



**ASSURED LIFE**  
ASSOCIATION

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## NAME CHANGE FORM

**Certificate Number:** \_\_\_\_\_

**Insured's Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Please provide the following to effect change:

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
New Name (*Printed*)

\_\_\_\_\_  
Reason for Change

\_\_\_\_\_  
New Name (*Signature*)

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing document was acknowledged, subscribed and sworn to before me  
on \_\_\_\_\_ in \_\_\_\_\_  
(date)

WITNESS my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_