

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

Contract No. _____ Insured _____

The undersigned hereby requests that the following change be made:

CHANGE NAME OF: (Check one)

Insured _____ Owner _____ Payor _____

Old Name: _____

New Name: _____

REASON FOR CHANGE: (Check one)

Marriage _____ Divorce _____ Other _____ Reason _____
(If Other Is Checked, Provide Legal Documentation)

Signature of Contract Owner Date Social Security Number of Contract Owner
or Tax I.D. Number, if Trust or Corporation

POLICY OWNER CONTACT INFORMATION:

Address: _____

Work Number: (_____) _____

Home Number: (_____) _____

Mobile Number: (_____) _____

HOW TO SUBMIT THIS FORM:

MAIL: Texas Life Insurance Company
PO Box 830
Waco, TX 76703-0830
FAX: 254-745-6393

EMAIL: customerservice@texaslife.com

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.