

# SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC. CHANGE OF ADDRESS FORM

**If you have previously submitted a Proof of Claim ("POC") form and would like to update contacts for the claimant or claimant's attorney, please return this completed Change of Address Form by fax to (512) 404-6550 or mail to:**

CANTILO & BENNETT, L.L.P.  
Attention : Spirit SDR  
P. O. Box 184  
Austin, Texas 78767

\_\_\_\_\_  
Name of POC Claimant

SP-\_\_\_\_\_  
POC Number

\_\_\_\_\_  
Previous Street Address (as shown on originally submitted POC form)

\_\_\_\_\_  
Current/New Street Address

\_\_\_\_\_  
City State Zip Telephone Number

\_\_\_\_\_  
E-mail Address Facsimile Number

**If you are updating attorney contact information, please indicate the reason below:**

- ☐ I am adding a *new* attorney contact, and the original POC form did not provide the claimant's attorney contact information.
- ☐ I am *replacing* the attorney contact because the attorney shown on the original POC form no longer represents the claimant in this matter.
- ☐ I am *updating* the contact information for the claimant's attorney, and the attorney shown on the original POC form continues to represent the claimant in this matter.
- ☐ *Other:* \_\_\_\_\_

\_\_\_\_\_  
Name of Attorney Bar Card No.

\_\_\_\_\_  
Name of Law Firm Tax ID Number

\_\_\_\_\_  
Street Address Telephone Number

\_\_\_\_\_  
City State Zip Facsimile Number

\_\_\_\_\_  
E-mail Address

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Print Name of Claimant or Authorized Agent

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Signature of Claimant or Authorized Agent

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Title

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Date