

Annuity Name Change Form

Instructions

Please use this form to request a change in name for annuity owner or beneficiary. Do not complete this form for a change of beneficiary; this form is for a change of name only.

Provide a copy of your valid photo identification. This can be your current driver's license or other state/federally issued photo ID. If you live in AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI, or PR, please include a copy of your spouse's current driver's license or other state/federally issued photo ID. You can send this by email to annuity-services@americanfidelity.com or fax 405-523-5978. Please note that faxes do not always produce high-quality images and may require a different method if it is not legible.

Annuity Owner: _____

Address: (street, city, state, zip) _____

Social Security Number: _____ Policy Number: _____

I/We, the owner(s) of the above number policy(ies), hereby inform American Fidelity of a change in name affecting the policy(ies) as follows:

Change of Name (Please print full names)

From: _____ To: _____

Person whose name has changed: Annuitant Beneficiary Owner

Reason for change: Marriage Divorce Other: _____

Please attach a copy of legal evidence for name change.

If the policy numbered above is not active when this change is recorded, such action shall not constitute an admission by the company that the policy is active.

It is understood that this request for change of name will take effect on the date recorded by the company, as indicated below.

Annuity Owner or Annuitant Signature: _____ Date: _____