

Save Form

Print Form

Reset Form

Name Change Form

Policy 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™ or Insurer or We</i> means The Independent Order of Foresters or Foresters Life Insurance Company.</p> <p><i>You or your</i> means the Owner(s) who is/are completing and signing this form, unless otherwise specified.</p> <p><i>Policy</i> means a certificate, annuity or policy issued by an Insurer and includes each rider that is attached.</p> <p>Owner includes Policy Owner, Absolute Assignee and Annuitant.</p>

1. Policy Owner Information

Information about the Policy Owner	<p>Owner 1 Name (first, middle initial & last)</p> <input type="text"/> <p>Owner 2 Name (if applicable) (first, middle initial & last)</p> <input type="text"/>
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2. Amendment of Name

<p>2.1</p> <p>Please ensure name change requested applies to one individual on the contract.</p>	<p><input type="radio"/> Name change of the Policy Owner #1</p> <p><input type="radio"/> Name change of the Policy Owner #2</p> <p><input type="radio"/> Name change of Payor</p> <p>Change Name From:</p> <input type="text"/> <p>Change Name To:</p> <input type="text"/>	<p><input type="radio"/> Name change of Primary Beneficiary</p> <p><input type="radio"/> Name change of Contingent Beneficiary</p> <p><input type="radio"/> Name change of Life Insured/Annuitant</p> <p>Signature of Previous Name:</p> <div style="background-color: #cccccc; padding: 5px; text-align: center;"><i>Please print form and sign here</i></div> <p>Signature of New Name:</p> <div style="background-color: #cccccc; padding: 5px; text-align: center;"><i>Please print form and sign here</i></div>
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<p>2.2</p> <p>Reason for name change and required documentation. Please submit a new form for additional name changes.</p>	<p>Reason for Change:</p> <p><input type="radio"/> Marriage</p> <p><input type="radio"/> Divorce</p> <p><input type="radio"/> Legal Adoption</p> <p><input type="radio"/> Name incorrectly shown on company records</p> <p><input type="radio"/> Return to maiden name</p> <p><input type="radio"/> Legal Change</p>	<p>Documentation Required:</p> <p>Marriage Certificate</p> <p>Divorce Decree or Marital Settlement Agreement</p> <p>Adoption Order or Birth Certificate</p> <p>Driver's License or Passport</p> <p>Birth Certificate and Death Certificate of spouse or Divorce Documentation</p> <p>Certificate of Name Change</p>
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3. Signatures

Owner(s) Signature	<p><input type="text" value="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.</p>	
<p>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.</p>	<p>Owner 1 Name (first, middle initial & last)</p> <input type="text"/>	<p>Signature of Owner 1</p> <div style="background-color: #cccccc; padding: 5px; text-align: center;"><i>Please print form and sign here</i></div>
	<p>Signed at City, Province/Territory</p> <input type="text"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
	<p>Owner 2 Name (if applicable) (first, middle initial & last)</p> <input type="text"/>	<p>Signature of Owner 2</p> <div style="background-color: #cccccc; padding: 5px; text-align: center;"><i>Please print form and sign here (if applicable)</i></div>
	<p>Signed at City, Province/Territory</p> <input type="text"/>	<p>Date (mm/dd/yyyy)</p> <input type="text"/>
<p>You (being the Owner(s)) 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 policy, 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.</p>		