



Company Name and Address Verification Form

Office of Superintendent of Insurance

New Mexico

Company Code

Company Name

Tax ID Number

Primary Contact

Additional Contact (Optional)

Name

Email Address

Telephone Number

Name

Email Address

Telephone Number

Address Information

Physical Address

Annual Statement Address

Same

Billing Address

Same

Interest Income Instructions (Select only one)

CHECK

Mailing Address:

Same

ACH

ABA#:

Account #:

WIRE

ABA#:

Account Name:

Account #:

FFC Name:

FFC Acct#:

Signature (Individual authorized by the Company Authorization Resolution)

Title

Date

If required - 2nd Signature (Individual authorized by the Company Authorization Resolution)

Title

Date

Refer to <https://www.mycenturybank.com/personal/century-trust-and-asset-management/new-mexico-insurance-forms> for methods to submit completed forms.