

MUTUAL BENEFITS RECEIVERSHIP
VIATICAL SERVICES, INC. - CHANGE OF ADDRESS FORM

Investor Name: _____

Current Telephone Number: _____

Current E-Mail Address: _____

The MBC Investor-Number this change applies to: _____

The MBC AP/CF#(s) this change applies to: _____

Old Address

New Address

(Signature)

_____/_____/_____
(Date)

(Print Name)

(Title – if applicable)

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, did personally appear _____,
this _____ day of _____, 20____, who did produce _____
as identification and did acknowledge that the foregoing information is true and correct.

(NOTARY PRINTED NAME)

(NOTARY SIGNATURE)

NOTARY SEAL

If you are an Investor living in a foreign country, in lieu of notarization, you may return this form along with a current government-issued picture ID

Return this form to:

Viatical Services, Inc.
43 South Pompano Parkway, PMB# 112
Pompano Beach, FL 33069
Customer Service: (954) 582-0220 ♦ Facsimile: (954) 582-0223