

## Name Change Form

General Information
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Policy Number(s):	*Annuitant SSN:
*Annuitant Name:	*Date of Birth:
Email Address:	*Phone Number:

#### Change

NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days.

\*Change From (Former Name):

\*Change To (New Name):

\*Reason For Change:

\*ATTACH COPY OF LEGAL DOCUMENT SUCH AS MARRIAGE LICENSE, DIVORCE DECREE, ADOPTION PAPERS, ETC.

\*Signature of Annuitant

\*Date of Signature

**Home Office Use Only** 

Acknowledgement Date:

Authorized Signature:

# Name Change Form Instructions

#### Instructions

This form should be completed in full, printed, signed by the annuitant or legal representative, and then submitted, along with any required legal documents, to Corebridge Financial via email, facsimile or mail.

Email: ssrequest@corebridgefinancial.com

Facsimile: (806) 349-5802

Mail: Corebridge Financial Attn: Structured Settlements Department P.O. Box 15367 Amarillo, TX 79105-5367

### NOTE: Only signed forms will be considered and processed.

#### The form must be filled out in <u>Black Ink</u> only.

Please contact us if you have any questions.