



# New York Liquidation Bureau

110 William Street, New York, New York 10038-3901

Ph. (212) 341-6400 Fx. (212) 964-7963

www.nylb.org

## CLAIMANT CHANGE OF NAME/ADDRESS FORM

All sections must be completed in order to process your request. **Please attach** a valid driver's license, occupational license, utility bill, or passport reflecting new information. For name change, please also attach legal documentation (marriage certificate, divorce decree, legal order, corporate name change filing, etc.) reflecting new information and have your signature notarized. Please contact our office at the telephone number above with any questions.

### 1. Request

Address Change Only

Name Change Only

Name & Address Change

### 2. Claim Information

Company in Liquidation: \_\_\_\_\_

Claim No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

### 3. Claimant Information Currently on File with Receiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 4. Claimant Information to be Filed with Receiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I swear or affirm that I am the claimant referenced above, or authorized to sign on behalf of the claimant, and that all information contained on this form as well as attachments are true to the best of my knowledge.

For Name Change: State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_ 20\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature & Stamp

Please return this form and supporting documentation to:  
**New York Liquidation Bureau**  
110 William Street, New York, New York 10038-3901  
Attn: Claims Department