Name Change



Notification of a legal name change

If you have questions, contact Policy Services at 1-800-336-4538.

ii you nave questions, contact Policy Services at 1-800-330-4538.	
1. PERSON CHANGING NAME	
Former Name (Last, First MI)	Customer Number (if known)
New Name (Last, First MI)	Social Security Number
2. REASON FOR NAME CHANGE	
 ☐ Marriage ☐ Divorce and resumption of maiden name ☐ Name Change Court Order not connected with divorce ☐ Other: 	
3. AUTHORIZATION	
I hereby authorize Armed Forces Mutual to change my recinclude with this document a copy of a government issued new name (such as Driver's License, Passport or Marriage License)	document that shows my signature establishing the
Signature Using Former Name	Date Signed (mm/dd/yyyy)
Signature Using New Name	Date Signed (mm/dd/yyyy)

OFFICE USE ONLY. Approved by Armed Forces Mutual Secretary, by Authority of the Board of Directors

Date Signed (mm/dd/yyyy)