



DEPARTMENT OF FINANCIAL SERVICES

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

For DFS purposes only;
_____ Adjuster
_____ date
_____ Supervisor
_____ date

**Claimant Name Change Request - With or Without Address Change**  
**(Non-Assignment)**

Company in Liquidation:	Claim #:
Policy #:	Receiver's ID#/Suffix:

**Claimant Name and Address currently on file with Receiver:**

Name:		
Address:		
City:	State:	Zip:

Please enter the **new information in the box below** and **attach the appropriate supporting documentation** as outlined in the instructions. A copy of a valid driver's license, utility bill or passport reflecting the new information and legal documentation to support the change(s) (marriage certificate, divorce decree, legal orders, death certificate, corporate name change filing etc.) must be submitted.

Name:		
Address:		
City:	State:	Zip:
Phone #:	Email:	

**Please have your signature notarized** below and return this **form** and your **supporting documentation** via **email** as follows: 1) Go to: <https://attach.fldfs.com>; 2) Enter the following Email in the "To" field: **Rehab.ClaimsServices@myfloridacfo.com**; 3) Enter the following in the "Subject" field: **Name/Address Change Request**; 4) Attach your documents

**For paper mailing, please refer to the instructions on our website:** [www.myfloridacfo.com/receiver](http://www.myfloridacfo.com/receiver)

I swear or affirm that I am the claimant referenced in the claimant name and address section of this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

_____	_____	_____
<b>Claimant Signature</b>	<b>Date</b>	<b>Relationship to Claimant</b>
State of _____	Sworn to and subscribed to me by _____ on	
County of _____	this ____ day of _____, 20__.	

\_\_\_\_\_  
Notary Signature

## **Claimant Name Change Request Instructions – With or Without Address Change (Non Assignment)**

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/receiver](http://www.myfloridacfo.com/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.
  - 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
  - If the claim value  $\leq$  \$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.
  - 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](http://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](http://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.
  - 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.)