

Name Change Form

Please use this form to request a name change for the insured or owner. **Do not use this form to change a beneficiary;** it is solely for name changes.

Insured:	Policy Number(s):
Social Security Number:	Policyowner (if other than Insured)
Address: (street, city, state, and zip)	

I (We), the owner(s) of the policy (policies) mentioned above, hereby notify American Fidelity of a name change affecting this policy (these policies) as follows:

Name Change

From: (Print full name)

To: (Print full name)

Person whose name has changed: ☐ Insured ☐ Owner

Reason for change: ☐ Marriage ☐ Divorce ☐ Other (If other, please explain) _____

If the reason for the request is not because of marriage, divorce, or a correction, please provide a copy of the legal documentation.

If the policy (policies) are inactive when this change is recorded, such action shall not constitute an admission by American Fidelity that the policy is active.

This name change request will take effect on the date indicated by American Fidelity below.

Signed at: _____ on _____ 20 _____
City State Date

Witness

Signature of Owner

Co-Owner (if any)

Previous signature of Policy Owner (if Owner's name changed)

FOR HOME OFFICE USE ONLY

This request has been recorded by American Fidelity in Oklahoma City, Oklahoma on the following date:

Date

Approved By