

PLEASE USE THIS FORM TO REQUEST A CHANGE IN NAME FOR THE INSURED, OWNER, OR BENEFICIARY. DO NOT COMPLETE THIS FORM FOR A CHANGE OF BENEFICIARY; THIS FORM IS FOR A CHANGE OF NAME ONLY.



A member of the American Fidelity Group

PO BOX 25640, OKLAHOMA CITY, OK 73125  
PHONE 800-437-1011  
FAX 800-654-2324  
www.AFAdvantage.com

INSURED \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

POLICYOWNER (if other than Insured) \_\_\_\_\_

ADDRESS \_\_\_\_\_

### NOTICE OF CHANGE IN NAME FORM

I (We) the owner(s) of the above number policy (policies), hereby inform American Fidelity Assurance Company of a change in name affecting this policy (these policies) as follows:

Change of Name (Please Print)

From \_\_\_\_\_ To \_\_\_\_\_  
(Print Full Name) (Print Full Name)

Person whose name has changed:  INSURED  OWNER  BENEFICIARY

Reason for change:  MARRIAGE  DIVORCE  OTHER (Please Explain) \_\_\_\_\_

If reason is other than marriage, divorce or correction, please attach a copy of legal evidence.

If the policy numbered above is not in force when this change is recorded such action shall not constitute an admission by the Company that the policy is in force.

It is understood that this request for change of name will take effect on the date recorded by the Company, as indicated below.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_  
City State Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Co-Owner (if any)

\_\_\_\_\_  
Previous signature of Policy Owner (if Owner's name changed)

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of the American Fidelity Assurance Company, Oklahoma City, Oklahoma

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By