Investors Life Insurance Company of North America
PO Box 4353
Clinton, IA 52733-4353
Phone: 1-800-925-6000 Fax: 1-803-333-4913

# NAME CHANGE FORM

Policy Number:_____ Insured:_____ _____
(First Name) (Last Name)

**IMPORTANT INFORMATION ABOUT CUSTOMER IDENTIFICATION** – To help the government fight the funding of terrorism and money laundering activities, you may be asked to provide your name, address, date of birth, social security number and other information that identifies you. The information you provide may also be validated through various public databases.

Complete this form to change the legal name of a contract owner, insured, payor, beneficiary, or other party related to the above listed life insurance policy, due to divorce, marriage, legal name change, etc. No change will be effective until the request is received, with all required documentation and the form properly completed, and recorded at our office.

Please record the following change for (check one):

☐Policy Owner ☐Insured ☐Payor ☐Beneficiary ☐Other _____

**Name Change**

From (Please Print): _____ To (Please Print): _____

Reason for the change and the required documentation:
☐ Marriage (Please attach a copy of marriage certificate)
☐ Divorce (Please attach a copy of the decree)
☐ Corporate Name Change (Please attach a certified copy of the Corporate Resolution authorizing the change)
☐ Other (Please specify and attach a copy of the court order) _____

**New Address** (If a PO Box is indicated, a residential address is also required for the Secondary Address)

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone:_____ Secondary Phone: _____ Fax:_____

**Secondary Address** (If applicable)

Street Address: _____ City: _____

State: _____ Zip: _____

**Endorsement – To be completed by Policy Owner**

Acknowledgement of this change is not an admission that the policy/Contract is in benefit or that the person(s) signing the change request is/are the owner(s). A recorded change, not signed by the owner(s), may not constitute a valid change.

X_____ Date:_____ SSN:_____
Signature of Policy Owner
Date of Birth:_____ Phone:_____

X_____
Signature of Current Co-Owner/Spouse (if applicable)*

*If you reside in one of the community property states listed, your spouse's signature is required. Community Property States: AZ, CA, Guam, ID, LA, NV, NM, PR, TX, WA, WI. Unless we have been notified of a community or marital property interest in this contract, if this space is unsigned, we will rely on good faith that no such interest exists and will assume no responsibility for injury.