



**LIFE INSURANCE COMPANY OF ALABAMA
PO BOX 349
GADSDEN, AL 35902**

Policy No. _____

NAME CHANGE FORM

Change *INSURED's* Name to: _____

Change *OWNER's* Name to: _____

Change *PAYOR's* Name to: _____

Reason for Change: _____

OWNER:

DATE

WITNESS (Non-Related)

Home Office Use

The above name changes have been recorded.

Date

Secretary