



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

For DFS purposes only:

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

Claimant Name Change Request – With or Without Address Change
Non-Assignment

Information currently on file with the Department:

Table with 5 rows: Company in Liquidation, Receiver Claim Number (RCN), Claim Number, Policy Number, Current Claimant Name, Address, City, State, Zip.

New information (fill in completely):

Table with 4 rows: Name, Address, City, State, Zip, Phone #, Email.

By signing this form, I am requesting that the Department's records for the claim be changed to reflect the new name and/or address requested for all purposes including any future mailings and distributions if they occur. I swear or affirm that I am the claimant referenced in the 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. I agree to hold harmless the Department of Financial Services and the Division of Rehabilitation and Liquidation should subsequent claimants come forward with proof to claim entitlement to any funds resulting from this claim.

Claimant Signature Date Relationship to Claimant

Printed Name of Person Signing

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by means of [] physical presence or [] online notarization, by _____ as _____ for _____ and [] who is personally known to me or [] who has produced _____ as identification, and, after being sworn, subscribed to the foregoing.

[Notarial Seal/Stamp]

NOTARY PUBLIC

Printed Name of Notary

INSTRUCTIONS

Depending on the reasons for your name change, you **may need to also submit** one or more of the other forms listed on the Instruction Sheet. 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/division/receiver navigation pane or you may call Consumer Services at 800-882-3054.

- A. **Name Change due to Marriage:** Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with these documents:
- Copy of marriage certificate AND one of the following:
 - A copy of valid driver's license with the new name/address OR A copy of a state issued ID card with the new name/address OR A utility bill or similar type of business related document with the new name/address (such as a bank statement, credit card bill, phone bill etc. (Please mark out/redact account #s etc.)
- B. **Name Change due to Death:** Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with these documents:
- Copy of death certificate AND one of the following:
 - A copy of valid driver's license with the new name/address OR A copy of a state issued ID card with the new name/address OR A utility bill or similar type of business related document with the new name/address (such as a bank statement, credit card bill, phone bill etc. (Please mark out/redact account #s etc.)
 - If the claim value <= \$100 the person requesting the name change must be listed as the next of kin on the death certificate.
 - If the claim value > \$100 but < \$5,000, a properly executed *Name-Address Estate under 5000 Affidavit*
 - If the total value of the claim is > \$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:** Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with one of these documents:
- Copy of divorce agreement AND one of the following:
 - A copy of valid driver's license with the new name/address OR A copy of a state issued ID card with the new name/address OR A utility bill or similar type of business related document with the new name/address (such as a bank statement, credit card bill, phone bill etc. (Please mark out/redact account #s etc.)
 - A properly executed *Divorce Affidavit*
- D. **Name Change for Active Companies or Corporations:** 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 state issued ID card for the individual requesting name change.
 - If incorporated, copy of most recent filing with Sec of State (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:** 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 state issued ID card 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) 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 reflecting individual's authority to act on behalf of company.
 - A properly executed *Name-Address Inactive or Dissolved Company Affidavit*
 - If owner deceased, a properly executed *Name-Address Inactive or Dissolved Company Owner Deceased Estate Affidavit*
- F. **Name Change due to Removal of a Co-Payee:** Please complete the *Claimant Name Change Request Form With or Without Address Change* and send it in with these documents:
- Copy of a Satisfaction of Lien, Clear Title, release or other document indicating that the co-payee has been paid in full or no longer has an interest in the claim AND one of the following:
 - A copy of valid driver's license with the new name/address OR A copy of a state issued ID card with the new name/address OR A utility bill or similar type of business related document with the new name/address (such as a bank statement, credit card bill, phone bill etc. (Please mark out/redact account #s etc.)

SUBMISSION

- **Online Submission (preferred):** Submit your information electronically using the instructions available at: <https://www.myfloridacfo.com/division/receiver/claimantChangeAddress.htm>
- **Paper Submission:** You may mail your information to the below address:
Florida Department of Financial Services, Receiver
Attention: Claims Dept – Change of Name and/or Address
325 John Knox Road, Atrium Building, Suite 101
Tallahassee, FL 32303