



American Life & Security Corp.

Administrative Office

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REQUEST FOR CHANGE IN NAME

Policy Number:

POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4

Insured's Full Name: _____

CHANGE NAME OF:

- Insured
 Beneficiary
 Owner

REASON FOR CHANGE:

- Marriage
 Divorce
 Correction
 Court Order
 (Copy of Court Order Required)

CHANGE NAME TO: _____

Date: _____

X _____
Owner's Name (printed)

X _____
Owner's Signature (Always Required)

Owner's email address

() _____
Owner-Day time phone: Home Cell Work

X _____
Co-Owner's Name (printed)

X _____
Co-Owner's Signature (Required if Co-Owner exists)

Co-Owner's email address

() _____
Co-Owner-Day time phone: Home Cell Work