

NAME / ADDRESS CHANGE REQUEST

To request a change of name or address, please complete the information below and return it to us at the address listed below.

NOTE: No address change is final. If you wish to change your address in the future, please notify us in writing.

All rights of ownership and control of the Policy shall remain with the Policy Owner.

None of the Periodic Payments may be accelerated, deferred, increased or decreased.

POLICY NUMBER _____

CLAIMANT / PAYEE'S NAME HAS CHANGED

(please provide legal documentation for any name change)

Former Name

New Name

CLAIMANT / PAYEE'S NEW ADDRESS

Check if payments are to be mailed to this new address

Name

Street Address

City, State and Zip

Telephone Number

Social Security Number

Mailing Address

AEGON Structured Settlements
Administrative Offices
P.O. Box 35547
Louisville, KY 40232

Overnight Address

AEGON Structured Settlements
Administrative Offices
400 West Market Street
Louisville, KY 40202

Phone: 1.800.866.0002

Fax: 502.560.4860

MONUMENTAL LIFE INSURANCE COMPANY
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY
TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

Member of the AEGON Group

www.aegonstructuredsettlements.com

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SIGNATURE OF AUTHORIZED PARTY

Signature

Signature of Former Name, if applicable

Signature of Joint, if applicable

Telephone Number

Date

Signor is: Claimant / Payee Other

If Other, Relationship to Claimant / Payee
(please provide legal documentation for such authority if not already on file with us)

NOTARIZATION

Please have a notary complete the following information if your notarized signature is not already on file with us.

State of

County of

On (date)

Before me (name of notary)

Personally appeared (name of signer)

Personally appeared (name of joint signer), if applicable

Personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature

WITNESS my hand and official seal.

Signature of Notary