

PLEASE USE THIS FORM TO REQUEST A CHANGE IN NAME FOR THE INSURED, OWNER, OR BENEFICIARY. DO NOT COMPLETE THIS FORM FOR A CHANGE OF BENEFICIARY; THIS FORM IS FOR A CHANGE OF NAME ONLY.



INSURED _____

ACCOUNT NUMBER _____

SOCIAL SECURITY NUMBER _____

POLICYOWNER (if other than Insured) _____

ADDRESS _____

PO BOX 25523, OKLAHOMA CITY, OK 73125
PHONE 800-323-3748
FAX 800-522-6343
www.AFAdvantage.com

NOTICE OF CHANGE IN NAME FORM

I (We) the owner(s) of the above number policy (policies), hereby inform American Fidelity Assurance Company of a change in name affecting this policy (these policies) as follows:

Change of Name (Please Print)

From _____ To _____
(Print Full Name) (Print Full Name)

Person whose name has changed: INSURED OWNER BENEFICIARY

Reason for change: MARRIAGE DIVORCE OTHER (Please Explain) _____

If reason is other than marriage, divorce or correction, please attach a copy of legal evidence.

If the policy numbered above is not in force when this change is recorded such action shall not constitute an admission by the Company that the policy is in force.

It is understood that this request for change of name will take effect on the date recorded by the company, as indicated below.

Signed at _____ on _____ 20 ____
City State Date

Witness

Signature of Owner

Co-Owner (if any)

Previous signature of Policy Owner (if Owner's name changed)

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of the American Fidelity Assurance Company, Oklahoma City, Oklahoma

Date

Approved By