

Name Change Form

Certificate number:

Purpose of this form	Use this form to request a single name change for individuals only. This form is not to be used for corporations.
Terms used in this form	<p><i>Foresters Financial™, Insurer</i> mean The Independent Order of Foresters.</p> <p><i>You</i> means the Owner who is completing and signing this form, unless otherwise specified.</p> <p><i>Certificate</i> means the above numbered certificate, issued by an Insurer.</p> <p><i>Owner</i> includes Certificate Owner and Absolute Assignee and Annuitant.</p>

1. Certificate Owner Information

Information about the Certificate Owner	<p>Owner Name (first, middle initial & last)</p> <input type="text"/>
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2. Amendment of Name

2.1 Name Change Request	<input type="radio"/> Name change of the Certificate Owner <input type="radio"/> Name change of Payer <input type="radio"/> Name change of Primary Beneficiary	<input type="radio"/> Name change of Contingent Beneficiary <input type="radio"/> Name change of Primary Insured/Annuitant
Please ensure name change requested applies to one individual on the contract.	Change Name From (first, middle initial & last): <input type="text"/>	Signature of Previous Name: <input type="text" value="X"/>
	Change Name To (first, middle initial & last): <input type="text"/>	Signature of New Name: <input type="text" value="X"/>

2.2 Reason for Name Change	Reason for Change:	Documentation Required:
Supporting Documentation is Required. Please submit a new form for additional name changes.	<input type="radio"/> Marriage	Marriage Certificate
	<input type="radio"/> Divorce	Divorce Decree or Marital Settlement Agreement
	<input type="radio"/> Legal Adoption	Adoption Order or Birth Certificate
	<input type="radio"/> Name incorrectly shown on company records	Driver's License or Passport
	<input type="radio"/> Return to maiden name	Birth Certificate and Death Certificate of spouse or Divorce Documentation
	<input type="radio"/> Legal Change	Certificate of Name Change

3. Signatures

Owner Signature	You agree to the change requested in this form. You agree that the change you are requesting is subject to the terms and conditions of the certificate, and will become effective on the date this form is signed. If no date is provided, then the effective date will be the date it is received.	
If the Insured was a minor at issue and is now the current Owner, we will require a copy of government ID (Driver's Licence, Passport or notarized signature) to accompany this request. This will ensure that there are no delays in processing.	<input type="checkbox"/> Initial	If the current owner is a company, please have two officers sign or one officer with corporate seal. If you are the only signing officer and there is no corporate seal, please sign below and initial the box to the left to confirm.
	Owner Name (first, middle initial & last) <input type="text"/>	Signature of Owner 1 <input type="text" value="X"/>
	Signed at City/Town, State <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>