

Contract No.:

I hereby request that the Insurer make the following changes concerning the name of the:

- Policyholder Beneficiary Insured

The name of the person specified in the above-mentioned contract,

Indicated as: _____

Is changed to: _____

Reason for name change:

Marriage – Wedding date:

Year	Month	Day		

Divorce – Divorce date:

Year	Month	Day	

Resumption of name at birth


Court order granting the name change (attach a copy of the order)

Error, specify: _____

Other reason, specify: _____

Important – Attach a copy of one of the following documents: driver’s licence, passport, birth certificate, baptismal record, regardless of the reason for the name change.

Signed at _____ on this _____ day of _____ 20 _____ .


Signature of policyholder 1

Name of policyholder 1 (please print)


Signature of policyholder 2

Name of policyholder 2 (please print)