LUSO-AMERICAN FINANCIAL

A Fraternal Benefit Society

CERTIFICATE OF NAME CHANGE

You MUST have this form NOTARIZED by a duly licensed Notary Public (attach Notary affidavit) UNLESS witnessed by a Luso-American Agent, Employee or Secretary.

(Please complete and then mail ORIGINAL to Luso-American Financial, 7080 Donlon Way Ste200, Dublin, CA 94568)

I am the Insured and holder of Life Insurance Policy No.: _____

Issued to me under the name of: _____

I do hereby certify that my name has been officially changed to:

_____

(Please print changed name)

and request Luso-American Financial to change my name on their records.

PLEASE CHECK APPROPRIATE BOX BELOW.

☐ Name Change by Marriage (Please attach copy of Marriage license)

☐ Name Changed by Court Order (Please attach copy of court order)

☐ Name Changed by Other (specify) (Please attach documentation)

_____

_____

SIGNATURES

This Certificate is made for the purpose of changing my name on the records of Luso-American Financial - A Fraternal Benefit Society, and all statements herein made are warranted to be true and correct.

Signature of Insured: _____ Date: _____

Home Address: _____ State: _____ Zip: _____

Phone #: (_____) _____ E-mail: _____

_____ _____ _____

Signature of Witness Printed Name of Witness Date

FORM: Name Change – AUG 2016