

# H. Thomas Moran II, Receiver For LifeTime Capital, Inc.

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## CHANGE OF ADDRESS FORM

Please complete, sign and mail or fax this form to the address above.

Investor's Name: \_\_\_\_\_  
Please print clearly

Investor's Date of Birth: \_\_\_\_\_

Investor's Social Security Number: \_\_\_\_\_

|                             |                       |
|-----------------------------|-----------------------|
| <b>OLD</b> Mailing Address: | _____                 |
|                             | Address               |
|                             | _____                 |
|                             | Address               |
|                             | _____                 |
|                             | City, State, ZIP Code |

|                             |                       |
|-----------------------------|-----------------------|
| <b>NEW</b> Mailing Address: | _____                 |
|                             | Address               |
|                             | _____                 |
|                             | Address               |
|                             | _____                 |
|                             | City, State, ZIP Code |

|                          |       |
|--------------------------|-------|
| <b>NEW</b> Phone number: | _____ |
|--------------------------|-------|

Investor's Signature: \_\_\_\_\_  
Date