

**Protective Life \* as Administrator for  
Lincoln Life Assurance Company of Boston**  
P.O. Box 13694, Birmingham, AL 35202-3641  
Email Address: structuredsettlements@protective.com  
Telephone: (800) 451-7065 Fax: (603) 334-5833

Policy/Contract Number: NP3-\_\_\_\_\_

### ADDRESS/NAME CHANGE REQUEST

Please select request type: (Select all that apply)  Address Change  Name Change

#### 1. PAYEE(S) INFORMATION

First Name	Middle Name	Last Name
Telephone Number	Birth Date	Social Security Number

#### 2. CHANGE OF ADDRESS INFORMATION (If applicable. Provide both old and new addresses)

Old Mailing Address - Street	City	State	ZIP
New Mailing Address - Street	City	State	ZIP

#### 3. CHANGE OF NAME INFORMATION (If applicable. Completing this section does not change the owner or any beneficiary designation.)

**Reason for Change: Attach a copy of required legal evidence (e.g., marriage certificate, driver's license, passport).**

Marriage  Divorce  Correction  Other \_\_\_\_\_

Former Name	Former Signature (Please sign here with former signature)
	×
New Name	New Signature (Please sign here with new signature)
	×

#### 4. AUTHORIZATION

I(We) hereby request that the annuitant's address and/or name be changed in accordance with the provisions of the contract. I(We) represent that all statements and information contained herein are true and complete to the best of my(our) knowledge and belief.

#### 5. SIGNATURES

Payee's Signature	Print Name	Date (mm/dd/yy)
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*\* Please note that effective May 1, 2018 Protective Life Insurance Company (for policies issued outside New York) and Protective Life and Annuity Insurance Company (for policies issued in New York) assumed administrative responsibilities for certain life and annuity policies issued by Lincoln Life Assurance Company of Boston.*