

REQUEST FOR CHANGE OR CORRECTION IN NAME  
(Not for change in beneficiary or owner designation)

Policy No. \_\_\_\_\_ Insured \_\_\_\_\_

The undersigned hereby requests that the following change or correction be made in connection with this policy:

CHANGE OR CORRECT NAME OF: (Check one)

Insured \_\_\_\_\_ Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

Change Name:

From: \_\_\_\_\_

To: \_\_\_\_\_

REASON FOR CHANGE: (Check one)

Marriage \_\_\_\_\_ Divorce \_\_\_\_\_ Correction \_\_\_\_\_ Other \_\_\_\_\_ (Give Reason) \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
City State Day Month Year

Signature of Policy Owner

Social Security Number  
or Tax I.D. Number if Trust or Corporation

For the purpose of this form a facsimile copy of my signature shall be as valid as an original.

This space for Home Office use only.

TEXAS LIFE INSURANCE COMPANY

\_\_\_\_\_  
Date Recorded

By \_\_\_\_\_  
Associate Director of Insurance Services

By \_\_\_\_\_  
Service Representative

DO NOT SEND POLICY

A copy of the endorsed form will be returned to you for your records.