

General Information

Policy Number _____

Issued by (the Company) _____

Insured's Name _____

Social Security Number _____

Policy Owner's Name _____

Social Security Number/Tax ID # _____

Policy Owner's Address _____

City, State, ZIP _____

Policy Owner's phone No. _____

E-mail address: _____

Name Change

This change applies to:

Insured Owner Assignee Other _____

You are changing your name (please print):

From _____

To _____

Reason for name change:

- Marriage (attach copy of certificate)
- Divorce (attach copy of decree)
- Corporate Name Change (attach certified copy of Corporate Resolution authorizing the change)
- Other (please specify and attach copy of court order)

New Address (if applicable)

City, State, ZIP _____

Signature _____

Date _____

(Signature required by Policy Owner or party whose name is changing)

Title _____

Home Office Acknowledgement