

REQUEST FOR CHANGE OR CORRECTION OF NAME

Mail completed form to:
Banner Life Insurance Company
1701 Research Boulevard
Rockville, Maryland 20850
1-800-638-8428



Insured: _____

Policy Number: _____

I. Instructions:

1. A separate request must be completed for each policy.
2. Please print (in black ink) or type all information except signatures.
3. Remit the completed form to Banner Life Insurance.

II. Please complete your request below:

I elect to change the name of the:

- Insured
 Policy Owner
 Premium Payor

Explanation of Other:

Reason for change:

- Marriage
 Divorce
 Adoption
 Legal Name Change
 Misspelled Name Correction
 Other

Name before change _____

Name after change _____

III. Required Signatures:

All name changes, are to be substantiated by a certified copy of the legal change (e.g. adoption papers, court order, marriage license, etc.) No change of name can be processed without such proof.

Signature of Policy Owner

Date

Policy Owner Name (Please Print)

Address

Address

Address

City State Zip

Telephone Number

Email Address