

PLEASE USE THIS FORM TO REQUEST A CHANGE IN NAME FOR THE INSURED, OWNER, OR BENEFICIARY. DO NOT COMPLETE THIS FORM FOR A CHANGE OF BENEFICIARY; THIS FORM IS FOR A CHANGE OF NAME ONLY.



A member of the American Fidelity Group

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INSURED \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

POLICYOWNER (if other than Insured) \_\_\_\_\_

ADDRESS \_\_\_\_\_

NOTICE OF CHANGE IN NAME FORM

I (We) the owner(s) of the above number policy (policies), hereby inform American Fidelity Assurance Company of a change in name affecting this policy (these policies) as follows:

Change of Name (Please Print)

From \_\_\_\_\_ To \_\_\_\_\_
(Print Full Name) (Print Full Name)

Person whose name has changed: [ ] INSURED [ ] OWNER [ ] BENEFICIARY

Reason for change: [ ] MARRIAGE [ ] DIVORCE [ ] OTHER (Please explain) \_\_\_\_\_

Please attach a copy of a legal document showing the name change (for example, marriage certificate, divorce decree, social security card, or driver's license).

If the policy numbered above is not in force when this change is recorded such action shall not constitute an admission by the Company that the policy is in force.

It is understood that this request for change of name will take effect on the date recorded by the company, as indicated below.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_
City State Date

Witness \_\_\_\_\_

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

Co-Owner (if any) \_\_\_\_\_

Previous signature of Policy Owner (if Owner's name changed) \_\_\_\_\_

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of the American Fidelity Assurance Company, Oklahoma City, Oklahoma

Date \_\_\_\_\_

Approved By \_\_\_\_\_