

# ADDRESS CERTIFICATION FORM



(PLEASE COMPLETE USING BLOCK LETTERS)

## 1. POLICYHOLDER INFORMATION

Name	Name <input type="text"/> Last Name <input type="text"/> Initial <input type="text"/>		
Date of birth	<input type="text"/>	Policy number	<input type="text"/>
Permanent address	<input type="text"/>		
	<input type="text"/>		

## 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incorrect or incomplete statements could cause claims to be denied, and the policy to be modified, cancelled, or rescinded.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	<input type="text"/>	Date	<input type="text"/>
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## 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	<input type="text"/>	Producer number	<input type="text"/>
Producer's signature	<input type="text"/>	Date	<input type="text"/>