

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