



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

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.