

## Group Address Change Form

Please complete the form and submit to CoPower via E-mail to [copower.requests@amwins.com](mailto: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: \_\_\_\_\_