

CHANGE OF ADDRESS FORM

Please specify the new address below and which certificate(s) this address change will be applicable for. This form is intended solely for the use by the owner of the certificate(s) listed.

If you have any questions, or for additional information, please contact us at 2 1-800-772-8632 or visit our website at 4 www.prcua.org.

		PLEASE PRINT	T IN THE BLOC	KS WITH CAPITAL LETTER
1. OWNER INFORMA	TION			
IRST (MI) LAST NAME				
EW STREET ADDRESS / CITY, STATE, ZIP	CODE			
	Х			
HONE NUMBER			DATE - (MON	TH/DAY/YEAR)
			DATE (IVIOIV	III, DAI, TEAN,
SNATURE OF OWNER				
om none or owner.				
2. CERTIFICATE INFO	RMATION			
lease apply the above address o	change to the following certificate(s)/loan(s):		
ERTIFICATE	CERTIFICATE	LOAN ID		
				Please apply the new address change to all Life
ERTIFICATE	CERTIFICATE	LOAN ID		Insurance, Annuities, Loans
				and Sales Representative Information (if applicable) to
ERTIFICATE	CERTIFICATE	LOAN ID		which I am named.
ERTIFICATE	Certificate	LOAN ID		
3. ADDITIONAL INFO	RMATION			
lease mail this completed forn	n to:			
·		URER DEPARTMENT		
		DLIC UNION OF AMERICA		
		WAUKEE AVE 60642-4101		
	INTERNALOE	FICE LISE ONLY		
PROCESSED BY:	INTERNAL OF	FICE USE ONLY (PLACE DEF	PARTMENT RECEI	/ED STAMP BELOW)
☐ General Office	☐ Auditing	·		•
	_			
☐ Treasury ATTENTION DEPARTMENTS: PLEASE	☐ Sales RETURN FORM TO THE GENERAL OFFICE AF	TER ALL		
DEPARTMENTS PROCESSING IS COM		- 		

Change Of Address Form A1025