



Name Change Form

PO Box 341899
Austin, TX 78734

POLICY NO.: _____

Please sign as Policy owner and have one individual sign as witness to your signature. Return the completed information to our office. When executed, a copy will be sent to you for your records.

Please do not hesitate to call our toll free number listed below if you have any questions.

NAME CHANGE: This is a name change only and does not transfer the coverage or ownership to a different individual. The name of the persons on this policy is to be changed for the reason stated.

*** INSURED ***

*** OWNER ***

FROM: _____

TO: _____

REASON: _____

EFFECTIVE DATE: ____/____/____

____/____/____

I understand that the requested change will not become effective until the request is received, approved and recorded at the offices of TEXAS SERVICE LIFE INSURANCE COMPANY.

POLICY OWNER SIGNATURE

DATED THE _____ DAY OF _____, 20_____.

WITNESS SIGNATURE

For Company Use ONLY

RECORDED by **TEXAS SERVICE LIFE INSURANCE COMPANY** on: ____/____/____

BY: _____
PRINTED NAME

SIGNATURE