ADDRESS CERTIFICATION FORM

(PLEASE COMPLETE USING BLOCK LETTERS)

1. POLICYHOLDER INFORMATION

Name	Name / Last Name / Initial		
Date of birth	MM / DD / YYYY	Policy number	
Permanent address			

2. INSURED CERTIFICATION

I hereby certify being of lawful age that I am a resident of (Country) since ____ day of (Month) of (Year). I further certify that I reside in (Country) at least ____ days of each calendar year.

I declare that the above information is for no improper purpose, and is true and accurate. I understand that any omissions, incorrect or incomplete statements could cause claims to be denied, and the policy to be modified, cancelled, or rescinded.

Policyholder's signature		Date	MM / DD / YYYY

3. PRODUCER CERTIFICATION

I hereby certify that I am the Producer of Record for the above referenced Policy, and that I have personal knowledge that the Policyholder's Statement of Residence above is true and correct.

Producer name		Producer number	
Producer's signature		Date	MM / DD / YYYY

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