



## CHANGE OF LEGAL NAME

*NOTE: Before completing this form see the instructions attached.*

**Name of Owner:** \_\_\_\_\_

**Name of Insured** (if different than Owner): \_\_\_\_\_

**Certificate Number:** \_\_\_\_\_ **Impact Team/Court:** \_\_\_\_\_ **Roster:** \_\_\_\_\_

Is this request to change the legal name of the:  Owner  Insured

Previous Name on Certificate: \_\_\_\_\_

Reason for Change of Legal Name: \_\_\_\_\_  
*(marriage, divorce, adoption, correction, other... etc)*

### New Legal Name

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Telephone No: \_\_\_\_\_  Cell  Other    Alternate Phone No: \_\_\_\_\_  Cell  Other

Email: \_\_\_\_\_ SSN / TIN: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Relationship to Owner/Insured: \_\_\_\_\_

Any person who knowingly presents a false statement in a claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured if not Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include legible photocopies of all required documents when submitting this form.**

## INSTRUCTIONS

- 1) The Owner of the Certificate must sign this request.
- 2) Please send with the Change of Legal Name form:
  - a) Official documentation is required to support the request.  
*For example: A current Federal/State ID that reflects the current legal name.*  
Photocopies are acceptable.
  - AND**
  - b) Official documentation that substantiates the name change.  
*For example: A marriage certificate, divorce decree, or other court documents etc.*  
Photocopies are acceptable.
- 3) Upon acknowledgment by the Home Office, the Certificate will be updated accordingly.
- 4) The use of this form does NOT affect the beneficiary designation.  
To change a beneficiary, the Owner must complete and submit a notarized Change of Beneficiary form.