



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation  
http://www.myfloridacfo.com/division/receiver/

For DFS purposes only;
_____ Adjuster
_____ date
_____ Supervisor
_____ date

**Claimant Name Change Request - With or Without Address Change**  
**(Non Assignments)**

Company in Liquidation:	Claim #:
Policy #:	Receiver's ID#/Suffix:

**Claimant Name and Address currently on file with Receiver:**

Name:		
Address:		
City:	State:	Zip:

Please enter the **new information in the box below** and **attach the appropriate supporting documentation** as outlined in the instructions. A copy of a valid driver's license, utility bill or passport reflecting the new information and legal documentation to support the change(s) (marriage certificate, divorce decree, legal orders, death certificate, corporate name change filing etc.) must be submitted.

Name:		
Address:		
City:	State:	Zip:
Phone #:	Email:	

**Please have your signature notarized** below and return this form along with the supporting documentation to: **The Department of Financial Services, Division of Rehabilitation and Liquidation, Attention: Claims Dept. – Change of Name/Address, 2020 Capital Circle SE Suite 310, Tallahassee, FL 32301.**

I swear or affirm that I am the claimant referenced in the claimant name and address section of this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
**Claimant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Claimant**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and subscribed to me by \_\_\_\_\_ on  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Signature

## Claimant Name Change Request Instructions (Non Assignment)

Depending on the reasons for your name change, you **may need to also submit** one or more of the following forms:

*Divorce Affidavit*

*Name-Address Estate under 5000 Affidavit*

*Name-Address Inactive or Dissolved Company Affidavit*

*Name-Address Inactive or Dissolved Company Estate Affidavit*

Support documents, as specified below, must accompany your request. **All supporting documents must contain the new information entered on the change form.** The Receiver reserves the right to validate any name and/or address change request received and may request additional information from you. Please contact us if you have questions by clicking on the "Contact Us Form" in the website's [www.myfloridacfo.com/receiver](http://www.myfloridacfo.com/receiver) navigation pane or you may call Consumer Services at 800-882-3054.

- A. *Name Change due to Marriage (with or without address change).* Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with one of these documents:
- Copy of valid driver's license
  - Utility bill
  - Passport, or other photographic legal identity document
  - Copy of marriage certificate.
- B. *Name Change due to Death (with or without address change).* Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with these documents:
- Copy of valid driver license or other photographic legal identity document for individual requesting name change.
  - Copy of death certificate.
  - If the total amount of the claim is less than \$5,000, a properly executed *Name-Address Estate under 5000 Affidavit*
  - If the total amount of the claim is more than \$5,000, a certified copy of court order identifying beneficiaries, or documents from probate that reflect this information, copy of will and Petition for Discharge or appointment of personal representative.
- C. *Name Change due to Divorce (with or without address change).* Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with one of these documents:
- Copy of valid driver license, utility bill, passport, or other photographic legal identity document.
  - Copy of divorce agreement.
  - A properly executed *Divorce Affidavit*
- D. *Name Change for Active Companies or Corporations (with or without address change).* Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with these documents:
- Copy of valid driver license or other photographic legal identity document for individual requesting name change.
  - If incorporated, copy of most recent filing with Sec of State ([www.sunbiz.org](http://www.sunbiz.org)), or filing that reflects name change.
  - If not listed with Sec of State submit signed statement by a listed officer authorizing payment, Corporate bylaws reflecting authorization or Corporate resolution reflecting individual's authority to act on behalf of company.
- E. *Name Change for Inactive or Dissolved Companies or Corporations (with or without address change).* Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with these documents:
- A copy of valid driver license or other photographic legal identity document for individual requesting name change.
  - Documentation that will clearly verify the connection between the individual and the dissolved company or corporation, such as Tax Filings, occupational license, bank statements, etc.
  - If incorporated, a copy of last filing with Sec of State ([www.sunbiz.org](http://www.sunbiz.org)) identifying officers.
  - If not listed with Sec of State, submit signed statement by a listed officer authorizing payment or corporate bylaws reflects authorization or corporate resolution authorizing Receiver to conduct a Bankruptcy Search to confirm no creditors exist for dissolved company.
  - A properly executed *Name-Address Inactive or Dissolved Company Affidavit*
  - If owner deceased, a properly executed *Name-Address Inactive or Dissolved Company Estate Affidavit*