

CATHOLIC LIFE INSURANCE

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Web www.cliu.com • Email MSCenter@cliu.com

NAME CHANGE FORM

PLEASE PRINT LEGIBLY AND USE BLACK OR BLUE INK ONLY

CERTIFICATE INFORMATION

Certificate Number(s): _____

Note: Contact your Agent or our Membership Service Center for more information on any of the options below

NAME CHANGE

Change the Name of: Insured/Annuitant Owner Beneficiary Assignee

Current Name: _____

New Name: _____

This Change resulted from: Marriage Divorce Adoption Court Order Correction

Change of name must be completed in accordance with the following instructions:

1. If the name was changed by divorce, adoption, or any other *legal* procedure, a full copy of the court order for the name change must accompany this form. Note: A divorce does NOT automatically restore the former name. The name change must be specified in the Divorce Decree or a separate Court Order.
2. If the name is to be corrected because of a mistake at the time the certificate was issued, a copy of a government issued document, such as a Birth Certificate, Driver's License, Passport, or Social Security Card, must accompany this form.

SIGNATURES

OWNER

The undersigned represents and agrees that Catholic Life is furnishing this form and is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned.

I understand that neither Catholic Life Insurance nor its representatives can give me tax or legal advice, and I assume full responsibility for any tax effects of this transaction.

Signature of Owner(s) (REQUIRED) **Date (REQUIRED)**

Printed Owner Name(s): _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ State: _____ Zip Code: _____

Phone #(s): _____ Email: _____

CATHOLIC LIFE INSURANCE HOME OFFICE APPROVAL

Authorized Signature of Catholic Life Insurance **Date**