

# F&G Annuities & Life

## Change of Name or Mailing Address

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

### INSTRUCTIONS

**COMPLETE THIS FORM TO CHANGE OR UPDATE ANY OF THE FOLLOWING WITH RESPECT TO YOUR ANNUITY CONTRACT OR LIFE INSURANCE POLICY:**

1. Mailing address
2. Legal name

Do not use this form when transferring ownership rights. Use this form only if owner remains the same. To transfer ownership rights use an alternate form: Transfer of Ownership/Change Beneficiary/Change Annuitant that can be found at <http://www.home.fglife.com>. Please reference form ADMIN 5742.

### RETURN COMPLETED FORM TO:

Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
P.O. Box 81497  
Lincoln, NE  
68501-1497



U.S. Mail

Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
777 Research Drive  
Lincoln, NE  
68521



Overnight

**New York Residents:**  
Fidelity & Guaranty Life  
Insurance Company of  
New York Service Center,  
P.O. Box 81337  
Lincoln, NE  
68501-1337



U.S. Mail

Customer  
Service:  
888-513-8797



Phone

Life Insurance:  
800-281-5777



Fax

# F&G Annuities & Life

## Change of Name or Mailing Address

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

### OWNER

Policy / Contract Number	Name: First / Middle Initial / Last

### CHANGE OF MAILING ADDRESS

Please change the mailing address of the: (select one)

- ☐ Insured / Annuitant  
☐ Owner

Name: First / Middle Initial / Last		
New Address		
City	State	Zip
Phone Number	Email Address	

### NAME CHANGE

Include one (1) copy of legal evidence that supports the name change. Acceptable documents include: Marriage license, divorce decree, unexpired U.S. Passport, Social Security card, valid U.S. driver's license, unexpired Green Card.

Other unexpired government issued ID may also be accepted. If you have questions whether an alternate form of ID will be accepted, please contact Customer Service.

Corporate name changes require proof filed with the state in which corporation is domiciled.

Please update the name of the: (select one)

- ☐ Insured / Annuitant  
☐ Owner

Former Name: First / Middle Initial / Last
New Name: First / Middle Initial / Last

### AUTHORIZATION

Under penalties of perjury, I certify that the information provided above is correct and true.

**Must be signed with former name or request can not be processed.**



Owner(s) and/or Assignee(s) Signature(s)	Date
Joint Owner (if any)	Date
<b>Former Name (signature) (must be completed)</b>	<b>Date</b>
New Name (signature)	Date
Other Required Signature (if any)	Date