



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. 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)).

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:	_____