

Change of Name

Please print clearly

Throughout this form, "Empire Life" means The Empire Life Insurance Company and "Owner" will mean Beneficial Owner for Nominee/Intermediary held Contracts.

Use this form to change the name of an **existing** Owner, Life/Person Insured, Annuitant, Successor Owner or Subrogated Policyholder (in Quebec) or Beneficiary.

Policy/Contract Number(s)	Name of Life/Person Insured(s) (Life & Health Policies) /Annuitant (Investment Plans)	Owner(s)

Change the name of the:

Owner
 Successor Owner or Subrogated Policyholder (in Quebec)
 Life/Person Insured
 Annuitant
 Beneficiary

From: _____ To: _____

Effective date of change (dd/mmm/yy) _____

Reason for change:

Marriage
 Divorce
 Adoption
 Other* (please indicate reason below)

* Submit appropriate legal documents if name has changed for reasons other than marriage, divorce or adoption. If a company name has changed submit an Amendment to the Articles of Incorporation for Ontario and Quebec or Supplementary Letters Patent for all other provinces.

Signatures

Signature of Life/Person Insured/Annuitant (only required if Life/Person Insured/Annuitant is different than Owner)
 X

Signature of Owner(s) (if not Life/Person Insured or Annuitant)

Signature of Owner (or first authorized signature for Corporate Owner) X	Print name of Owner and title (if signing for corporation)
Signature of Joint Owner (or second authorized signature for Corporate Owner) X	Print name of Joint Owner and title (if signing for corporation)

Signed at (City and Province) _____ **Date** (dd/mmm/yy) _____

RESERVED FOR HEAD OFFICE USE

Recorded only in the files of The Empire Life Insurance Company. Empire Life expresses no opinion on the validity of the requested change.

Signature _____ Date (dd/mmm/yy) _____