

Address Change Form

To update your address online, go to americanfidelity.com/myaccount. If you prefer not to update online, complete the form and mail or fax it to American Fidelity using the information provided at the top.

Date:		
Policy Number #1:	Policy Number #2:	Policy Number #3:

Address change is for:

Insured/Policyholder: (print name)	Social Security Number:
Policy owner: (print name)	Social Security Number:

Person requesting the change:

Full Name: (print name)	
Phone Number: (with area code)	Email Address:

If you are not the insured, policyholder, or policy owner, please submit documentation with this request that demonstrates you are legally authorized to request the change.

I understand that this address change request will replace any previous requests. The effective date will be determined by either the requested change date mentioned above or the date recorded by the home office below, whichever is earlier.

Requestor's Signature: _____ Date: _____

Old Address

Mailing Address:		P.O. Box:
City:	State:	Zip Code:
Email Address:		
Phone Number: (with area code)		

New Address

Mailing Address:		P.O. Box:
City:	State:	Zip Code:
Email Address:		
Phone Number: (with area code)		