

Address Verification Form

INSTRUCTIONS:

1. Complete the attached Address Verification Form.
2. Sign the form
3. Mail or fax the completed, signed form to:

Please send to: Regular Mail

Primerica Shareholder Services
P.O. Box 534485
Pittsburgh, PA 15253 – 4485

Client Services: (800) 544-5445

Fax Services: (833) 782-4119

Overnight Mail

Primerica Shareholder Services
Attention: 534485
500 Ross Street, 154-0520
Pittsburgh, PA 15262

You may use this form to notify PFS Investments of your permanent residential address.

IMPORTANT: You must submit the completed POL-31 form along with the Client Identification Program (CIP) form to Primerica Shareholder Services for appropriate processing.

REQUIRED INFORMATION SECTION

You must include the account owner's name, social security number, and date of birth to avoid delay in processing your request.

SECTION 1 – TAX ID NUMBER OR SOCIAL SECURITY NUMBER

- Provide the taxpayer identification number or social security number for which this residential or business address will apply.

SECTION 2 – RESIDENTIAL / BUSINESS ADDRESS

- Provide the full physical residential or business address of the client / entity.
- Provide the daytime phone number associated with the physical residential or business address.
- Provide the full mailing address of the client / entity.
- Provide the daytime phone number associated with the mailing address.

SECTION 3 – CLIENT SIGNATURE

- All account owners must sign and date the form.

SECTION 4 – AGENT SIGNATURE

- The PFSI Registered Representative must attest and sign the form, provide their solution number, and date.

(This page retained by the Client)

(Continue)

REQUIRED INFORMATION: Please complete all information to avoid any delay in processing your request.

Account Owner Name: _____ Social Security Number: _____ Date of Birth: _____

1 | TAX ID NUMBER OR SOCIAL SECURITY NUMBER

Provide the taxpayer identification number or social security number for which this residential or business address will apply.

Tax ID or Social Security Number: _____ (9-digits) Tax ID or Social Security Number: _____ (9-digits)

2 | RESIDENTIAL / MAILING ADDRESS

The address(s) listed below is the physical residential / business address and / or mailing address of the client / entity listed on the application. This address has been provided by the U.S. Postal Service to the residence or business.

Physical Residential / Business Address

Full Address: _____ Daytime Phone Number: _____

Mailing Address

Full Address: _____ Daytime Phone Number: _____

3 | CLIENT SIGNATURE

X _____ **X** _____
 Account Owner's Signature Date Account Joint Owner's Signature Date

4 | AGENT SIGNATURE

By my signature below, I, the PFS Investments Registered Representative have examined the appropriate document(s) and verify the addresses listed above.

X _____
 PFSI Registered Representative Signature Solution Number Date