New York Liquidation Bureau

123 William Street, New York, New York 10038-3889
Ph. (212) 341-6400 Fx. (212) 964-7963
www.NYLB.org

CLAIMANT CHANGE OF NAME/ADDRESS FORM

All sections must be completed in order to process your request. **Please attach** a valid driver's license, occupational license, utility bill, or passport reflecting new information. For name change, please also attach legal documentation (marriage certificate, divorce decree, legal order, corporate name change filing, etc.) reflecting new information and have your signature notarized. Please contact our office at the telephone number above with any questions.

1. Request

☐ **Address Change Only** ☐ **Name Change Only** ☐ **Name & Address Change**

2. Claim Information

Company in Liquidation: _____

Claim No.: _____ **Policy No.:** _____

3. Claimant Information Currently on File with Receiver

Name: _____

Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

4. Claimant Information to be Filed with Receiver

Name: _____

Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

I swear or affirm that I am the claimant referenced above, or authorized to sign on behalf of the claimant, and that all information contained on this form as well as attachments are true to the best of my knowledge.

For Name Change: State of _____ County of _____

Sworn to before me this _____ day

of _____ 20_____

_____ _____

Claimant Signature **Date** **Notary Public Signature & Stamp**

Please return this form and supporting documentation to:
New York Liquidation Bureau
123 William Street, New York, New York 10038
Attn: Claims Department