

AURORA

AN RGA COMPANY

INSTRUCTIONS NAME CHANGE REQUEST FORM

Instructions for Completing the Name Change Request Form

1. The form is not acceptable unless fully completed, dated, properly signed and submitted to the company within six months of signing the form. **Altered forms cannot be accepted. This includes erasures, corrections and the use of whiteout on the form.** If you need to make a change to a completed form, please contact us for another form.
2. A previous name must be written exactly as it appears in the policy or contract.
3. **We require one of the following as legal proof of name change: Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID Card.**
4. A separate Name Change form must be completed for each contract.
5. Indicate on the form the person whose name is changing. Example: Owner, Joint Owner, Insured or Beneficiary.

- Do Not Send Policy with this Form
- Mail to Aurora National Life Assurance Company , PO Box 4336, Clinton, IA 52733-4336

AURORA

AN RGA COMPANY

800-265-2652
PO Box 4336, Clinton, IA 52733-4336

NAME CHANGE REQUEST FORM

Policy Number _____ Insured _____

Legal Documentation Required, Attach Copy to Form

I do hereby, request a name change in my policy for the:

_____ Owner

_____ Joint Owner

_____ Insured

_____ Beneficiary

Previous Name: _____ New Name: _____

Signatures and Information

Owner New Name Printed	Signature	Social Security Number
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Address and Phone Number	Dated
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Joint Owner New Name Printed	Signature	Social Security Number
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Address and Phone Number	Dated
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Insured New Name Printed	Signature	Social Security Number
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Address and Phone Number	Dated
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Beneficiary New Name Printed	Signature	Social Security Number
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Address and Phone Number	Dated
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