



All policy owners associated with the individual requesting a name change must sign this form.

This form must be completed to make a legal name change to the Catholic Order of Foresters (COF) contract(s). The Policy Owner will receive a confirmed copy of this document. All information you provide is used for internal purposes only and will not be sold or otherwise transferred to any goods and services vendor, third parties or entities that are not involved in COF's business operations.

| | | |
|----------------------------------|--|---------------|
| Policy Number(s): | | |
| Member type: | The below named individual whose name is being changed on the above policy(ies) is the: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Beneficiary <i>Note: If Beneficiary is selected, the name change only applies to the current designated Beneficiary. To update your Beneficiary designations, complete and submit a Beneficiary Change form.</i> | |
| Change name from: | Previous Legal Name | Date of Birth |
| Change name to: | Current Legal Name | Last 4 SSN |
| Reason for change: | <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Adoption <input type="checkbox"/> Correction <input type="checkbox"/> Court Order <input type="checkbox"/> Other (specify): | |
| Supporting documentation: | Supporting documentation with the current legal name is required to process the name change. Acceptable photocopied documentation includes: marriage certificate, divorce decree, adoption papers, birth certificate, driver's license, state identification, passport, etc. <input type="checkbox"/> A copy of the following is/are included: | |

OWNER AUTHORIZATION

I/We authorize Catholic Order of Foresters to change the name for the above-named individual on all the policies I/we own.

| | | | |
|----------|---|------------------------|------|
| 1 | Policy Owner Mailing Address (Street, City, State, Zip) | | |
| | Email | Phone | |
| | Policy Owner Full Name | Policy Owner Signature | Date |
| 2 | Policy Owner Mailing Address (Street, City, State, Zip) | | |
| | Email | Phone | |
| | Policy Owner Full Name | Policy Owner Signature | Date |

HOME OFFICE CONFIRMATION

| | | |
|--|--------------------|------|
| The requested change has been recorded and is effective. | Authorized Officer | Date |
|--|--------------------|------|