

I, the undersigned, policyholder of contract number _____ request that the following changes be made with respect to the name of the:

Policyholder

Beneficiary

Insured

The name of the person designated in the above-mentioned policy, shown as follows,

registered as: _____

has been changed to: _____

REASON OF CHANGE:

Marriage _____ - _____ - _____
Year Month Day

Divorce _____ - _____ - _____
Year Month Day

Return to maiden name

Judgement authorizing a change of name (attach copy of judgement)

Erreur _____

Other _____

Signed at _____ this _____ day of _____ 20_____

Signature of witness: _____

Signature of policyholder: _____