



PO Box 341899  
Austin, TX 78734

# Name Change Form

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