

**WESTERN UNITED LIFE ASSURANCE COMPANY
MANHATTAN LIFE INSURANCE COMPANY**

Annuity Operations Office

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**ADDRESS
CHANGE
REQUEST**

NOTE: Due to privacy regulations, we cannot record any changes to your address on our systems until we receive this completed, signed document.

1. ANNUITY CONTRACT INFORMATION

These Changes will affect all your annuity contracts with the Company. Please include at least one of your annuity contract numbers for reference.	Annuity Number
a. Full Name	SS/Tax ID Number
b. Full Name	SS/Tax ID Number
c. Full Name	SS/Tax ID Number
d. Full Name	SS/Tax ID Number
e. Full Name	SS/Tax ID Number

2. ADDRESS CHANGE

What is your state of residence?

Type of Change	<input type="checkbox"/> Home		<input type="checkbox"/> Seasonal	
Effective Dates	From	To	From	To
Name				
Address				
City, State, Zip Code				
Phone				
Alternative Phone				
E-mail Address				

3. REQUIRED SIGNATURES



Owner Signature _____ Owner Printed Name _____ Date _____

Joint Owner Signature (if applicable) _____ Joint Owner Printed Name _____ Date _____

FOR OFFICE USE ONLY

System Updates: AdminServer Resident State Date: _____ User ID: _____

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