

**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.

