



CHANGE OF PURCHASER

Current Purchaser's Name: _____

Beneficiary's Name _____

PACT Account Number: _____

PACT has received a request to change purchasers on the above referenced account (s). In order to process this request, please complete this form and remit the \$20.00 administrative fee (the fee is waived if due to the death of purchaser) to the following address:

**PACT PROGRAM
P O BOX 217
BIRMINGHAM, AL 35201-0217**

(PLEASE PRINT)

New Purchaser's Name: _____ SSN: _____

New Purchaser's Signature: _____ Date: _____

Address: _____

Home Phone #: () _____ Work Phone #: () _____

IF THE ORIGINAL PURCHASER IS DECEASED, PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE AND A COPY OF THE LETTERS TESTAMENTARY OR THE APPROPRIATE PAGES FROM THE WILL GIVING EVIDENCE OF APPOINTMENT AS EXECUTOR.

I certify by signing below that the information I have provided on this form is true and correct and that all documentation I have presented is either the original or an unaltered copy of the original. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a) (3) and § 13A-10-102.)

Signature: _____ Date: _____

Print Name: _____

Daytime Telephone Numbers with area codes:
