

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

For DFS purposes only:				

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

<u>Claimant Name Change Request – With or Without Address Change</u> Non-Assignment

Information currently on file	with the Department	t:	
Company in Liquidation:		Receiver Claim Number (RCN):	
Claim Number:		Policy Number:	
Current Claimant Name:			
Address:			
City:		State:	Zip:
New information (fill in comp	oletely):		
Name:			
Address:			
City:		State:	Zip:
Phone #:		Email:	
that I am the claimant referenced the claimant's behalf. I further so attachments are true and correct	in the name and address vear under penalty of late to the best of my know dilitation and Liquidation	s section of this form aw that all informat vledge. I agree to h	distributions if they occur. I swear or affirm and/or am authorized to sign this form or ion contained on this form as well as a old harmless the Department of Financia claimants come forward with proof to clain
Claimant Signature	Date	Relationship	to Claimant
Printed Name of Person Signir	ng		
State of Florida County of			
presence or □ online notarization and	by □ who is personally kno	as own to me or □ who	, 20, by means of physical for has produced scribed to the foregoing.
[Notarial Seal/Stamp]		NOTARY PUE	BLIC
		Printed Name of Notary	

R6-13 (G) version 05/10/23

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, <u>must</u> 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