



FARMERS LIFE INSURANCE COMPANY

Personal Contact Information Update Form

1. Customer Information

Customer full name Last 4 digits of SSN

Phone number on file Home Cell Email on file

Street address on file City State ZIP

Contract number(s) Driver's license number if applicable

2. Customer Contact Information Change

Check all that apply and complete the applicable lines below. Phone Email Address

New phone number Home Cell New email

New street address City State ZIP

Please remit a copy of your driver's license with this change request. If you cannot provide a copy of your driver's license, we may require additional information for further verification in order to process the request. Note that any change of information will not be processed until information is verified by our home office.

By signing this form, customer agrees and certifies that Farmers Life Insurance Company is authorized to make the changes to the applicable contact information on file as indicated on this form, and further agree to hold harmless and indemnify Farmers Life Insurance Company as to any and all claims or demands which may be made by reason of the changes so made.

Name of customer

Signature of customer Date signed

Please fax the completed form and a copy of your driver's license to 580-255-0951 or email to pos@uflic.com for processing.