

ADDRESS CHANGE



Return completed form to:

State of Wisconsin
Office of the Commissioner of Insurance
State Life Insurance Fund
P.O. Box 7873 • Madison, WI 53707-7873
(608) 266-0107 • 1-800-562-5558
Fax: (608) 264-6220
Email: ocislif@wisconsin.gov

INSTRUCTIONS: Complete information requested below. Date and sign, then forward to the above address.

Policy Owner	Policy Number
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New Address:

Name
Street Address
City, State, Zip
Phone Number

I hereby request that the address for the above policy be changed to the new address on the records of the State Life Insurance Fund of Wisconsin.

Owner Signature	Date	Social Security Number
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