

# CHANGE OF NAME FORM

(Please print all information clearly)

Certificate No.: \_\_\_\_\_

## Insured's Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Society No: \_\_\_\_\_ DOB: \_\_\_\_\_

## Owner's Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Change the name of:  Insured  Owner  Beneficiary

Please fill out completely. If you are changing your name, be sure to attach a copy of proper legal documentation and return with this form. (i.e. driver's license, marriage certificate or divorce decree (only the page that shows the name change)). Please DO NOT use white out on this form.

Former Name: \_\_\_\_\_

Present Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of present certificate owner

\_\_\_\_\_  
Date

Mail Completed form to: KJZT Family Life  
PO Box 18896  
Austin, TX 78760

### FOR OFFICE USE ONLY

QL Date: \_\_\_\_\_

OFAC: \_\_\_\_\_

Approval: \_\_\_\_\_