



Customer Service Mailing Address
 PO Box 515, Concord NH 03302-0515
 Fax: 603 226-5985
 PO Box 21008, Greensboro NC 27420-1008
 Fax: 336 335-2054

LIFE NAME CHANGE FORM

GENERAL INFORMATION

This section must be completed.

Policy/Certificate No.: _____ Issued by (the Company): _____

Insured's Name: _____

Owner's Name: _____

Owner's Address: _____

City, State, Zip: _____

Daytime Telephone No.: _____ E-mail Address: _____

NAME CHANGE

This change applies to: Insured Owner Assignee Payor Other _____

You are changing your name (please print or type Full Name)

From: _____

To: _____

Reason for name change:

- Marriage (attach a copy of certificate)
- Divorce (Attach a copy of decree)
- Corporate Name Change (attach certified copy of corporate resolution/merger documentation authorizing the change)
- Other (please specify and attach a copy of court order)

AUTHORIZATION AND SIGNATURES FOR NAME CHANGES

Signature required by owner or party whose name is changing. See below for other signature requirements.

Signature Date

Name (Print or Type) Title

Signature Date

Name (Print or Type) Title

SIGNATURE REQUIREMENTS

	Signature(s) Required
Individual	Individual
Corporation, Bank of Financial Institution	One officer signature with title. We require a corporate resolution, which names all officers authorized to sign on behalf of corporation.
Conservator or POA	Signature of Conservator or POA dated within the last 3 years. We require that a copy of POA document be on file. If dated more than 3 years, we require an affidavit to accompany the request.
Trust	All Trustee(s) as authorized by the required trust documentation. We require the title pages (which indicate the full name of the trust with the date of trust along with the trustee names) and signatory pages of trust.
Partnership or LLC	We require one general/managing partner signature and a copy of the Partnership agreement for Partnerships OR one managing member's signature with a copy of the operating agreement for LLCs.
Custodian/Minor	We require court order - "Letter of Guardianship" or UGMA or UTMA paperwork.
Signed by an "X"	If signor is unable to sign and must sign with an "X" we require signature be notarized.
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact customer service to verify signature(s) needed.
Irrevocable beneficiary	A beneficiary, named by you as irrevocable, whose written consent is necessary for you to exercise any right specified in this policy.