

# 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 667, Jacksonville, IL 62651

# AURORA

AN RGA COMPANY

800-265-2652  
PO Box 667, Jacksonville, IL 62651

## 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

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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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