

NAME CHANGE REQUEST

Section A: Owner Information

Policy Number(s): _____

Owner Name: _____

If Trust, list Trust Name and Trust Date: _____

Mailing Address: _____
(Street) (Unit, APT) (City) (State) (Zip)

Street Address (Required if mailing address is PO Box): _____

Address Change requested (Confirmation of this change will be sent to you, prior to processing this request.)

Owner SSN (Last four digits): _____ Owner DOB: _____ Owner Email Address: _____

Personal Phone: _____ Business Phone: _____ Other Phone: _____

Section B: Name Change

Change the Name of: Annuitant Owner Other: _____

Former Name: _____ New Name: _____

Reason for change: Marriage Divorce Court Order Other: _____

NOTE: For name changes due to marriage, attach a copy of the marriage certificate. For all other name changes, attach the legal supporting documentation.

Section C: Signatures

By signing below, I acknowledge this request is subject to the provisions and conditions of my policy/contract(s) and Puritan may request additional information in order for my request to be processed.

For CA Residents:

CALIFORNIA FRAUD NOTICE

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner Signature

Printed Name/Title

Date Signed

Joint Owner Signature*

Printed Name/Title

Date Signed

Other Required Signature**

Printed Name/Title

Date Signed

*Signature of Joint Owner (if any) is required, if not spouse of Owner.

**Other required signatures may include: Conservator, Guardian, Power of Attorney, Assignee. If you are signing on behalf of the owner, please print your name and title. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.