



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