

TEXASLIFE INSURANCE COMPANY

REQUEST FOR NAME CHANGE (Not for change of ownership designation)

Contract No. XXXXXXXXXX Insured Jane B. Doe

The undersigned hereby requests that the following change be made:

CHANGE NAME OF: (Check one)

Insured _____ Owner Payor _____

Old Name: Jane B. Doe

New Name: Jane B. Smith

REASON FOR CHANGE: (Check one)

Marriage Divorce _____ Other _____ Reason _____

(If Other Is Checked, Provide Legal Documentation)

Jane B. Smith 12-14-2021 XXX-XX-XXXX
Signature of Contract Owner Date Social Security Number of Contract Owner
or Tax I.D. Number, if Trust or Corporation

CONTRACT OWNER CONTACT INFORMATION:

Address:

P.O. Box 830

Waco, TX 76703

Work Number: (_____) _____

Home Number: (254) 752-6521

Mobile Number: (_____) _____

For contracts issued in California:

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For the purpose of this form, a facsimile copy of my signature shall be as valid as an original.