



Structured Settlement Unit  
 30 Hudson Street – 22<sup>nd</sup> Floor  
 Jersey City, NJ 07302-4600

## Change of Address Request Form

**If you need assistance, please contact the Service Area toll free at 1-855-469-5772**

Instructions for Completing this Form:

- Please mail, fax, or email a scan of the completed form to the address on the bottom of this form

### About the Annuitant/Payee:

Policy # (Begins with FP or 77)		
Last Name	First Name	Middle Initial
Social Security Number - -	Date of Birth / /	
Email address	Home Phone ( )	Mobile Phone ( )

### About the Joint Payee (if applicable):

Last Name	First Name	Middle Initial
Social Security Number - -	Date of Birth / /	
Email address	Home Phone ( )	Mobile Phone ( )

### New/Current Address

Street Address
City, State, ZIP Code

### Old/Previous Address

Street Address
City, State, ZIP Code

**Required Signature(s)** – Your signature confirms that all information on this form is correct.

X \_\_\_\_\_  
 Annuitant/Payee signature                      Date

X \_\_\_\_\_  
 Joint annuitant signature (if applicable)                      Date

**Please mail, fax, or email a scan of the completed form to us as noted below.**

**New York Life Insurance - Structured Settlements**  
**30 Hudson Street – 22<sup>nd</sup> Floor**  
**Jersey City, NJ 07302-4600**  
**Toll Free Phone: 855-469-5772**  
**Fax: 908-840-3880**  
**Email: [ssservice@newyorklife.com](mailto:ssservice@newyorklife.com)**  
**Web: [nylstructuredsettlements.com](http://nylstructuredsettlements.com)**