

Group Address Change Form

Please complete the form and submit to CoPower via E-mail to copower.requests@amwins.com or via fax at **650.348.1149**

Group Information

Group Name: _____ CoPower ID Number: _____
Group Contact Person: _____ Phone Number: - -
Email Address: _____
Address Change Effective Date: / /

NEW Physical Address

Street Address (including suite): _____
City: _____ State: _____ Zip Code: _____
NEW Telephone Number: - - NEW Fax Number: - -

Is the Billing Address different from the Physical Address?

- No, the Billing Address and Physical Address are the same.
 Yes, the Billing Address and Physical Address are different.

If "Yes", please complete the following section:

NEW Billing Address

Street Address (including suite): _____
City: _____ State: _____ Zip Code: _____

Signature

Signature: _____ Date: / /
Name: _____ Title: _____