

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 (*Supporting Documents must be included*):

☐ 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** _____