



Administrative Office
P.O. Box 506
Keene, NH 03431-0506
(800) 310-8319

NAME CHANGE

Use this form to change the name of the existing Owner, Premium Payor, Payee, Beneficiary, Contingent Payee, Insured, Annuitant, Spouse, or Child on a Life insurance Policy or Annuity Contract.
Please use Forms 84R or 17327 for Transfers of Ownership or New Beneficiary Designations.

A. Policy Information

Policy Number _____ Name of Insured: _____

THE FOLLOWING INFORMATION SHOULD REFLECT CURRENT POLICY INFORMATION

Name of Owner(s) _____ Social Security or TIN No. (include Dashes) _____ () -
Daytime Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

B. Name Change Information

- Owner
 - Premium Payor
 - Payee
 - Beneficiary or Contingent Payee
 - Insured or Annuitant
 - Insured #2 or Joint Annuitant
 - Spouse on Rider
 - Child on Rider
- Date of Birth (person whose name is changing) ____/____/____
Month Day Year
- _____
(Former Name)
- _____
(New Name)

- This form cannot be used to change the Owner or any beneficiary designation. Any such request inserted on this form will be considered void.
- A corporate name change requires documentary evidence that the change has been recorded with the Secretary of State in the state where the corporation is chartered. This form cannot be used when a transfer of corporate assets is involved.

C. Signature(s)

Owner's Signature _____ Date _____ Joint Owner's Signature _____ Date _____