

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

Policy No. 00123456 Insured Jane B. Doe

The undersigned hereby requests that the following change be made:

CHANGE NAME OF: (Check one)

Insured \_\_\_\_\_ Owner  Payor \_\_\_\_\_

Old Name: Jane B. Doe

New Name: Jane B. Smith

REASON FOR CHANGE: (Check one)

Marriage  Divorce \_\_\_\_\_ Other \_\_\_\_\_ Reason \_\_\_\_\_

(If Other Is Checked, Provide Legal Documentation)

Jane B. Smith 11-16-09  
Signature of Policy Owner Date

123-45-6789  
Social Security Number of Policy Owner  
or Tax I.D. Number if Trust or Corporation

POLICY OWNER CONTACT INFORMATION:

Address:  
987 Main Street.  
Anytown, TX 12345

Work Number: ( 123 ) 579-6172  
Home Number: ( 123 ) 578-7169  
Mobile Number: ( 123 ) 577-1267

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

