

## Change of Name Statement

**Insured:** \_\_\_\_\_ **Policy Number(s):** \_\_\_\_\_

I hereby certify that the name of the  Insured  Owner  Beneficiary  Annuitant described in the above Policy issued by National Benefit Life Insurance Company has been changed:

**From:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
Please Print

**To:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
Please Print

**By reason of:**

Marriage  Court Order  Correction in Spelling

Other: \_\_\_\_\_

**Please complete the following information for the**

Insured  Owner  Beneficiary  Annuitant indicated above:

**Current address:**

\_\_\_\_\_  
Street City State ZIP Code

(\_\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Telephone Number Social Security Number (if known) Date of Birth

**EXECUTED THIS** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_