

REQUEST FOR NAME CHANGE
(Not for change of ownership designation)

Policy No. _____ Insured _____

The undersigned hereby requests that the following change be made:

CHANGE NAME OF: (Check one)

Insured _____ Owner _____ Payor _____

Old Name: _____

New Name: _____

REASON FOR CHANGE: (Check one)

Marriage _____ Divorce _____ Other _____ Reason _____

(If Other Is Checked, Provide Legal Documentation)

Signature of Policy Owner

Date

Social Security Number of Policy Owner
or Tax I.D. Number if Trust or Corporation

POLICY OWNER CONTACT INFORMATION:

Address:

Work Number: (_____) _____

Home Number: (_____) _____

Mobile Number: (_____) _____

For the purpose of this form a facsimile copy of my signature shall be as valid as an original.

