



A Leading Provider of Supplemental Life & Health

**LIFE INSURANCE COMPANY OF ALABAMA
PO BOX 349
GADSDEN, AL 35902**

Policy No. _____

NAME CHANGE FORM

- Change *INSURED*'s Name to: _____
- Change *OWNER*'s Name to: _____
- Change *PAYOR*'s Name to: _____
- Reason for Change: _____

OWNER: _____

DATE _____

WITNESS (Non-Related) _____

Home Office Use

The above name changes have been recorded.

Date

Secretary