[Your Name]
[Your Old Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Change of Address Notification for Policy #[Your Policy Number]

To Whom It May Concern,

I am writing to formally notify you of a change in my residential address. Please update your records for my life insurance policy, effective as of [Date of Move].

My new contact information is as follows:

New Address: [Your New Street Address]
City: [City]
State: [State]
Zip Code: [Zip Code]

Please ensure that all future correspondence, billing statements, and legal notices are sent to this new address. My phone number and email address remain the same.

Kindly send a written confirmation once this update has been processed in your system. If there are any forms I need to sign or additional steps I must take, please let me know.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]