



PO Box 11948, Winston Salem, NC 27116
Phone: (833) 658-2840
Fax: (727) 399-6965

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: _____ Please Print Name (First, Middle, Last) | Former Signature: _____ | | |
| To: _____ Please Print Name (First, Middle, Last) | 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.