_\_\_\_\_

Policy Number #3 \_\_\_\_\_

## CHANGE ADDRESS FORM

### INSURED/POLICYHOLDER INFORMATION:

#### Address Change is for:

Insured/policyholder (Print name) \_\_\_\_\_ SSN \_\_\_\_\_

Policy Owner (Print name) \_\_\_\_\_ SSN \_\_\_\_\_

#### Person Requesting the Change:

Insured/policyholder  Policy Owner  Other (Print name) \_\_\_\_\_

If other, please list relationship to insured/policyholder or policy owner: \_\_\_\_\_

I understand this request for change of address will replace all previous requests. It will become effective the earlier of the request change date above or the date recorded by the home office below.

**Signature of Requestor** \_\_\_\_\_ **Date** \_\_\_\_\_

#### OLD ADDRESS:

Mailing \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

#### NEW ADDRESS:

Mailing \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_