

POLICY NUMBER : \_\_\_\_\_

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**To be used ONLY for name change due to Marriage, Deed Poll or for correcting spelling error**

Owner: \_\_\_\_\_

Email address \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Name of Insured (if other than Policy Owner) \_\_\_\_\_

**Application is hereby made for a Name Change as indicated below:** Change Policy owner's Name Change Beneficiary's Name Change Life Insured's Name

To: \_\_\_\_\_

Reason for change:

 Marriage Correcting Error (Explain below) Other (Explain below)

Explanation: \_\_\_\_\_

**Attach copies of all certified legal documents (Marriage Certificate, Deed Poll, Photo ID)**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF POLICYOWNER (OLD)\_\_\_\_\_  
SIGNATURE OF POLICYOWNER (NEW)