



Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	<ul style="list-style-type: none"> • Account Number • Insured/Annuitant Name
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Section B	Indicate what person associated with the account is submitting a name change, and how the name appears both before and after the change.
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Section C	Indicate why the name change is being submitted. If due to a court order, please be sure to include a copy of the court order when returning the completed form.
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Section D	<p>Signature requirements for the account owner are determined based on the following examples:</p> <ul style="list-style-type: none"> • Individual: Print and sign your full name as it appears on the policy/contract. • Multiple Owners: <u>All</u> owners must sign. • Partnership: <u>All</u> partners must sign (unless a form authorizing one partner to sign is on file with us). • Corporation: Titled officer must sign. The officer's title must also be indicated. <i>NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</i> • Trust: The current trustee(s) must sign. <p style="text-align: center;">All forms must be dated in order to process your request.</p>
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Contact Information	<table> <tr> <td>Delivery</td> <td>Phone</td> <td>FAX</td> </tr> <tr> <td> <ul style="list-style-type: none"> • <i>U. S. Mail:</i> PO Box 19052 Greenville, SC 29602-9052 • <i>Shipping:</i> 2000 Wade Hampton Blvd. Greenville, SC 29615-1037 </td> <td> <ul style="list-style-type: none"> • (800) 426-1005 </td> <td> <ul style="list-style-type: none"> • (800) 483-7992 </td> </tr> </table>	Delivery	Phone	FAX	<ul style="list-style-type: none"> • <i>U. S. Mail:</i> PO Box 19052 Greenville, SC 29602-9052 • <i>Shipping:</i> 2000 Wade Hampton Blvd. Greenville, SC 29615-1037 	<ul style="list-style-type: none"> • (800) 426-1005 	<ul style="list-style-type: none"> • (800) 483-7992
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A. Account Information

Account Number	Name of Insured/Annuitant	Phone Number
_____	_____	_____

B. Details of Change

The Company is hereby requested to adjust the records of said account so that the name of the individual who is:

- Insured/Annuitant Policy Owner Beneficiary Covered Person

Other (indicate relationship to account): _____

therein will appear as: _____
(please print)

instead of as: _____
(please print)

C. Reason for change

Check one:

- Marriage on (please provide date of marriage): _____
- Court Order (a copy of the Court Order is **required**)
- Correction: _____
- Other: _____

D. Certification

The undersigned hereby certifies that the foregoing names identify one and the same individual, and hereby agrees to fully protect and save the Company harmless from any and all claims adverse to such change.

Signatures

New: _____ Previous: _____

Social Security/Tax ID Number: _____

Current Address

Change of Address

Signed at: _____ on _____ Date

Signature of Policy Owner: _____ Date: _____

Signature of Disinterested Witness: _____ Date: _____

Complete ONLY if form is being modified after the original sign date.

I CERTIFY that this form was modified by me, the Owner on ___/___/___/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: _____