

Protective Life * as Administrator for
Lincoln Life Assurance Company of Boston
P.O. Box 13694, Birmingham, AL 35202-3641
Email Address: structuredsettlements@protective.com
Telephone: (800) 451-7065 Fax: (603) 334-5833

Policy/Contract Number: NP3-_____

ADDRESS/NAME CHANGE REQUEST

Please select request type: (Select all that apply) Address Change Name Change

1. PAYEE(S) INFORMATION

First Name _____ Middle Name _____ Last Name _____

Telephone Number _____ Birth Date _____ Social Security Number _____

2. CHANGE OF ADDRESS INFORMATION (If applicable. Provide both old and new addresses)

Old Mailing Address - Street _____ City _____ State _____ ZIP _____

New Mailing Address - Street _____ City _____ State _____ ZIP _____

3. CHANGE OF NAME INFORMATION (If applicable. Completing this section does not change the owner or any beneficiary designation.)

Reason for Change: Attach a copy of required legal evidence (e.g., marriage certificate, driver's license, passport).

Marriage Divorce Correction Other _____

Former Name _____ Former Signature (Please sign here with former signature)

×

New Name _____ New Signature (Please sign here with new signature)

×

4. AUTHORIZATION

I(We) hereby request that the annuitant's address and/or name be changed in accordance with the provisions of the contract. I(We) represent that all statements and information contained herein are true and complete to the best of my(our) knowledge and belief.

5. SIGNATURES

Payee's Signature _____

Print Name _____

Date (mm/dd/yy) _____

** Please note that effective May 1, 2018 Protective Life Insurance Company (for policies issued outside New York) and Protective Life and Annuity Insurance Company (for policies issued in New York) assumed administrative responsibilities for certain life and annuity policies issued by Lincoln Life Assurance Company of Boston.*