

CHANGE OF NAME

Throughout this form, "Empire Life" and "we" means The Empire Life Insurance Company and "Owner" means the person who owns the policy.

Use this form to request we amend our records to reflect a change in the name of an existing Owner, Life/Person Insured, Annuitant, Successor Owner or Subrogated Policyholder (in Quebec) or Beneficiary.

Empire Life will apply this name change to all Individual Insurance policies and Investment policies/contracts, where the person whose name has changed is an Owner or Insured/Annuitant, or both.

Any corrections to the form must be initialed.

List all policy/contract number(s) to which this change applies			

Name change applies to:
<input type="radio"/> Owner <input type="radio"/> Life/person Insured <input type="radio"/> Annuitant <input type="radio"/> Beneficiary <input type="radio"/> Contingent/Successor Owner or Subrogated Policyholder (in Quebec)

Name change details (Please print clearly, using upper and lower case letters where applicable – e.g. MacDonnell)			
Change from: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.			
Name		Contact number <input type="radio"/> home <input type="radio"/> cell	
		- -	
To: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms.			
Name			
Address (number, street)		City	Province Postal code

Reason for change	Documentation required
<input type="radio"/> Marriage	Marriage certificate or drivers licence
<input type="radio"/> Returning to maiden name	Birth certificate or drivers licence
<input type="radio"/> Legal Changes	Supporting government documentation*
<input type="radio"/> Incorrectly shown on records	Birth certificate or supporting government documentation
<input type="radio"/> Adoption	Adoption order or new birth certificate

*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.
Note: Health card is not an acceptable form of identification.



Signatures

Empire Life expresses no opinion on the validity of the requested name change.

By signing below I confirm that Empire Life is not responsible for the effect of this name change and if I have changed the name of the Insured/Annuitant, they have been advised and they agree to the change.

Signature of Owner (or first authorized signature for a corporate owner)

X

First name <input style="width: 98%; height: 25px;" type="text"/>	Last name <input style="width: 98%; height: 25px;" type="text"/>
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Title if signing for a corporation

Signature of Owner 2 (for corporate or joint Owner) **OR** **Only one signing authority to bind corporation/entity**

X

First name <input style="width: 98%; height: 25px;" type="text"/>	Last name <input style="width: 98%; height: 25px;" type="text"/>
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Title if signing for a corporation

Signed at (city and province) <input style="width: 98%; height: 25px;" type="text"/>	Date <input style="width: 98%; height: 25px;" type="text"/>
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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/yyyy)

