

## 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:** \_\_\_\_\_  
Please Print

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

**By reason of:**

*Documents supporting name change must be included.*

☐ Marriage ☐ Court Order ☐ Correction in Spelling

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

**Owner's Signature:** \_\_\_\_\_

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

