



**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
LICENSING DIVISION**
www.doi.nebraska.gov

**CHANGE REQUEST FORM
FOR INDIVIDUALS**

Name	License Number / NPN
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Please submit this form to update any of the information listed below. Please complete the appropriate section(s) then email, fax, or mail the form and any additional documentation to the Nebraska Department of Insurance Licensing Division at the bottom of the form.

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|---------------------|---------------------|--|
| - Business Address | - Name Change | - Social Security Number Correction |
| - Mailing Address | - Line of Authority | - Date of Birth Correction |
| - Residence Address | - Email Address | - Change from Resident to Non-Resident License |

ADDRESS CHANGES (Notification required within 30 days of change)

New Residence Address	City	State	Zip
Residence Email	Residence Phone		

Is this a state change where you are moving from Nebraska to a different state? <i>If so, first contact your new home state to see what their process is for obtaining a resident insurance license. The process can vary; some states may require you to terminate your Nebraska license, while others may allow you to keep it active until they issue their own resident license. We cannot issue a nonresident license until the new resident license is active.</i>	YES	NO
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New Business Address	City	State	Zip
	PO Box		
Business Email	Business Phone		

New Mailing Address	City	State	Zip
	PO Box		

NAME CHANGE (Include documentation)

Previous Name	New Name
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SSN OR DATE OF BIRTH CORRECTIONS (Include documentation)

Incorrect Social Security Number	Correct Social Security Number
Incorrect Date of Birth	Correct Date of Birth

LINE OF AUTHORITY CHANGES

Add the following line(s) of insurance to my existing license:

Note: When requesting to add variable life & variable annuity line of insurance, please also include proof of passage of your NASD or SEC examinations.

Remove the following line(s) of insurance from my existing license:

AUTHORIZATION

Please sign and date to authorize the above changes to your license information.

_____	_____
Licensee's Signature	Month/Day/Year