



# PACIFIC GUARDIAN LIFE

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## Contact Information Update Form

Before completing this form, please know:

- Use this form to update/correct your contact information: name, mailing and email addresses, and phone number.
- To request a change of ownership, please complete our Change of Ownership form.
- To request a change of beneficiary, please complete our Beneficiary Change Request form.
- All current contact owners' signatures are required to complete a request.
- If a name change is for the policyowner, supporting documentation of the change must be provided.

### Section 1: Policy Information

Policy number(s)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

### Changes for (check applicable box)

- |                                                   |                                               |                                                           |                                           |
|---------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Owner (SSN/TIN required) | <input type="checkbox"/> Insured or Annuitant | <input type="checkbox"/> Individual covered under a Rider | <input type="checkbox"/> Assignee         |
| <input type="checkbox"/> Contingent Owner         | <input type="checkbox"/> Beneficiary          | <input type="checkbox"/> Payor                            | <input type="checkbox"/> Owner's Designee |

Name of Person Changes are for: \_\_\_\_\_

### Section 2: Ownership Information

☐ **Individual** (or individuals, if the policy is co-owned)

Owner - First name

Middle name

Last name

Social Security number

Phone number (☐ Mobile)

Email address

Co-Owner - First name

Middle name

Last name

Social Security number

Phone number (☐ Mobile)

Email address

☐ **Trust, Charity, or Business Entity:**

Print full name of Trust/Charity/Business entity

Date of Trust (mm/dd/yyyy)

Tax ID number of Trust/Charity/Business

Contact person - First name

Middle name

Last name

Phone number (☐ Mobile)

Email address

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**Section 3: Change of Payor**

|                        |                                                 |               |
|------------------------|-------------------------------------------------|---------------|
| Owner - First name     | Middle name                                     | Last name     |
| Social Security number | Phone number ( <input type="checkbox"/> Mobile) | Email address |
| Street Address         |                                                 |               |
| City                   | State                                           | Zip code      |

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**Section 4: Change of Name**

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| Previous Name (First, Middle, Last) | New Legal Name (First, Middle, Last) |
|-------------------------------------|--------------------------------------|

**Reason (if you are the policyowner, check applicable box):**

☐ Marriage   ☐ Court Decree   ☐ Other: \_\_\_\_\_

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**Important Information:**

- A copy of the marriage certificate, divorce decree, court document, or government-issued ID is required to change a name.
- The form can only be used to change the name of a person who is already the Owner, Insured, Annuitant, Beneficiary, Contingent Owner, Owner's Designee, Payor, or Assignee. If a different person is to be named, use the appropriate change forms.
- If the name change is for a person who has a relationship with multiple policies, the Date of Birth and SSN/TIN must be completed above.
- If the name change is for the Owner, the Owner must sign with their new name below AND provide their SSN/TIN above.
- If the name change is for the Owner or Insured/Annuitant, we will update the name on our records for all policies under the Owner or Insured/Annuitant's name.
- If a corporation changes its name, it is necessary to submit evidence of the change, usually a certificate from the Secretary of State in the state where the corporation was founded or incorporated.
- Where a person acting as guardian conservator on behalf of the Owner, or in a similar capacity, evidence of that appointment must accompany this form.
- If the indicated policy is owned by a corporation, then two Officer's signatures with their respective titles must be provided.

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**Section 5: Change of Address**

☐ Check if this address is a temporary or seasonal address change. We will continue to use the temporary address until you notify us of your return to your primary address. If you choose to have federal or state tax withheld, moving to a temporary or seasonal address will not change this tax status.

**Street Address:**

|      |       |          |
|------|-------|----------|
|      |       |          |
| City | State | Zip code |

**Mailing Address (if different from above):**

|      |       |          |
|------|-------|----------|
|      |       |          |
| City | State | Zip code |

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**Section 6: Phone Number and Email Address**Primary phone number ( ☐ Mobile)Alternate phone number ( ☐ Mobile)

Email address

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**Section 7: Change of Agent**☐ Assign any agent    ☐ Please change to: \_\_\_\_\_

Full Agent Name and PGL Agent Code (if known)

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**Section 8: Certification and Signatures****Social Security or Taxpayer Identification Number of Owner**

Under penalty of perjury, I, certify that:

1. The number shown in this document is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding, or
  - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - c. The IRS has notified me that I am no longer subject to back up withholding; and
3. I am a U.S. Citizen or other U.S. person (defined below); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States and
5. I have the right to make this change without the authorization, approval or permission of any court, person, firm or corporation.

If you are not a U.S. citizen or non-U.S. residing U.S. resident alien, you must submit the applicable IRS Form W-8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax certification section.

Form W-9 and Form W-8 and their instructions are available upon request or on [irs.gov](http://irs.gov).

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Signature requirements**

| Owner type                               | Signature requirement                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual acting on behalf of the Owner | The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. <i>power of attorney, guardianship papers, etc.</i> ).                                                                                                                                                                                                              |
| Trust                                    | Signatures, followed by the word "Trustee," of all required Trustees.                                                                                                                                                                                                                                                                                                         |
| Partnership                              | The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.                                                                                                                                                                                                     |
| Sole Proprietorship                      | The full name of the business should be printed with the signature of the Owner followed by the word "Owner".                                                                                                                                                                                                                                                                 |
| Corporation/Charity                      | The signature and title of one officer (other than the insured). Most common authorized officers include: Chief Financial Officer, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required. |

I declare under penalty of perjury under the laws of the State/Territory of \_\_\_\_\_ and the laws of the United States of America that the foregoing is true and correct. State

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
*Day                      Month                      Year                      City                      State                      Country*

|                                                |             |                          |
|------------------------------------------------|-------------|--------------------------|
| <b>Signature of Owner</b>                      |             | Date Signed (mm/dd/yyyy) |
| X                                              |             |                          |
| Title (if acting in a representative capacity) |             |                          |
| Print - First name                             | Middle name | Last name                |
|                                                |             |                          |
| <b>Signature of Co-Owner</b>                   |             | Date Signed (mm/dd/yyyy) |
| X                                              |             |                          |
| Title (if acting in a representative capacity) |             |                          |
| Print - First name                             | Middle name | Last name                |
|                                                |             |                          |

**How to submit this form**

**Mail:**

Pacific Guardian Life  
Attn: Client Relations Department  
1440 Kapiolani Blvd., Suite 1700  
Honolulu, HI 96814

**Email:**

clientrelations@pacificguardian.com

**Fax:**

1.800.946.1295

**Pacific Guardian Life is here to help**

You can reach us at 1.800.367.5354. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.