WSA Fraternal Life

Application for Change of Address

Payer #: **Name:**

Certificate #:	Name:	Certificate #:	Name:

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

New address	Old address

This change shall be effective on: _____

Signature of Insured (Guardian if Insured is a minor) Date

Signature of Payer/Owner Date

Complete and return to:

WSA Fraternal Life, PO Box 351920, Westminster, CO 80035-1920

or fax to: 303-451-5112

Home Office Use Only

Processed by: _____ Date: _____