TEXASLIFE INSURANCE COMPANY

REQUEST FOR NAME CHANGE

(Not for change of ownership designation)

Contract No. _____ Insured _____

The undersigned hereby requests that the following change be made:

CHANGE NAME OF: (Check one)

Insured _____ Owner _____ Payor _____

Old Name: _____

New Name: _____

REASON FOR CHANGE: (Check one)

Marriage _____ Divorce _____ Other _____ Reason _____

(If Other Is Checked, Provide Legal Documentation)

_____	_____	_____
Signature of Contract Owner	Date	Social Security Number of Contract Owner or Tax I.D. Number, if Trust or Corporation

CONTRACT OWNER CONTACT INFORMATION:

Address:

_____

_____

_____

Work Number: (_____) _____

Home Number: (_____) _____

Mobile Number: (_____) _____

For contracts issued in California:

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.

For the purpose of this form, a facsimile copy of my signature shall be as valid as an original.

061088 R11/21