

Name Change / Correction Form

Use this form to correct any name discrepancy for an existing account/policy, new account/policy or when an account/policy being transferred from another financial institution is held in a former/incorrect name. A name discrepancy may include a spelling error, use of an initial in place of a full name, use of a "nickname" or a new name due to a legal name change.

1. Customer Information

Owner's Former/Incorrect First Name **(print)** Owner's Former/Incorrect Last Name **(print)** Last 4-digits of Owner's Social Security #
(as currently registered on the account)

Customer Number(s) and Life Insurance Policy(ies) Check Here if New Customer

2. Name Change / Correction Information

This certifies that the names listed below are representative of one and the same person:

From: _____
 Owner's Former/Incorrect First Name **(print)** Owner's Former/Incorrect Last Name **(print)**

To: _____
 Owner's New/Correct First Name **(print)** Owner's New/Correct Last Name **(print)** *

* Your account/policy will be updated to reflect the name you indicate as your New / Correct Name.

3. Required Documentation

Attach a photocopy of the appropriate document that confirms the requested change.
(Name change/correction cannot be processed without the appropriate document.)

Check Part A OR Part B below:

A. Name Change: (For example, changing a name from Mary "Smith" to Mary "Jones".)
 Note, a legal name change may occur as a result of marriage, divorce, adoption or other reason confirmed in a court order.

Attach one of the following: (check one)

Court Document Marriage Certificate Divorce Decree

B. Name Correction: (For example, correcting a name misspelling such as "Mary" Smith to "Mari" Smith, or a nick name, such as "Peggy" Jones to "Margaret" Jones, or any other discrepancy other than a legal name change.)

Attach one of the following: (check one)

U.S. Issued Driver's License Passport Birth Certificate Other U.S. Issued ID

4. Signature

(Signature of New/Correct Name is required, along with either a Notary OR Signature Guarantee.)

The undersigned requests that Foresters Financial Services, Inc. and its affiliates, change his/her name upon their records of his/her account(s)/ policy(ies) registered with his/her social security number.

Owner's New/Correct First Name **(print)** Owner's New/Correct Last Name **(print)**

Signature of New / Correct Name _____ Date _____

Provide either a Notary OR a Signature Guarantee below:

Note: If a certified copy of the document referenced in Section 3 is provided, a signature guarantee or notary is not required.

Notary Public:

OR Signature Guarantee:

Notary Public:

State of _____ County of _____

This instrument was acknowledged before me this _____ day of month _____, year _____, by _____

Affiant's Name (print) _____

Signature of Notary Public _____ Commission Expiration Date _____ (SEAL)

Name of Notary Public (typed, stamped, printed) _____

Affix Medallion Signature Guarantee Here:
Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

Return by Regular Mail:
Foresters Life Insurance & Annuity Company
P.O. Box 7836, Edison, NJ 08818-7836

Return by Overnight Mail:
Foresters Life Insurance & Annuity Company
Raritan Plaza I, 9th Floor, Edison, NJ 08837-3620

For More Information:
800-832-7783 (Inforce Services)
www.foresters.com