



Change of Name (Insured and/or Owner)

**IRS Form W-9 also required to change name
(Attached)**

Insured: _____ **Owner (if other than insured):** _____

Certificate Number(s): _____

New Name: _____ Owner Insured

Reason: Marriage Divorce Other (attach copy of legal order)

SIGNATURE FOR NAME CHANGE

I hereby make the name change specified above. To the best of my knowledge there has been no assignment, or legal action taken/pending that would prevent me from making such change.

Signature of Owner _____ **Date** _____ **Phone Number** _____

Witness _____ **Owner's Social Security No.** _____

Contact & Mailing Information

Catholic Financial Life, P.O. Box 3211, Milwaukee, WI 53201-3211
For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233
(414) 273-6266 Toll Free (800) 927-2547 Fax (414) 223-3201

For Home Office Use only

Acknowledged and recorded on _____ by _____