

ADDRESS CHANGE REQUEST



**WEST COAST LIFE
INSURANCE COMPANY**
A Protective Company A.

**Post Office Box 1928 (35282-8238)
2801 Highway 280 South (35223)
Birmingham, Alabama
Toll Free Number: 800-456-6330
Fax: 205-268-6479**

Owner's Name: _____ Contract Number: _____

CHANGE OF ADDRESS

Please indicate your new address below. For our records, please re-state the old address.

Old Address: _____

New Address: _____

New Phone Number: _____

E-mail Address: _____

****If this is a temporary address, please re-submit a new Address Change Request when a change back to your permanent address is necessary.**

SIGNATURES

Owner's Signature and Date

Joint Owner's Signature and Date

For Administrator's use only:
Change recorded as of ___/___/___ by _____