

# Change of Address/Contact Information

1101

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln NE 68501 / 800-745-1112, FAX 402-467-7335

---

Policy Number: \_\_\_\_\_

Name of Insured/Annuitant: \_\_\_\_\_

## Address change for:

Insured/Annuitant    Owner    Assignee    Beneficiary    Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Billing address change for:

Changing current payor?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE:** *The new address of the individual or individuals named above will be recorded on all policies unless indicated otherwise below.*

## Address change:

For all policies

Excluding these policies

Number: \_\_\_\_\_ Number: \_\_\_\_\_

Number: \_\_\_\_\_ Number: \_\_\_\_\_

---

Date: \_\_\_\_\_  
                    Month                      Day                      Year

**X** \_\_\_\_\_  
Signature of Producer

**X** \_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print or Type Name of Producer

\_\_\_\_\_  
Print or Type Name of Owner

Home office records must reflect the current address of the insured, premium payor and policyowner. The Company will not permit these addresses to be the address of the Company branch office or the address of any agent.