



Address/Name Change Form

- Transamerica Financial Life Insurance Company**
Home Office: Harrison, New York
- Transamerica Life Insurance Company**
Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499
- Transamerica Premier Life Insurance Company**
Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

Section 1: Policy Information

Policy Number(s) _____ | Policy Owner(s) _____

Citizenship
 U.S. Resident Alien Non-Resident Alien Other, please specify which country _____

Section 2: Change of Address

Change of Address for: Owner Joint Owner Annuitant/Insured Payor

Residential Address _____ | City/ State/ Zip _____

Mailing Address (if different from Residential Address) _____ | City/ State/ Zip _____

Telephone Number _____

***Please also provide a physical address if changing your address to a PO Box.**

Section 3: Change of Name

Change of Name for: Owner Joint Owner Annuitant/Insured Payor

In order to process, you must attach legal document evidencing the name change. (e.g.- Marriage Certificate, Divorce Decree, Court Order, Naturalization form, Petition for Name Change form, State/Federal Issued Driver's License or ID Card, or Passport showing new name).

Previous Name _____ | New Name (print clearly) _____

I would like confirmation of this name change, or any questions related to the requested change, securely emailed to me at the following e-mail address:

(E-mail is not available on all products) _____

Section 4: Signatures

By requesting this change the policy owner(s), on their behalf and that of their successors and assignees, agrees to indemnify and hold the Company harmless from the consequences of accepting these changes.

Current/New Name Owner Signature _____ Date _____ | Previous Name Owner Signature (if applicable) _____ Date _____

Owner's Social Security Number/TIN _____ | Owner's Telephone Number _____

Signature of Joint Owner (if applicable) _____ Date _____ | Joint Owner's Telephone Number _____

Joint Owner's Social Security Number/TIN _____