



17900 N. Laurel Park Dr.  
Livonia, MI 48152  
P (800) 624-1662  
F (734) 591-6602

## Name Change Request Form

Insured/Annuitant Name \_\_\_\_\_ Policy No. \_\_\_\_\_

### INSTRUCTIONS

**This form must be completed in full. Only a completed, signed form will be processed by AAA Life Insurance Company (the "Company").**

Please sign, date, and submit along with any required documents to the Company via mail or fax.

Send to the above address to the attention of the **Member Services Department**.

### Name Change For:

Insured or Annuitant (Date of Birth \_\_\_/\_\_\_/\_\_\_)     Owner     Additional Insured

**Change From** (Former Name): \_\_\_\_\_  
Print Full Name

**Change To** (New Name): \_\_\_\_\_  
Print Full Name

### Reason for Change:

Marriage     Divorce     Other\* \_\_\_\_\_

*\*If selecting "Other" include a copy of document evidencing name change*

**ACKNOWLEDGEMENT:** By signing below, you acknowledge that the requested name change will not go into effect until this form is signed and dated by you and received by the Company and without any liability to the Company.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Owner Address:** \_\_\_\_\_  
Street City State Zip

**Signature of Joint Owner:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Joint Owner Address:** \_\_\_\_\_  
Street City State Zip