Wichita National Life Insurance Company
Phone 800.522.1625
Fax 888.453.2290
Email WNL@wnlic.com

Address Change Form

Contract Number	Annuitant	Owner (if other than Annuitant)

New Residence Address (cannot be PO Box)

Address	**State**
City	**Zip**

New Mailing Address (if different from Physical Address)

Address	**State**
City	**Zip**

SIGNATURES

***Signature of Owner** **Date**

****Signature of Joint Owner (if applicable)** **Date**

***If trust, custodial, corporate, or partnership owned, you must include a title after the signature (e.g., Trustee, Custodian, etc.). If signing pursuant to the power of attorney, you must indicate this after signature (e.g., POA, Attorney-in-Fact, etc.).**

****By default, all mail correspondence for joint owned contracts is sent to the primary owner mailing address.**