



PO Box 11609, Winston-Salem, NC 27116-1108 Phone: (833) 658-2841 †Fax: (303) 220-8056

## NAME CHANGE AFFIDAVIT

**Policy #**

**Insured:**

**Owner:**

I, \_\_\_\_\_ hereby request my name on record for the above referenced policy be changed as follows:

<input type="checkbox"/> <b>Insured</b>	<input type="checkbox"/> <b>Owner</b>	<input type="checkbox"/> <b>Beneficiary</b>	<b>Reason for name change:</b>									
			<table> <tr> <td><input type="checkbox"/> <b>Marriage</b> (Please attach a copy of the legal document)</td> <td><input type="checkbox"/> <b>Divorce</b></td> <td><input type="checkbox"/> <b>Correction</b></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> <b>Other (Please attach certified copy of court order)</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> <b>Marriage</b> (Please attach a copy of the legal document)	<input type="checkbox"/> <b>Divorce</b>	<input type="checkbox"/> <b>Correction</b>	<input type="checkbox"/> <b>Other (Please attach certified copy of court order)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Marriage</b> (Please attach a copy of the legal document)	<input type="checkbox"/> <b>Divorce</b>	<input type="checkbox"/> <b>Correction</b>										
<input type="checkbox"/> <b>Other (Please attach certified copy of court order)</b>												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<b>From:</b> _____			<b>Former Signature:</b>									
_____												
Please Print Name (First, Middle, Last)												
<b>To:</b> _____			<b>Present Signature:</b>									

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Witness - An Unrelated Adult Person with no Interest in the Policy

\_\_\_\_\_  
Witness' Name Printed

**IMPORTANT: DO NOT** use correction fluid on this form. If you have made an error, mark through it and initial your change.

†Colorado Bankers Life Insurance Company (CBLife) is not responsible for undelivered mail. To protect your personal information, CBLife recommends certified mail or some other service such as FedEx or UPS. **Do not** send the form by unsecured email. You can transmit the form via facsimile; however, CBLife shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (303) 220-8056