



USFL AGENT/AGENCY/NAME ADDRESS CHANGE FORM

FULL NAME OF AGENT OR AGENCY _____

USFL AGENT OF AGENCY NUMBER _____

SS# OR TAX ID# _____

AGENT OR AGENCY OLD NAME AND/OR ADDRESS CHANGE

OLD ADDRESS _____

CITY/STATE _____

ZIP CODE _____

AGENT OR AGENCY NEW NAME AND/OR ADDRESS CHANGE

ADDRESS _____

CITY/STATE/ZIP CODE _____

HOME PHONE # _____ OFFICE PHONE # _____

FAX # _____ CELL # _____

EMAIL ADDRESS _____

EFFECTIVE DATE OF CHANGES _____

SEND DOCUMENT TO:

US FINANCIAL LIFE INSURANCE COMPANY
Attn: Licensing Department
P.O. Box 4763
Syracuse, New York 13221-4763