

REQUEST FOR CHANGE OR CORRECTION IN NAME
(Not for change in beneficiary or owner designation)

Policy No. _____ Insured _____

The undersigned hereby requests that the following change or correction be made in connection with this policy:

CHANGE OR CORRECT NAME OF: (Check one)

Insured _____ Owner _____ Beneficiary _____ Contingent Beneficiary _____

Change Name:

From: _____

To: _____

REASON FOR CHANGE: (Check one)

Marriage _____ Divorce _____ Correction _____ Other _____ (Give Reason) _____

DATE/SIGNATURE: (Use today's date)

Dated at _____ this _____ day of _____, _____ .
City State Day Month Year

Signature of Policy Owner

Social Security Number
or Tax I.D. Number if Trust or Corporation

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

This space for Home Office use only.

DO NOT SEND POLICY

An endorsement will be returned to you for your records.