CHANGE OF ADDRESS AND/OR NAME FORM

Please fill out all information completely.

Sign, date, and mail or fax form to:	Reciprocal of America and T 11401 Century Oaks Terrace Austin, Texas 78758 Fax: (512) 404-6530		
Name:(As shown in the reco	ords of Reciprocal of America	or The Reciprocal Gr	oup)
	om your name as shown in the rica or The Reciprocal Group)	-	ıl of
Old Address:Address	City	State	Zip
New Address: (If Applicable)			
Current Phone #: Contact Person:			
E-Mail:			

Signature

Date

IMPORTANT NOTE: If the name and/or address on your Change of Address form and/or W-9 does not match the name/address in the receivership records, you will need to enclose documentation that you are the legal successor to the distribution rights of the person or company listed as payee in those records (if your name has changed), and/or documentation that the address listed in those records was formerly your address under your current name or a prior name (if your address has changed).

If you have questions, you may call us at (800) 284-8847.