



Fraternal Life

Application for Change of Address

This form may be returned to WSA as follows:

Email - info@wsalife.com / Fax - 303-459-5154 / Mail - PO Box 351920, Westminster, CO 80035-1920

Certificate #:

Insured's / Annuitant's Name:

Payer #:


Payer Name:


I hereby request the address on the above listed account(s) be changed as follows:

New Address

Old Address

Effective Date (choose one): Immediately After: _____
MM/DD/YY

 _____
Signature of Insured Date

 _____
Signature of Owner (if different than the Insured) Date